

Cara Scott

Professor Dobin

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“Mere Madness”: A Study of the Portrayal of Women’s Mental Health in Shakespeare’s Plays

England in the 16th and 17th centuries—a time before Enlightenment or the Industrial Revolution—was still in a dark age, scientifically speaking. While the “Scientific Revolution” was occurring at the time (1550-1700), the understanding of medical issues, especially mental illness, was not advanced. The word “madness” existed as early as 1398 (*Oxford English Dictionary*) as a word to encompass a plethora of mental illnesses. However, depression was not even recognized as a psychological disorder until well into the 1800s. Suicide was divided into two categories in the sixteenth century—the sinful, “calculated” suicide that stemmed from external factors such as financial issues, personal hardships, or even a sense of honor and duty, and the kind considered “insane self-destruction,” which was considered uncontrollable and due to some sort of psychosis. Neither of these categories account for suicide caused by depression, illustrating the lack of understanding—or the taboo—of the subject at the time (Neely 326). Consequently, William Shakespeare was surrounded by this misunderstood, inaccurate science at the time he was writing his plays, and it certainly influenced the way he developed his female characters. In this paper, I study the suicides of Ophelia from *Hamlet* and Lady Macbeth from *Macbeth*, and point out how their words and actions correlate with what was called madness at the time, but what we understand as depression today. I also study the deaths of Juliet from

Romeo and Juliet and Cleopatra from *Antony and Cleopatra*, comparing and contrasting their suicides with those of Ophelia and Lady Macbeth.

Carol Neely argues in her essay “‘Documents in Madness’: Reading Madness and Gender in Shakespeare's Tragedies and Early Modern Culture” that Shakespeare’s overall representation of madness—a term he uses 62 times throughout his plays—is positive. She states that the playwright’s “representations of madness can be vehicles for social critique achieved through unsettling productions or indecorous interventions by performers” (338). While this view on the matter may ring true for “mad” men in Shakespeare’s plays—Hamlet, Antony, Romeo—and even for women acting under their own political or social agency, namely Juliet and Cleopatra, it problematically pushes aside other struggling characters. This view skims over the fact that Shakespeare’s works consider madness “a condition to treat, italicize, or eliminate” and create “gender distinctions ... oppressive to women” (338). For instance, both Ophelia and Lady Macbeth have very few lines once they begin their descent into insanity, limiting their ability to act as these “vehicles” that Neely promotes. I argue in this paper that Shakespeare’s difference in treatment among the four women in these plays when it comes to their assumed mental illnesses and ultimate suicides points to ill-informed ideas about mental health in the sixteenth and seventeenth centuries. These beliefs also serve to strengthen the view of women as hyperemotional beings and the tendency to simply write off their potential mental health issues.

At the time Shakespeare was writing his plays, the accepted idea in the medical world was the humoral theory, a belief which originated with Aristotle and Galen in the first century AD (Scull 29) and persisted until the beginning of the eighteenth century (Scull 121). According to humoral theory, each person had four main “humours” that made up his or her body—“choler (yellow bile), phlegm, blood, and black bile,” or melancholy (Hodgkin 55). Any potential illness

came from an “imbalance and corruption” of these humours, which could happen as a result of a “variety of influences,” including: “seasonal variation, developmental changes”; a change in “diet, exercise, and sleep patterns”; and “emotional upsets and turmoil” (Scull 28). With such a wide assortment of possible causes, it is no wonder that physicians and sufferers alike simply attributed mental illness to some external factor. Additionally, “in terms of mental disorder, mind and body worked as part of a single system” (Hodgkin 56). That is, the mind was not separate from the body—any mental illness was considered a result of this imbalance of humours just as a physical illness would be. When it came to mental disorders, “darkness and clouding of minds” was attributed to the dark humours—“black bile or roasted, burned and acrid yellow bile, whose residues corrupted the body” (Scull 91). While this simplistic relation of symptoms to humours made up a good deal of medical treatment at the time, it was not the sole determining factor in diagnosis of mental illnesses; gender also played a large role.

Typical gender stereotypes ruled at the time, with active male qualities including energy, bravery, and strength, and passive female traits consisting of gentleness, tenderness, and kindness (Mendelson and Crawford, 19–20). These stereotypes of course affected conversation about mental health, as it would have made no sense for an emotional woman and a brave, honorable man to have the same disorders. Instead, men’s problems would allegedly stem from violence or other visceral emotions, while women’s issues came from their status as hyperemotional beings. As Hodgkin writes:

Women’s relation to madness [was] inevitably gendered, conditioned by contemporary assumptions about women’s minds and bodies ... Their weaker control over the passions and lesser degree of reasonableness might render them

more liable to disorders of the mind, more easily thrown off balance by disappointments in love or personal crisis. (58)

Because women were seen as the more emotional of the sexes, all of their issues were automatically deemed as sensitive in nature, consisting of mainly minor problems that would not affect men as deeply. This gendered outlook on mental health becomes evident in Shakespeare's plays, "reflect[ing] [Shakespeare's] psychological attitudes to the world in which [he] moved ... as well as the views [and] the attitudes of this world to folly and madness" (Rosen 158). Not only do the following works illustrate Shakespeare's understanding of mental illness as science saw it at the time, but they also relate to society's views of madness—after all, Shakespeare ultimately had to write plays that were understandable to the general public.

One of the diseases that affected mainly women in the early modern period was melancholy, or an influx of black bile (Hodgkin 68). Black bile was thought to "[make] the body cold and dry," and because women's bodies were thought of as "moister" and "laxer" than men's, melancholy affected them more greatly because it created a more drastic internal change (Scull 28–9). Since doctors saw females' bodies as inherently different, they sequentially decided upon "separate treatises on female diseases" (Scull 29). Interestingly, by the nineteenth century, the term "melancholy" came to be an early term for what is known today as depression (*OED*). While this does not necessarily medically confirm that Shakespeare's melancholic leading ladies suffered from what is known today as depression, it does hint that there are certainly similarities in what ailed Shakespeare's women and those diagnosed with depression in modern times.

Along with melancholy, hysteria became a diagnosis known as "quintessentially belonging to the female of the species" (Scull 29). Hysteria as a disease in itself was not widely diagnosed until the nineteenth century (*OED*), but it shared symptoms with melancholy. The two

diseases were ultimately different, but both were thought to result from the previously mentioned imbalance of the humours, or “alterations in the equilibrium of the body” (Scull 56). Medical experts believed that hysteria, referred to as “mother-fits” or “frenzy of the womb,” was caused by an absence of menstruation due to “corruption of a woman’s seed.” This term could refer to sexual repression, a lack of sexual activity, or even too much sexual desire. Doctors thought that mother-fits could lead to “melancholy, unsteadiness of mind, or even madness.” In fact, they even believed that “vapors from the womb rising to the brain” caused suicidal thoughts (Mendelson and Crawford 23). This idea of hysteria leading to melancholy is interesting, and is made even more so by the related notion that hysteria “could apparently mimic the symptoms of almost any other illness” (Scull 99). As any number of external factors could upset the humours, and imbalanced humours could lead to melancholy, humoral theory led practically any change in emotion to be labeled hysteria and, subsequently, melancholy. While this all sounds ridiculous in the modern world, at the time it was considered science, and society widely accepted it as fact: “[Humoral theory] was the only psychology that Shakespeare and his audience knew” (Draper 1980). Mother-fits and the womb as a disease-causing organ illustrate the kind of information Shakespeare was working with when he began his career as a playwright.

Two of Shakespeare’s most famous tragedies, *Hamlet* and *Macbeth*, follow the downfall of their female characters from sanity to suicide, providing insight into the demise of their mental state based on this historical context. In *Hamlet*, the sweet Ophelia begins the play in conversation with her father and brother, who forbid her to speak to Hamlet, her apparent love interest. According to Sara Mendelson and Patricia Crawford, “disturbances in love affairs could ... precipitate mother-fits” (24), and this sudden loss of contact with someone who has “of late made many tenders / Of his affection” to her (I.iii.99–100) could certainly be considered a

disturbance in Ophelia's love life. Before looking into Ophelia's madness and subsequent suicide, the first determination to make in this play is the exact reason for her sudden illness. Some experts believe that Ophelia's madness comes from the loss of her father, as her symptoms do not begin until after Hamlet murders Polonius in Act III. However, Carroll Camden looks deeply into Ophelia's words and actions in the later scenes of the play, and her article "On Ophelia's Madness" upholds the claim that the disturbance in Ophelia's love affair with Hamlet is the true cause of her downward spiral.

According to Camden, Ophelia does indeed go mad due to her unrequited love for Hamlet. Many of Ophelia's speeches do not make sense with Polonius as the object: They are not "what a girl would say of a father who fails to understand her" (Camden 250), but rather relate to Hamlet. For example, when Ophelia sings, "How should I your true love know / From another one?" (IV.v.23), it is unlikely that she is referring to her father as her true love. Camden instead believes that Ophelia suffers from erotic melancholy, or erotomania, a disease of unrequited love. This illness comes about both because she loves Hamlet who, due to his "madness," is unable to love her back, and because she believes that she is the reason for Hamlet's sudden insanity. Since her father, before his death, predicts that Hamlet is "mad for [Ophelia's] love" (II.i.86), Ophelia comes to believe that Hamlet is in fact "mad for the love that she has been forbidden to give him" (Camden 248), further contributing to her own madness.

Camden's diagnosis of "erotic melancholy" is interesting for several reasons. Firstly, because depression at one point was referred to as "melancholy" or "melancholia," this diagnosis suggests that Camden believes Ophelia's illness is not simply a passing emotional heartache, but rather something deeper. Conversely, one of the causes of hysteria is sexual desire, so placing "erotic" in front of "melancholy" creates a kind of oxymoron due to the fact that the two diseases

are very different. While melancholy indicates depression, the addition of “erotic,” implying hysteria, suggests fleeting emotions. Additionally, Camden uses the phrase “a fit of the mother” to describe erotic melancholy (245); including this as a synonym for the disease confirms that erotomania is indeed hysteria. Since the belief at the time was that hysteria could lead to melancholy, it is unclear whether Camden thinks Ophelia is truly depressed or simply having silly women’s fancies. This oxymoronic diagnosis fits in well with the contrast of Shakespearean women’s true mental state versus their perceived mental state by society at the time.

Although this “erotomania” diagnosis may be an understatement of Ophelia’s true mental health, it nevertheless gives a basis for her later actions. Her symptoms appear suddenly and include “restlessness, agitation, shifts of direction ... and show that madness is exhibited by the body as well as in speech” (Neely 325). This lack of differentiation between physical and verbal—or mental—expressions of madness shows Shakespeare’s adherence with the medical belief at the time that there was no separation between the body and mind. Referring back to Hodgkin’s description of mental illness as a “single system” when it comes to the four humours, “upset bodies could produce upset minds, and vice versa” (Scull 29). The significance of this absence of distinction between body and mind becomes apparent when thinking of gender: It leads to the idea that women, who may react more emotionally to their inner struggles than men due to the social expectation that men should not show their feelings, must obviously have solely emotional issues going on in their minds. Men, on the other hand—since they tend to react more physically—must only have mental illnesses caused by physical tribulations, since mind and body are one in the same. These more external struggles could be financial issues, war, or the need for an outward appearance of nobility. While men’s mental illness is taken seriously, women’s mental illness is brushed off as “that’s just how women are.” This line of thinking

greatly divides mental health by gender, leading to the trivial reaction to Ophelia's mental state, as well as the mental states of other Shakespearean women.

The lead-up to Ophelia's apparent suicide continues to paint her mental illness in a gendered, feminine light. Her first signs of madness are shown through her recitation of poems and singing of songs (IV.v.6–13), a typically feminine type of discourse. Additionally, a good number of her lines involve language about flowers—rosemary, pansies, daisies, violets (IV.v.177–180). However, in the very same lines, Ophelia partakes in uncharacteristically bawdy speech. Through her feminine singing, she recites a song about a young maid who entered a man's house and “out a maid / Never departed more” (IV.v.53–54). She also makes puns on the word “Cock” and sings of more premarital sex (IV.v.60–62). Though she is participating in womanly discourse, that same speech is eroticized, both making light of her illness and feminizing it even more in that it is now for man's pleasure.

This overt femininity does not end with Ophelia's life, though. Even after her death, her suicide is feminized and eroticized, taking still more from the gravity of her situation. We first hear of her death through Gertrude, who depicts the suicide with more floral language, describing Ophelia's clothing as “mermaid-like” and her final moments as a transition from “melodious lay / To muddy death” (IV.vii.153–154). By narrating Ophelia's death in this “beautiful, natural” fashion, Shakespeare “implicitly introduces conventions for reading madness as gender-inflected” (Neely 325). Shakespeare chooses drowning as Ophelia's cause of death, the “most common means of suicide for women” in early modern England (Neely 326). He could have had her simply fall from a tree, but by intentionally having her fall into water and drown, Shakespeare emphasizes her femininity, the overtly womanly aspects of her madness, and “the suicidal tendencies of those suffering from erotic melancholy” (Camden 254)—a disease

associated with women. In fact, according to Neely, the context of this disease “is sexual frustration, social helplessness, and enforced control over women’s bodies,” again, all very feminine traits (325). Because Ophelia believes Hamlet has gone mad, even if—as is hotly debated—she has slept with him previously, she no longer can. According to the medical science of the time, this inability for sexual satisfaction would lead to her supposed erotomania. The idea of erotomania also directly correlates with Ophelia’s social helplessness and the “enforced control” over her body: Because her father and brother forbid her from being with Hamlet, she believes she has made her (potential) lover go mad, even though his madness is faked. However, “Hamlet’s pretended madness . . . actually contributes to Ophelia’s real madness” (Camden 248–9), and thus to her hyper-feminized illness and death.

The issue with this portrayal does not come solely from the sexist ideas behind the so-called medical science. The issue is that the on-stage portrayal of Ophelia to viewers who believe this medical science serves to dehumanize her, thus contributing further to the disbelief in the seriousness of women’s mental illness. When King Claudius speaks of “poor Ophelia” and her death, he says she was “Divided from herself and her fair judgment, / Without the which we are pictures or mere beasts” (IV.v.82–83). Although, as stated previously, the accepted belief at the time was a singularity of body and mind, Claudius here separates Ophelia as a person—that is, her soul—from her body and mind, leaving her as nothing more than an animal, a nonhuman with actions based purely on raw emotion. Thus, the audience does not see a real human being suffering from a debilitating disease trying to escape from her pain; they see a silly girl “suffering physically and mentally the pangs of rejected love” (Camden 225), a trivial issue that certainly should not lead to suicide. Rather than a strong woman who could simply take no more

of her painful life, through her “visual representation” onstage Ophelia is reduced “in madness as beautiful, sweet, lovable, pathetic, and dismissible” (Neely 322).

The portrayal of Lady Macbeth’s madness in *Macbeth*, much like that of Ophelia’s, begins with “a state of gendered alienation represented through quoted discourse” (Neely 327). In a very feminine way, much like Ophelia, she has no willpower when it comes to her speeches—she simply speaks. Rather than occurring as a part of typical conversation, these words come through her sleepwalking confessions. Lady Macbeth divulges her deepest secrets to anyone within earshot, including her doctor, because she does not realize what she is saying. Her question of “What, will these hands ne’er be clean?” (V.i.37) occurs, like Ophelia’s first ramblings, “after an absence from the stage, is presented as a sharp break with earlier appearances, and is introduced by an onstage spectator” (Neely 327). These similarities highlight the lack of power both women have in their madness, as well as more of gender divisions present. The audience does not see either woman’s initial descent into her mental illness, which serves to further dehumanize Ophelia and Lady Macbeth, separating them as human beings from the portrayals of their madness. Additionally, as spectators initially comment on the women’s returns and their altered mental states, they have no agency in their reintroduction to the play, nor their respective audiences’ views of them.

Lady Macbeth also contributes to the gendered discourse on madness prevalent in *Hamlet* in that she blatantly labels certain types of mental illness as womanly. When Macbeth has a fit after the murder of Banquo in Act III, she asks him, “Are you a man?” (III.iv.57), suggesting that only a woman would act in such a way. She then goes on to call him “quite unmanned in folly” (III.iv.72). This second accusation both reasserts her claim that Macbeth’s reaction to his mental illness is feminine and also charges him with folly, a stereotypically female trait. As Lady

Macbeth, a woman herself, is claiming that emotional responses to madness are feminine and foolish, audiences may as well agree. Later, once Lady Macbeth descends into madness herself, the doctor says that she is “Not so sick, my lord, / As she is troubled with thick-coming fancies / That keep her from her rest” (V.iii.39–41). It is unclear whether Lady Macbeth is actually awake or just fitfully sleeping, as seen during her sleepwalking spell, here, but the doctor plainly says that she is not sick, but only troubled by “fancies.” This word choice again points to an idea of foolishness, as the word “fancies” typically denotes unrealistic beliefs. The doctor then says, “Therein the patient / Must minister to himself” for such mental maladies as affect Lady Macbeth (V.iii.47–48). He is claiming that her illness needs no medical intervention, but is simply all in her head, and she must use willpower to cure it herself. An interesting component of this advice is the pronoun the doctor uses: “himself.” While he is speaking directly about Lady Macbeth’s illness, he uses the male pronoun to refer to a patient’s need to take control of his or her own health. This pronoun choice points to the doctor’s belief that only male patients are strong enough to cure themselves, and that an inability to “fix” oneself implies weakness—in this case, feminine weakness. Unfortunately, Lady Macbeth never even gets the chance to follow the doctor’s inane orders, as she dies immediately following this conversation, further emphasizing her womanly weakness.

When it comes to reasons for madness, there is a separation between *Hamlet* and *Macbeth*, and Lady Macbeth’s character introduces a new thought from the time. While she is still written as overly emotional, “unhinged by the memory of the horror she has witnessed” (Scull 108), Lady Macbeth’s cause for insanity is also portrayed as “religious despair” (Neely 327). Macbeth’s wife does have reason to feel guilty: She is an accomplice in murder, and her nighttime wanderings with her ravings about “the smell of the blood” and hand washing (V.i.42,

52) show her inner regret of the matter. Moreover, as soon as Lady Macbeth and Macbeth commit the murders in Act II, Lady Macbeth tells her husband, “A little water clears us of this deed” (II.ii.65). While she is physically talking about washing the blood off of her hands, this line could also be read as a reference to baptism, a cleansing of the spirit and soul. “A little water” would clear Lady Macbeth of the sin she has committed as an accomplice to murder. Other characters in the play evidently see Lady Macbeth’s madness as religion-based as well, as the doctor who observes her states, “More needs she the divine than the physician” (V.i.64). The divine here is immediately related to religion—the idea of spiritual or church leader—with the doctor’s following statement of “God, God forgive us all!” (V.i.65). This cry to a higher power points to, again, a lack of understanding of women’s mental illness as actual illness. Rather than turning to medicine when he observes her obvious mental health issues, the doctor instead prescribes prayer. He does not take Lady Macbeth’s disturbed sleep and uncontrolled rambling as a problem with her brain, but rather with her spirit.

Katharine Hodgkin describes a case similar to Lady Macbeth’s in her book *Women, Madness, and Sin in Early Modern England*. Hodgkin comments on the writings of Dionys Fitzherbert, a young woman born in 1580 who left a “manuscript account” of “a spiritual and mental crisis” she went through in her late twenties (Hodgkin 1). Fitzherbert suffered from what today would probably be considered schizophrenia—she became paranoid, saw hallucinations, and heard voices. Fitzherbert did not murder anybody. In fact, she never committed any egregious sins at all. She simply blamed her mental sufferings on some sin she must have previously committed in her life—or even a conglomeration of smaller sins—and insisted that she was not mentally ill, but rather had a “spiritual affliction” (58). Fitzherbert struggled with guilt, isolation, and even suicidal thoughts; her “delusions were located within a religious framework

of punishment and damnation” and she “lived in a state of terror and self-blame” (Hodgkin 57). This guilt came from sin. Fitzherbert and those around her diagnosed her mental illness as a spiritual punishment, forcing the woman to blame herself for something she truly could not control. Likewise, Lady Macbeth begins her downward spiral into madness after she assists in the murder of King Duncan—she literally has his blood on her hands (II.ii.62). In Fitzherbert’s own words, translated into modern English by Hodgkin, “The spirit of a man will sustain his infirmity, but a wounded spirit who can bear? . . . O, for a despairing mind, when every sin shall seem to be against the Holy Ghost, when astonishment shall take even their reasonable senses from them. . . .” (Hodgkin 249). This quote again brings to mind Ophelia and her division from her “fair judgment,” serving to dehumanize Lady Macbeth as well. Ultimately, Lady Macbeth’s transgression plays out as the probable reason for her insanity within the play: Murder is a sin, and thus her sudden loss of “reasonable senses” must be part of her punishment.

While Lady Macbeth’s guilt may indeed stem from religious belief, it is ludicrous in this day and age to attribute her obvious mental illness to a divine punishment. As Hodgkin states, “The necessary Christian sense of affliction for sin could all too easily turn into the organic disease of melancholy” (58), a much more likely—albeit dated—explanation of Lady Macbeth’s downfall. Her overwhelming sense of spiritual guilt leads to feelings of self-blame, as in the case of Ophelia, which contribute to her suicidal depression. This diagnosis, however, is ignored in the play in favor of one with no medical basis. When Lady Macbeth’s doctor prescribes the “divine” as a cure to her ailment, he takes away the physical aspect of her illness and attributes it all to her obviously sinful spirit. The issue here lies in the fact that the doctor is not fully aware of the specifics of her greed and of the murder in which she was an accomplice, yet he still leaps to the divine at once. He does not see her mental illness as needing medical assistance, and thus

serves to lessen that illness. The doctor believes Lady Macbeth suffers not from a true mental illness, but from simply an emotional and spiritual reaction to some unknown sin, completely pushing aside any serious diagnosis in favor of one more gendered. That is, for women, mental illness is not seen as a disease. Even though Lady Macbeth's "familiar route of sin, temptation, and self-accusation" leads directly to her suicidal thoughts and actions (Hogdkin 50), the doctor brushes it off as a mere spiritual affliction.

Until this point, this paper has studied two mentally ill characters in a play-by-play analysis, focusing on the women's similarities and the gendered representations of their madness. Now, in turning to study two new characters—Juliet and Cleopatra—the format changes a bit as well. While, as above, I compare the following two women, I also focus on their difference from Ophelia and Lady Macbeth, particularly when it comes to the gendering of their mental health. I then end the paper with a look into why these final two deaths are shown on stage while the first two are not, and what that means for the portrayal of women's madness.

Before going into how Juliet and Cleopatra's mental illness is portrayed to an audience, however, it is necessary to show their true struggles with depression. Firstly, Juliet loses all real concept of herself once her life begins to crumble around her. When she initially discovers that Tybalt has been killed, she begs her nurse not to say that Romeo has been killed as well, saying, "I am not I, if there be such an 'Ay'" (III.ii.48). While this could simply indicate her love for her husband, it also points to a weak sense of self. If Juliet can marry a man after knowing him for a matter of days, and if one hardship can cause her to become "not I," evidence suggests a lack of mental stability. This idea is strengthened in Act IV, when she visits Friar Laurence to get out of marrying Paris. Juliet states, "I long to die / If what thou speak'st speak not of remedy" for her situation (IV.i.66–67). Her word choice here is crucial. She does not say, "I must die," or "I

unfortunately have to die.” She says, “I long to die.” It would almost be understandable if she thought of death as her only way out of a sticky situation: She cannot be with Romeo and she cannot legally and spiritually marry Paris while married to Romeo, so death is the only way to escape her paradox. No, she instead *longs* to die if she cannot be with her Romeo. She would prefer death over coming clean and taking part in an arranged marriage like the majority of young women of her age and station. Juliet truly desires death over any outcome that does not lead to a happily ever after with Romeo, again suggesting instability on her part. Now, this instability could simply be the ravings of a teenage girl. However, the fact that she speaks of suicide so casually and even goes as far as to put a knife on her bedside table in case the friar’s sleeping potion does not work (IV.iii.23) shows clear signs of suicidal depression, perhaps due to feelings of hopelessness.

Cleopatra’s depression follows a similar vein of hopelessness. Several lines show that her suicide is premeditated, her plan for escaping a life she no longer wishes to be a part of. Readers and viewers cannot see inside Cleopatra’s head to determine how uncontrollable her thoughts are, but an inability to deal with life and its hardships, instead turning to death as an answer, is a component of suicidal depression. The first glimpse of Cleopatra’s planned suicide comes in Act IV, when she says, “Nor th’imperious show / Of the full-fortuned Caesar ever shall / Be brooched with me, if knife, drugs, serpents, have / Edge, sting, or operation” (IV.xvi.24–27). Here, she claims that Caesar will never use her for his own gain, because she will kill herself before he has the chance. Soon after, she states, “My resolution and my hands I’ll trust” (IV.xvi.51). Again, this shows that she has thought a lot about suicide, and knows she can turn to it at any time.

After Antony's death, Cleopatra's hopelessness becomes unbearable, and she even begins referring to herself as mad. She first calls herself "No more but e'en a woman" (IV.xvi.74). This phrase shows that she has given up, that she does not see herself as a great queen any longer—her outlook is hopeless. The phrase also suggests that her feelings of hopelessness and depression are womanly, and therefore frail. Secondly, Cleopatra says, "...impatience does / Become a dog that's mad. Then is it sin / To rush into the secret house of death / Ere death dare come to us?" (IV.xvi.81–84). As readers and viewers know of her impatience to die at this point, Cleopatra is in fact calling herself a mad dog. By using the word "mad" to describe herself, especially when she asks if it is a sin to commit suicide directly after, Cleopatra is as good as admitting to a perceived illness. Lastly, like Juliet, Cleopatra is also desperate to die. She summons death, asking, "Where art thou, death? / Come hither, come. Come, come, and take a queen / Worth many babes and beggars" (V.ii.45–47). Babes and beggars receive relief from death, and Cleopatra believes she will as well—she will receive "liberty" from her tortured and anxious mind through the "noble act" of suicide (V.ii.233, 276).

Now that these women's mental illnesses have been established, I can discuss their portrayal. In both *Romeo and Juliet* and *Antony and Cleopatra*, the main female characters are named in the titles alongside their male counterparts. Including the women in the titles both raises them to a status unreached by Ophelia and Lady Macbeth and also reminds readers and viewers that Juliet and Cleopatra are at that status only because of their significant others. Since Romeo and Antony commit suicide in these plays as well, rather than reducing the men to feminine lows, Shakespeare instead raises Juliet and Cleopatra to almost masculine heights, portraying their suicides as much more manly than either Ophelia's or Lady Macbeth's.

Juliet's suicidal thoughts, even before the end of the play, are never portrayed as a mental illness. In fact, they are seen as completely normal, as Romeo is in the same position. However, it is necessary to point out that Shakespeare makes Juliet the character who, in a state of high emotions, visits Friar Laurence to enact the ultimately deadly plan. In a moment of suicidal grief, Juliet flees to the friar and threatens to kill herself "with this knife" unless he can help her (IV.i.54). Juliet cannot cope with her emotions or come up with a plan on her own. Instead, she must turn to a man for help. Thus, although Juliet's depression and suicidal thoughts are not portrayed as trivially as Ophelia's and Lady Macbeth's, her position as a mentally ill female is not overlooked, and her madness is still gendered. Similarly, in *Antony and Cleopatra*, Cleopatra's madness appears alongside Antony's. Cleopatra is far from the typical female character in Shakespeare, and she knowingly uses her position of power to manipulate many, especially men. This manipulation, though, is tied to her sexuality, portraying her not as a powerful female of her own agency, but a female who has power due to the fact that men find her attractive. Antony describes her as a queen "Whom every thing becomes, to chide, to laugh, / To weep; whose every passion fully strives / To make itself, in thee, fair and admired!" (I.i.51–53). Octavius Caesar refers to her as a "whore" (III.vi.67), and Agrippa calls her "rare Egyptian" and "royal wench" (II.ii.224, 232). All of these descriptions refer to her physical beauty and her sexuality, so although Cleopatra has much more power than the average Shakespearean female, that power is still in the control of male characters.

Likewise, male characters control the suicides of both Juliet and Cleopatra. As mentioned previously, Juliet turns to Friar Laurence for assistance in the plan that leads to her death. However, the moment of her death revolves around male characters as well. Upon awaking from her sleep, the first thing she asks is, "Where is my Romeo?" (V.iii.150). She then must rely on

Romeo—who is already dead—to aid in her death as well. She tries to kiss him in the hopes of taking in some of the poison that caused his death (V.iii.166–167), and when that does not work, she turns to Romeo’s “happy dagger” instead and stabs herself (V.iii.168). In the same way, Cleopatra kills herself to avoid humiliation from males. She does not want to live to be an “Egyptian puppet” (V.ii.204) or to “see / Some squeaking Cleopatra boy my greatness / I’ the posture of a whore” (V.ii.215–217). A man brings Cleopatra her venomous asps, and her final words are of Antony (V.ii.303). Thus, though Juliet and Cleopatra still have more agency than Ophelia and Lady Macbeth, they do not even have total agency over their own suicides, but rather die by the hands and in the name of men.

Finally, after studying these four plays, an important question arises: Why are Juliet’s and Cleopatra’s suicides seen on stage while Ophelia’s and Lady Macbeth’s are not? Part of this does come from the plays’ titles, mentioned above—Juliet and Cleopatra have title roles, and they are counterparts to Romeo and Antony. Ophelia and Lady Macbeth, on the other hand, play more minor roles; although they are just as important to the plots of *Hamlet* and *Macbeth*, they are not mentioned in the titles. Another possibility, brought up by Tanya Pollard, is that both *Romeo and Juliet* and *Antony and Cleopatra* have an almost comedic value. The two plays “represent a hybrid genre intrinsically divided between the domain of tragedy (death) and that of comedy (erotic desire)” (Pollard 95). By including sexual acts and overly sexualized characters, the plays contain a level of humor of an extent not seen in *Hamlet* or *Macbeth*.

Additionally, the sleeping potion idea present in both plays is associated with “the imaginative realm of sleep and dreams” and “temporarily suspend[s] the play’s identity, holding out the possibility of a return to comedy by offering the lovers the means to escape a tragic ending” (Pollard 96). Although audiences know the ending of both plays from the beginning—

the opening lines of *Romeo and Juliet* describe the tragedy, and the story of Cleopatra is well known historically—the true tragedies do not take place until the final acts of each play. The sleeping potion gives the audience hope that everything will somehow turn out well, that deep sleep is the “death” previously foretold. Additionally, “the play’s prolonged ending has the extraordinary effects of focusing our attention on the lovers’ grandeur while reminding us repeatedly of their comic fallibility” (Rozett 159). While Rozett writes this in reference to *Antony and Cleopatra*, it also applies to *Romeo and Juliet*. Sleeping potion draws out the “death” scenes in both plays, allowing for an extension of the ridiculousness of the lovers’ situations as well, contributing to the comedic value of the tragedies.

The two plays have other connections to comedy as well. According to Martha Tuck Rozett, “As in comedy, the lovers have triumphed over the obstacles that repeatedly threatened and delayed their union, and have achieved a form of release from the realities of daily life that would forever impede such a union” (162). The difference, however, is that in the case of *Romeo and Juliet* and *Antony and Cleopatra*, this “release” is death, not wedded bliss. There may be potential togetherness in the afterlife, but Shakespeare does not delve too deeply into that possibility, and both plays end in the two sets of lovers being buried together, leaving physical closeness as their perpetual “union.” However, both sets of characters “paradoxically [look] to death as revivification and reunion” (Pollard 114). Just before drinking his poison, Romeo tells Juliet, “...I still will stay with thee; / And never from this palace of dim night / Depart again: here, here ... Will I set up my everlasting rest” (V.iii.106–110). In her final lines, Cleopatra worries that her dead friend Iras will “first meet the curled Antony” and “spend that kiss / Which is my heaven to have” (V.ii.292–294). Both these lines point to the characters expecting some

sort of consciousness in the afterlife. This does not undercut the tragedy of the plays, but instead adds a different dimension to it.

The connection to comedic elements in these plays such a large role in the fact that Juliet's and Cleopatra's suicides are seen on stage because it makes the deaths more understandable to audiences of the time. While the death scenes are not slapstick by any means, they are certainly more comprehensible to an audience that can far more easily relate to the idea of lost love and the outrageous struggles it brings about—so typical in a normal Shakespearean comedy—than to true, uncontrollable madness. In the same way, because this comedic value is so gendered, it directly plays into the idea of gendered madness. The features of comedy Shakespeare uses here rely on women leaning on men to fulfill their needs and overly eroticized females. By using these specific features of comedy, the plays emphasize women's weakness and their inability to function in a way that is not purely emotional. The use of stereotypes to characterize the women in the plays relates directly to the view of women by society as a whole at the time. Because the standard audience members—influenced by the medical science and social norms of the time—would be used to seeing women as hyperemotional, they would better understand, and even prefer to see, Juliet's death than Ophelia's. Watching a seemingly sane woman kill herself due to the loss of her husband would make more sense than a raving girl with no apparent control over her actions. Unfortunately, because Shakespeare's dramas “play[] off (and spread[]) the stereotypes of madness and its treatment” (Scull 107), this stereotypical characterization in the plays dangerously reinforces real-life views on women's mental health.

Ultimately, the main issues with Shakespeare's treatment of mental illness in women are the facts that the illnesses are minimized and that “the mad women characters ... are not cured but eliminated” (Neely 336). Even Hamlet's paranoid “madness”—whether true or not—is

absolved in the end when his seeming crazes are shown to be legitimate and his body is carried “like a soldier to the stage” (V.ii.340). While Juliet and Cleopatra also receive preferential treatment after their deaths, it is because they are buried with their male counterparts, not due to any sudden understanding of their mental health issues. Ophelia and Lady Macbeth, on the other hand, are all but pushed aside after their deaths. Ophelia almost does not receive a proper burial due to her suicide: If she “had not been a gentlewoman, she should have been buried out o’ Christian burial” (V.i.22–24). Lady Macbeth’s own husband barely speaks of her death, and then only to say, “She should have died hereafter” (V.v.16). Because the women’s madness is not understood, neither by their fellow characters nor by audiences at the time, their deaths are quickly pushed aside, and the plays immediately return to the actions of the male characters. This portrayal of women’s mental illness contributes to the early modern idea that women, “physiologically ... both inferior and disruptive of good order,” are “particularly susceptible to mental breakdown” (Hodgkin 67). Both due to this overtly gendered representation of madness and the illustrated belief of women as hyperemotional, Shakespeare’s plays—both in the past and in the present day—are harmful to the understanding of women’s mental health.

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