

DIAGNOSING *KING LEAR*: THEN AND NOW

Renaissance Views of Madness

By Adrian Ingham

SAMUEL JOHNSON describes the age of Shakespeare as a time when “speculation had not yet attempted to analyze the mind” (118), but there was a range of theories and opinions regarding madness. And although it has been demonstrated that Shakespeare’s portrayal of madness parallels Bright’s *A Treatise of Melancholie* (Wilson 309-20), that medical model alone is insufficient to describe the madness of King Lear. Shakespeare was not limited to a single book in his understanding of madness; he had at his disposal the sum total of his society’s understanding of the issue. Since Lear’s madness is derived from a mixture of sources, it can only be effectively described in this larger context.

Because much of Renaissance medical theory was based on premises from the Middle Ages, a starting point for our understanding of Lear’s madness can be found in the 1535 translation of *De Propriatibus Rerum* by the thirteenth century monk Batholomaeus Anglicus. This work is based entirely on the traditional model of illness as an imbalance of the four humours: melancholy (or black bile), choler (or yellow bile), blood, and phlegm. Batholomaeus classifies melancholy and madness separately, attributing them to different humours and different areas of the brain (1-4). ... [Lear] is choleric by nature and it is likely that his madness is caused by an excess of that humour. Goneril describes his choler and foreshadows his madness in an early attempt to discredit him:

The best and soundest of his time hath been but rash;
then must we look from his age to receive, not alone the
imperfections of long-engrafted condition, but therewithal
the unruly waywardness that infirm and choleric years bring
with them. (1.2.294-298)

In Bartholomeus’ model madness caused by an excess of choler is called “the frenesie”. Its signs are “woodnes and contynual wakyng, mevyng and castyng aboute the eyen, ragynge...” (3). It is caused by the red choler “made lyght with heate of it self... ravysshid upwarde by veynes, synewes, wosen and pypes” (2). The cure involves bleeding the patient, shaving his head and applying vinegar and ointment to the head. However it also recommends creating a calm environment for the patient, feeding him a sparse simple diet, and “above all things... men shall labour to bringe hym a slepe” (3-4). Kent seems to be aware of this most important part of the cure, and through him we realize that Lear’s madness may have been shortlived had he been able to rest before fleeing to Dover:



Folger Library, Johann Ramberg painting of Lear and the Fool in the storm (Act 3, scene 2; 1829)

Oppressed nature sleeps.

This rest might yet have balm'd thy broken sinews,
Which, if convenience will not allow,
Stand in hard cure. (3.6.94-98)

However, not all contemporary models of madness relied solely on humours. Timothy Bright’s model simplifies Bartholomeus’ categorization of madness by calling all madness melancholy, but diversifies it by distinguishing two separate types of melancholy. In Bright’s words: “the difference is betwixt natural melancholie, and that heavy hande of God upon the afflicted conscience, tormented with remorse of sinne, & fear of his judgement” (37). Natural melancholy resembles Bartholomeus’ model in that it has humoreal origins and in its extreme manifestation the melancholy humour can cause “stormes of outrageous love, hatred, hope or feare, wherewith bodies so passionate are here and there, tossed with disquiet...” (Bright 38). But unnatural melancholy has no parallel in the medieval model. Natural melancholy can be recognized from the general symptoms of madness occurring in a stable person in a stress free environment. In this case the madness can only be attributed to physical imbalances (38), while unnatural melancholy, ironically, can be recognized by its occurrence in situations when it seems more natural to go mad: situations in which the mind is tormented by worry and stress (37). The natural/unnatural distinction should not be taken to imply rarity or probability but rather physical or non-physical causes. In Bright’s model, like Bartholomeus’, Lear would probably not be diagnosed with natural melancholy. We have seen that he is naturally choleric rather than melancholic, and he certainly has recognizable cause to go mad from mental stress and guilt, as Kent, once again, recognizes:

A sovereign shame so elbows him: his own unkindness
That stripped her from his benediction, turned her To
foreign casualties, gave her dear rights To his dog-hearted
daughters—these things sting His mind so venomously...
(4.3.44-49) and because Lear is suffering from unnatural
melancholy, his prognosis is not good in Bright's model:
"Here no medicine, no purgation, no cordiall, no tryacle or
balme are able to assure the afflicted soule and trembling
heart, now panting under the terrors of God" (39-40). So
we see that mere rest may not have been enough to cure
Lear's condition. Upon his reconciliation with Cordelia
it is rest which calms his anger, but it is her forgiveness
which brings him out of his depression. Had Lear not been
parted from her again through her death he may well have
survived his madness.

[...] Lear's madness can be seen both as a result of his
arrogance and as a remedy for it: "Lear's experience is
purgatorial; madness is both punishment and insight" (Byrd
7). The Fool's statement that "truth's a dog must to kennel;
he must be whipped out" (1.4.111-12) foreshadows the
pain that Lear will have to pass through before attaining
enlightenment. This vision of madness is characteristic of
Shakespeare's era. The Renaissance held the Aristotelian
view that there is a fine line between madness and divine
inspiration (Skultans 20), but by the eighteenth century
madness was viewed as no more than degradation and
shame. In testimony to this, the eighteenth century's
favorite version of King Lear was a version rewritten by
Nahum Tate to include a happy ending (Byrd 7-8). In this
version Lear recovers from his illness, wins the battle and
reigns again: by suffering madness Lear pays for his sins
and is returned to health and prosperity. In contrast to
this, Lear's transformation in the original play leaves him so
guileless that it is unlikely that he would survive long with
the intrigues of running a kingdom even if he had won the
war. When Lear dies it is because he has finally learned to
love; and when the one he loves dies, the intensity of his
sorrow kills him. "His death is a release from suffering, but
also a testimony to what he has become" (Byrd 8).

Thus Lear's madness transcends a purely medical model.
Lear is a fusion of not only Bright and his predecessors, but
also of Renaissance feelings towards madness. The medical
model had not changed significantly by the eighteenth
century, but common opinions about madness had. The
fact that Tate's maudlin happy ending was ever preferred
to Shakespeare's original is testimony to the difference that
such attitudes can make. While the similarities between
Shakespeare's mad men and Timothy Bright's *A Treatise
of Melancholie* are evident, it would be a mistake to infer
from these parallels that the characters are based solely on
that model. They are, instead, derived from both medical
and non-medical sources, and they can be most effectively
analyzed using a similar variety of sources. ♦

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