It has long been recognized that England in the period from 1580 to 1640 was fascinated with madness, although some aspects of this obsession have been overestimated or misreported. The signs of its fascination are to be found in the numerous treatises on the topic by Battie, Bright, Jorden, Wright, and Burton; in the many theatrical representations of madness in the plays of Kyd, Shakespeare, Dekker, Middleton, Fletcher, and Webster; in the large numbers of patients who consulted such well-known doctors as Richard Napier and John Hall (Shakespeare's son-in-law) with symptoms of mental distress; and in the numerous references to and representations of Bethlem, or Bedlam, the popular name for Bethlehem Hospital, the only institution in England in this period which confined the insane. Bedlam, according to a 1598 visitation report made a couple of years before *Hamlet* and *King Lear* were written, contained only twenty inmates: nine men and eleven women. The thirty-one inmates listed in a 1624 report caused overcrowding in the institution, which was tiny, "loathesomely and filthily kept," and badly mismanaged. The term "Bedlam" was in widespread use not because of the impact of the institution itself (which had been in existence as a hospital since about 1330 and may have started accepting disturbed patients sometime before 1403, when a report notes the presence of six men, "mente capta") but because it was becoming a code word in Elizabethan and Jacobean culture for the contested topic of madness.¹

In the early modern period, the discourse of madness gained prominence because it was implicated in the wider transformation of the notion of what it...
meant to be human and was deeply intertwined with its medical, legal, theological, political, and social facets. Gradually, madness, and hence sanity, began to be secularized, medicalized, psychologized, and gendered. In the Middle Ages, madness was seen as the point of intersection between the human, the divine, and the demonic. It was viewed variously as possession, sin, punishment, and disease, and it confirmed the inseparability of the human and transcendent (Neaman 45–55; Doob chap. 1; MacDonald, Mystical 3–4). By theorizing and representing madness, the Renaissance gradually and with difficulty began to try to separate human madness from the spiritual (from doubt, sin, guilt, rational suicide, as does Timothy Bright in his Treatise of Melancholy); from the supernatural (from demonic and divine possession, as does Edward Jorden’s treatise on hysteria, The Suffocation of the Mother); from witchcraft and bewitchment (as does Reginald Scot’s Discoverie of Witchcraft); from frauds who imitated these conditions (as does Samuel Harsnett’s Declaration of Egregious Popish Impostures); and from the sheerly physical (epilepsy and menstrual disorders, as do Jorden and doctors such as Richard Napier and John Hall), and to map the normal, “natural,” and self-contained secular human subject.

Splitting the supernatural from the natural and categorizing what remained, the period began to separate mind from body, man from woman, and mental disorder from health and from other types of aberrance such as poverty, heresy, and crime. As madness began to be re-thought and re-gendered, certain kinds of disorders, particularly those associated with women, began to be discredited. The two best-known theoretical works on madness, Michel Foucault’s Madness and Civilization and Elaine Showalter’s The Female Malady, have created misunderstandings about this gradual process. Each author fails to historicize carefully enough, neglects to challenge conventional periodization, distinguishes insufficiently between different modalities of representation, and fails to gender madness. For Foucault there are only madmen; for Showalter only madwomen. Extending their analyses, I will examine the linked aspects of this multifaceted gendering of madness as it unfolds in treatises on melancholy, hysteria, and witchcraft, in medical and legal practice, and in the drama.

In his 1586 Treatise of Melancholy Timothy Bright (a doctor and subsequently an Anglican priest) provides elaborate classifications of madness and recommendations for treatment which serve, by complex distinctions between the spiritual and the psycho-physiological, to subordinate the former. The treatise is written in the form of a sympathetic letter to a male friend, M, who is suffering from what we would call depression. Designed to cure M, it advises
him on how to distinguish between spiritual doubt and the disease of natural melancholy. Spiritual doubt, caused by the sense of sin and the “incomprehensible and inexpressible loss of God’s favor” (185), is to be cured by penitence, prayer, and faith. Spiritual consolation is the subject of the longest chapter of the forty-one in the treatise (chap. 36, misnumbered 30, 201–41). The rest of the treatise outlines an etiology of melancholy which explicates the elaborate interactions between the soul, mind, passions, and body. Natural depression is caused by the unnatural excess or combustion of natural melancholy, the cold dry humor or black bile which, when burnt, goes berserk and causes such symptoms as passivity, unsociability, fury, stupidity, paranoia, lust, anger, mania, but especially sorrow and fear. Its recommended treatment (remarkably familiar) is healthy diet, exercise, sleep, and good friends.

But the careful distinctions between spiritual and physiological melancholy repeatedly collapse in the treatise. Both states are characterized by the same symptoms—hallucinatory terror and unreasonable sadness. Natural melancholy predisposes one to spiritual doubt, while spiritual doubt exacerbates the pathology of the black bile. Both the medical therapy, based on diet and rest, and the spiritual cure, dependent on faith and grace, are designed to relieve the loss of self-worth which characterizes equally both forms of the disease. The effect is to merge the two kinds of melancholy and to subordinate the spiritual causes and cure to the psychological ones. The gender of M, the respectful scholarly tone of Bright’s letter/treatise, and the identification of the disease with spiritual doubt all point to the associations of melancholy with the fashionable, the upper class, the literate, the masculine, associations which reach back to Aristotle and are confirmed in Robert Burton’s Anatomy of Melancholy (1621).

Bright’s treatise strives unsuccessfully to distinguish spiritual guilt from natural melancholy. Edward Jordon’s landmark treatise, Brief Discourse of a Disease Called the Suffocation of the Mother (1603), is composed to distinguish bewitchment from insanity (and, indirectly, to legitimize licensed physicians). It is directed at his fellow members of the College of Physicians, who, as trained and experienced doctors, are, he claims, “best able to discerne what is natural, what is not natural, what praeternatural and what supernatural” (fol.Ca†), and who might therefore be called upon, as Jorden had been, to testify to the status of the victim’s symptoms in witch trials. If these are diagnosed as natural in origin, the result of hysteria, the accused witch is acquitted, as more than half were (Thomas 451–52); if they are found to be supernatural, she (or infrequently, he) is convicted. The diagnosis is difficult and often contested be-
cause the symptoms of bewitchment and hysteria are identical. The illness was caused, traditional medicine believed, by the pathology of the diseased and wandering womb, and hence it was primarily although not exclusively a disease of women: “The passive condition of womankind is subject unto more diseases and of other sorts and natures then men are: and especially in regard of that part from whence this disease which we speake of doth arise” (fol. B1'), Jorden declares. One internal cause of the disease, Jorden claims with some reticence, is retention of menstrual blood or sperma (which women were believed to have) due to sexual frustration or the suppression of the flowers, the menstrual periods. The origin of the fantastic and disconnected symptoms of the disease—swoon, paralysis, choking, convulsions, numbness, delirium, epilepsy, headaches—is the wild peregrinations of the uncontrollable uterus and its capacity to corrupt all the parts of the body. One recommended cure is marriage, which institutes regular sexual relations and thus aids in evacuation of fluids and brings the wild uterus under a husband’s control (fols. F4' and G3'). In spite of the tendency of such an analysis to identify hysteria as a disease of women, Jorden does not explicitly draw this conclusion and refers without comment (as do other writers) to men who suffer from the mother (Fol. F4'–G1', H1').

This association of hysteria with women, especially women of the upper classes, persists in Robert Burton’s compendious Anatomy of Melancholy. As the all-male frontispiece of the book suggests, Burton associates melancholy especially with male scholars, philosophers, and geniuses such as Democritus and himself, although its causes and symptoms are multitudinous and its sufferers are everywhere. But when he defines the “Symptomes of Maids’, Nuns’ and Widows’ Melancholy” (I, 414), a section new to the third edition of the text, he associates this type with “fits of the mother” (I, 415). It is linked with marital, sexual, and class status, associated with sexual frustration, and cured by sexual satisfaction: “For seldom should you see an hired servant, a poor handmaid, though ancient, that is kept hard to her work and bodily labour, a coarse country wench troubled in this kind.” Those who are “prone to the disease” are “noble virgins, nice gentlemen women, such as are solitary and idle, live at ease, lead a life out of action and employment, that fare well in great houses and jovial companies, ill-disposed peradventure of themselves, and not willing to make any resistance, discontented otherwise, of weak judgment, able bodies, and subject to passions” (I, 417). Like Jorden, Burton recommends marriage as a “remedy” (I, 417).

Jorden’s Discourse aims not only to forestall mistaken diagnoses of bewitchment but also to expose “impostures” (Epistle Dedicatorie, fol. A3) who only
pretend to have the symptoms. Reginald Scot's ironically titled and cogently argued Discoverie of Witchcraft (1584) is written by this justice of the peace to deny the supernatural powers of witches themselves, attributing their behavior, including their voluntary confessions, to the effects of melancholy or hysteria. This diagnosis, of course, has the effect of medicalizing witches' behavior and producing a category of menopausal melancholics. Witchcraft had already been secularized when its disposition was consigned to civil courts by a 1542 statute. Samuel Harsnett (an ambitious chaplin to Bishop Bancroft) joined the established church's coordinated campaign against Catholic and puritan exorcists in his Declaration of Egregious Popish Impostures (1603), which attacks illegal Catholic exorcism rituals, exposing both possession and exorcism as instigated insanity—fraud. Witchcraft prosecutions continue to take place in England until 1680, but these treatises and others function to medicalize the behavior of witches and the bewitched and to call the trials into question by attributing pathologized forms of melancholy to women. In these areas, madness is becoming a psychological alternative to conditions formerly defined as supernatural in origin and treatment.

On the new stages of the public theaters, Shakespeare, in Hamlet, Macbeth, and King Lear, shapes 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. In the drama as in the culture outside it, madness is diagnosed by observers—both specialists and laypersons. Their readings enable the drama's audience to participate with them in distinguishing madness from sanity and from its lookalikes: loss of grace, bewitchment, possession, or fraud. Since madness, like its imitations, is illusory, extreme, dislocated, irrational, alienated—separated from both the self who performs and the spectators who watch—the diagnosis is difficult. In making it, Shakespeare's plays represent madness as a special sort of speech and construct it as secular, socially enacted, gender- and class-marked, and medically treatable.

II

Although the importance of madness in the period's drama, especially in that of Shakespeare, has long been acknowledged, and critics such as Babb, Reed, Lyons, and Feder have traced its occurrences, there have been few recent attempts to understand its rhetorical structure and dramatic function in Shakespeare's tragedies, or its wider cultural significance. Take, for example,
responses to Ophelia and to Lear. A. C. Bradley in Shakespearean Tragedy sums up, at the beginning of the twentieth century, two centuries of views of and visual representations of Ophelia in madness as beautiful, sweet, lovable, pathetic, and dismissible (138–39). More recently, feminist critics, challenging this interpretation, have replicated the polarity in feminist analysis of the association between women and madness in the nineteenth and twentieth centuries, reading Ophelia’s madness as either her liberation from silence, obedience, and constraint or her absolute victimization by patriarchal oppression.

In responses to King Lear, traditional critics such as Heilman (chap. 6) and Jorgensen (78–82) interpret Lear’s madness as a means to illumination and self-knowledge. Significant contemporary analyses, in opposing the humanist optimism of these earlier interpretations, oddly pass over Lear’s madness without notice. Stanley Cavell’s influential monograph “The Avoidance of Love: A Reading of King Lear” bypasses the long period when Lear is, as he puts it, “stranded in madness” (77, 50, 74). Stephen Greenblatt’s important new historicist essay, “Shakespeare and the Exorcists,” reinterprets Edgar’s feigned madness but ignores Lear’s actual madness. Jonathan Dollimore, in Radical Tragedy, rather than seeing radical theatrical or social implications to Lear’s madness, dismisses it as “demented mumbling” (193). None of these critics, representing various current theoretical approaches, reads madness closely in the plays. None asks, as I do here, how its linguistic construction, its gender coding, and its dramatic functions participate in cultural needs, practices, and attitudes.

Shakespeare, prefiguring Foucault’s analysis, dramatizes madness primarily through a peculiar language more often than through physiological symptoms, stereotyped behaviors, or iconographic conventions. This characteristic speech is both something and nothing, both coherent and incoherent. Spectators, on stage and off, read this language, trying to make “sense” of it and translating it into the discourse of sanity. It is characterized by fragmentation, obsession, and repetition, and, most important, by what I will call “quotation,” and which might be called, following Luce Irigaray and Nancy K. Miller, “bracketing” or “italicization.” The mad are “beside themselves”; their discourse is not their own. But the voices which speak through them are not (even in the case of Edgar’s parody of possession) supernatural voices but gendered human ones—cultural remnants. The prose that is used for this mad speech (although it includes embedded songs and rhymes) implies disorderly shape, associates madness with popular tradition, and contributes to its colloquial, “quoted” character. These quoted voices, however, have connections with (or can be interpreted to connect with) the mad characters’ pre-mad, gendered identity.
and history, their social context and psychological stresses—as well as with larger themes of the plays and of the culture. The alienated speech allows psychological plausibility, thematic resonance, cultural constructions, and social critique. Using it, Shakespeare represents distinctions between female hysteria and feigned male melancholy in *Hamlet*, between supernatural female witchcraft and natural alienation in *Macbeth*, and between feigned demonic possession, natural madness, and theological despair in *King Lear*.

Onstage characters mediate this pregnant, mad discourse, showing us how to translate it in ways made explicit by the anonymous Gentlemen in *Hamlet* who prepares the audience for the entrance of Ophelia, Shakespeare’s first extended “document in madness”:\(^{13}\)

> She . . . speaks things in doubt
> That carry but half sense. Her speech is nothing
> But the unshaped use of it doth move
> The hearers to collection; they yawn at it,
> And botch the words up fit to their own thoughts,
> Which, as her winks and nods and gestures yield them,
> Indeed would make one think there might be thought,
> Though nothing sure, yet much unhappily.

*(4.5.6–13)*

The speech here described is painful, unshaped un-sense that can be “botched” up into shape by an audience’s readings. Ophelia’s alienated discourse invites a psychological, thematic, and gendered interpretation. It resituates sacred material in a secular, psychological context, and she and Hamlet act out distinctions between feigned and actual madness and between rational and mad suicide which the culture was gradually establishing.

Ophelia’s madness is represented almost entirely through fragmentary, communal, and thematically coherent quoted discourse. Through it, the rituals elsewhere involving the supernatural are appropriated and secularized. She recites formulas, tales, and songs which ritualize passages of transformation and loss—lost love, lost chastity, and death. These transitions are alluded to in social formulas of greeting and leavetaking: “Well, God did you,” “Good night, ladies, good night”; in religious formulas of grace and benediction: “God be at your table!” “God ‘a mercy on his soul! / And of all Christian souls I pray you” (4.5.42, 73, 44, 198–99); in allusions to folk legends or tales of daughters’ metamorphic changes in status: tales of the “owl who was a baker’s daughter” (4.5.42–43) and the master’s daughter stolen by the steward.

Her songs likewise enact truncated rites of passage. Love and its loss are
embodied in the song of the "truelove," imagined with a cockle hat, staff, and sandals, icons of his pilgrimage. She sings of Valentine's Day loss of virginity when a maid crosses a threshold both literal and psychological: "Then up he rose and donned his clothes / and dupped the chamber door, / Let in the maid, that out a maid / Never departed more... Young men will do't if they come to't / By Cock they are to blame" (4.5.52–55, 61–62). This imagined deflowering preempts and precludes a marriage ritual. The other songs mourn a death and represent the concrete markers of a spare funeral ritual—a flaxen poll, a bier, a stone, no flowers. They enable Ophelia to mourn her father's death, enact his funeral, encounter his dead body, and find consolation for her loss: "He is gone, he is gone. / And we cast away moan" (4.5.196–97). Into this central loss and its rituals, Ophelia's other losses or imagined losses—of lover, of virginity, of "fair judgement"—are absorbed. Her distribution of flowers to the court is an extension of her quoted discourse, an enacted ritual of dispersal, symbolizing lost love, deflowering, and death. A secularized cultural ritual of maturation and mourning is enacted through Ophelia's alienated speech.14

Ophelia's madness, as the play presents it, begins to be gender-specific in ways which later stage representations of Ophelia and of female hysterics will exaggerate (Showalter, Female). Her restlessness, agitation, shifts of direction, "winks and nods and gestures" (4.5.11) suggest the spasms of the mother and show that madness is exhibited by the body as well as in speech: gesture and speech, equally convulsive, blend together: "[she] beats her heart, / Spurns enviously at straws" (4.5.5–6). The context of her disease, like that of hysteria later, is sexual frustration, social helplessness, and enforced control over women's bodies. The content of her speech reflects this context. Laertes's anguished response to Ophelia as a "document in madness"—"Thought and affliction, passion, hell itself, / She turns to favor and to prettiness" (4.5.187–88)—shows how the reading of madness's self-representation aestheticizes the condition, mitigating both its social critique and its alien aspects. Likewise Gertrude narrates Ophelia's death as beautiful, natural, and eroticized, foregrounding later representations of it and of female hysterics as sexually frustrated and theatrically alluring. Ophelia's representation implicitly introduces conventions for reading madness as gender-inflected.

Gender distinctions likewise take shape in the contrasts between Hamlet and Ophelia. Ophelia in her mad scenes serves as a double for Hamlet during his absence from Denmark and from the play.15 His madness is in every way contrasted with hers, in part, probably, to emphasize the difference between

feigned and actual madness. His discourse, although witty, savage, and characterized by non sequiturs and bizarre references, almost never has the "quoted," fragmentary, ritualized quality of Ophelia's—as we are instructed: "Nor what he spoke, though it lacked form a little, / Was not like madness" (3.1.164–65). Significantly, the one time it is "like madness," that is, like Ophelia's speech, is after the encounter with his father's ghost, when Hamlet must abruptly re-enter the human, secular world of his friends. The "wild and whirling words" (1.5.33) that he utters to effect this transition are quoted truisms and social formulas for parting which are incoherently deployed:

And so, without more circumstance at all,
I hold it fit that we shake hands and part:
You, as your business and desire shall point you,
For every man hath business and desire
Such as it is, and for my own poor part,
Look you, I'll go pray.

(1.5.127–32)

After this moment of dislocation, Hamlet announces a plan to feign madness, "put an antic disposition on," and is able to "go in together," with his friends, reuniting with the world of human fellowship and sanity, although he is himself marked by the remembrance of the Ghost's "commandment" (1.5.172, 186, 102).

The stylistic distinction between Hamlet's feigned madness and Ophelia's actual madness is emphasized by other distinctions. Henceforth in the play, Hamlet is presented as fashionably introspective and melancholy, while Ophelia becomes alienated, acting out the madness he only plays with. Whereas her madness is somatized, its content eroticized, his melancholy is politicized in form and content. It is caused by Claudius's usurpation of the throne and by his father's commandment; it manifests itself in social criticism, and it is viewed as politically dangerous. Ophelia must be watched, contained within the family, within the castle; Hamlet must be expelled to England to be murdered. By acting out the madness Hamlet feigns and the suicide that he theorizes, the representation of Ophelia absorbs pathological excesses which threaten Hamlet and enables his reappearance as an autonomous individual and a tragic hero in the last act. There he is detached from family and from sexuality; apparently freed from passivity and loss of control, he is capable of philosophical contemplation and revenge, proving himself worthy of a spiri-
tual epitaph and a soldier’s funeral. His restored identity is validated—symbolically as well as literally—over Ophelia’s grave: “This is I, / Hamlet the Dane” (5.1.257–58).

This contrast between Ophelia’s mad suicide and Hamlet’s contemplated one represents in drama the complicated distinction the period was required to make between calculated suicide, a religious sin and a civil crime (felo-de-se), and insane self-destruction (non compos mentis). If the act was adjudged self-murder, the deceased’s property was seized by the state and Christian burial was not encouraged. Madness, however, rendered suicide innocent and permitted conventional inheritance and burial. The secularization of suicide and that of madness reinforced each other.16 The play enacts these distinctions without choosing sides. Whereas Hamlet’s calm contemplation of suicide would render the act on his part a crime and a sin (as he recognizes with his reference to the “canon ’gainst self-slaughter”[1.2.132]), Ophelia’s suicide is depicted by Gertrude as accidental (“an envious sliver broke” [4.7.173]), passive, involuntary, mad. In England in the period, drowning was the most common cause of suicide deaths of women and the cause of death which made distinctions between accident and volition most difficult (MacDonald, “Ophelia’s” 311 and “Inner” 566–67). The play keeps various possibilities in suspension. Gertrude’s representation of Ophelia’s death neither condemns it on religious grounds nor explicitly condones it on medical/legal grounds. Instead she narrates it without interpretation, as a beautiful, “natural” ritual of passage and purification, the mad body’s inevitable return to nature:

Her clothes spread wide,
And mermaidlike awhile they bore her up,
Which time she chanted snatches of old lauds,
As one incapable of her own distress,
Or like a creature native and indued
Unto that element

(4.7.175–80)17

Later the issue of Ophelia’s death is reopened when the lower-class grave-digger and priest skeptically challenge the “crowner’s” warrant and aristocratic prerogative which permit Ophelia’s Christian burial.

In Macbeth, Lady Macbeth’s suicide has none of the purifying and involuntary aspects of Ophelia’s, and its meaning is not interrogated. But it occurs following a state of alienation represented through quoted discourse with similarities to Ophelia’s. The alienation of Lady Macbeth in sleepwalking is, like
Ophelia's, psychologized, represented by means of quoted speech, read by representatives of the community, associated with symbolic purification, and culminates in suicide. Her breakdown embodied in sleepwalking is feminized and passive, in contrast with Macbeth's excessive, enraged, bloody ambition ("Some say he's mad" [5.2.13]). But the division between her powerful will in the early acts of the play and her alienated loss of it in the sleepwalking scenes, her connections with and dissociation from the witches, and their bifurcated representation all construct—and blur—other distinctions associated with madness: those between supernatural and natural agency, diabolic possession and human malevolence.

Lady Macbeth's sleepwalking, like Ophelia's madness, occurs after an absence from the stage, is presented as a sharp break with earlier appearances, and is introduced by an onstage onlooker. When sleepwalking, Lady Macbeth quotes, in the form of proverbial commonplaces ("Hell is murky" [5.1.38]) and chilling pseudo-nursery rhymes ("The Thane of Fife had a wife. Where is she now?" [5.1.44-45]), her own earlier words (or perhaps thoughts) and Macbeth's. She refers to Duncan's murder, Banquo's ghost, and the death of Lady Macduff, all in the mode of advice and comfort to Macbeth ("No more o' that, my lord, no more o' that" [5.1.46]). She narrates Macbeth's bloody acts, talks directly to him although he is not present, and acts out her own complicity by "washing" her hands to remove the smell and sight of the blood which taints them. This "quotation" has the effect of distancing this alienated discourse from its speaker and inviting a reading. But it is less communal and thematic, more personal and psychological than Ophelia's. The doctor explicitly reads Lady Macbeth's state as religious despair, not as demonic possession or physical breakdown—in Bright's terms, as spiritual rather than natural melancholy: "More needs she the divine than the physician" (5.1.77).

The witches and Lady Macbeth, as Peter Stallybrass has argued (189-209), are indirectly identified with each other by their gender, by the structure and symbolism of the play, and by their parallel role as catalysts to Macbeth's actions. They function as cultural scapegoats for the unnaturalness, disorder, and violence let loose. But the play also implies contrasts between Lady Macbeth and the witches, and these produce disjunctions between the natural and the supernatural. The witches' supernatural ambiguity is contrasted with the "natural" ambiguity of Lady Macbeth's sleepwalking scene. In their early appearances, they are described as ambiguously male or female, as on the earth but not of it; they speak equivocally (but not madly). Lady Macbeth, when sleepwalking, is in a state which combines "the benefit of sleep" with "the ef-
fects of watching” (5.1.11); “Her eyes are open,” “but their sense is shut” (5.1.26–27). The witches are dramatized in connection with some of the conventional accouterments of witchcraft belief: familiars, submission to Hecate, spells, potions, fortunetelling, and successful conjuring. But Lady Macbeth’s attempted (and unsuccessful) invocation is to spirits that seem more natural than supernatural: they “tend on mortal thoughts” and “wait on nature’s mischief” (1.5.41, 50). She does not ask directly for help to harm others as witches typically do, but only for a perversion of her own emotions and bodily functions: “fill me . . . top-full of direst cruelty”; “Make thick my blood” (1.5.42–43). In contrast, the witches plot to cause the kinds of harm to others conventionally associated with witches’ maleficium: interference with livestock, weather, male sexuality.

The witches are then ambiguously associated with and dissociated from Lady Macbeth. Their own representation is likewise bifurcated. They are ambiguously “natural” and supernatural. They are represented partly as the disgruntled outcasts of Scot’s Discoverie, partly as the agents of harmful activities such as those charged in English witch trials, and partly as devil-posessed like the witches described by continental witchmongers in the Malleus Maleficarum. In the opening scenes, they seem to invite Scot’s psychological interpretation (statistically supported by Alan Macfarlane’s social, structural analysis); they are frustrated, melancholic women who, on the margins of society, get back at those who have disregarded them by muttering curses and plotting revenges—“I’ll do and I’ll do and I’ll do” (1.3.10)—and hence attract blame and punishment. However, they do have familiars and seem capable of preternatural travels, so are not represented merely as social misfits. In their later appearances (3.5 and 4.1), the witches are endowed with all the paraphernalia of demonic possession from continental witchlore. They serve Hecate (in what may be a later addition), use illusion to influence Macbeth, mix a “charm” made from the noxious parts of animals (and humans).19 Macbeth “conjures” them by their “profess[ed]” supernatural powers (4.1.50–61). The effect of these representations of an alienated Lady Macbeth and divided witches, ambiguously connected with each other, is to create a continuum of alienation and malevolence in the play which blurs the boundaries between natural and supernatural agency, between witchcraft of English or continental sorts, between antisocial behavior and madness. This continuum has made it tempting to put to the play the questions the period (through witchcraft prosecutions and through reading madness) was wrestling with—who is to blame for Duncan’s murder, Macbeth’s fall, Scotland’s decline? Who or what is the source of
harm and evil? The questions produce no simple answers. The continuum of malevolence blurs the question of agency in the play as it blurs the question of the ontological status of “witches.” It reproduces the period’s “hovering” between contradictory belief systems and conflicting attributions of causality and agency: God and the devil, madwomen and witches, castrating wives and ambitious tyrants.

III

To understand the complicated responses and flexible practices which such uncertainty created and to place Shakespeare’s tragedies within his contemporaries’ attempts to categorize madness, it is helpful to look briefly at the medical practice of Richard Napier and at the 1598 and 1624 Bedlam censuses. Napier was a doctor, minister, and astrologer who from 1597 to 1634 treated about sixty thousand patients in Great Linford in northern Buckinghamshire, taking notes on each consultation. Two thousand and thirty-four of these patients from all social classes consulted him for mental disorders, and these cases are analyzed in the epidemiology of mental disorder constructed by Michael MacDonald in Mystical Bedlam: Madness, Anxiety, and Healing in Seventeenth Century England. Thanks to MacDonald’s superb, detailed, and gendered analysis, Napier’s practice becomes a site where definitions, distinctions, and gender coding in mental ailments can be explored. Like theorists and playgoers, Napier strove to distinguish between the similar symptoms caused by possession, bewitchment, mental or physical disorders; he worked hard to do so but was often at a loss. His cures, designed to fit the disorder, were eclectically magical, medical, astrological, and spiritual; to some patients he gave advice, to most purges, to a few amulets or prayers or exorcisms.

Women consulted Napier for all causes more often than did men (a ratio of 78 men to 100 women, similar to the ratio of visits to physicians today); they consulted him more for mental disorders than men (the sex ratio is 58.2 men to 100 women, similar to that in England today) and reported suffering almost twice as much stress as men (the ratio is 52.3 men to 100 women; MacDonald, Mystical 35-39). Most of Napier’s female and male patients alike suffered mental distress and depression from the same causes: courtships (23.6%), marital problems (17.6%), bereavements (17.5%), and debt (12.9%) (ibid. 75). The reasons why women are overrepresented in Napier’s practice, especially in consultations for mental distress, are as complex and difficult to analyze as why women visit doctors more than men do today and report more depression. Then as now
it may be connected with their vulnerability to diseases of the reproductive system, to their need therefore to see doctors more, or to the extra stress that family life in patriarchy places on women.\textsuperscript{21}

However, although more women come to Napier with symptoms of mental distress, there is not much difference in the percentages or even the numbers of men and women identified as suffering extreme forms of mental disturbance—madness. Likewise, recent findings by medical historians and sociologists show that while today women see doctors more for depression, insomnia, and other imprecisely identified disorders, they do not suffer from extreme pathological states such as schizophrenia more often than do men and, contrary to earlier claims, are not more likely than men to be institutionalized for mental disorders.\textsuperscript{22} MacDonald’s raw statistics show a similar pattern. Patients who report extreme symptoms—symptoms associated with mania as opposed to melancholy and designated by terms such as “mad,” “lunatic,” “mania,” “frenzy,” “raging,” “furious,” “frantic”—are rare. There are more cases for women in almost every category (because there are so many more women in the sample), but the percentages are virtually identical and the absolute numbers not that different. For example, of the 2,039 patients, 34 of the men (or 5\%) and 54 of the women (or 4\%) are designated “mad”; 25 of the men (3\%) and 21 of the women (2\%) as lunatic. There is 1 man with mania and 7 men and 3 women with frenzy. Men are more likely to be designated melancholy or “mopish,” a milder form of melancholy in accord with the early modern period’s male coding of this disease—which will be re-gendered female in the nineteenth and twentieth centuries. Women more often “take grief,” “grieve,” and are “troubled in mind”; men and women are tempted to and attempt suicide in about equal rates, but women are more often tempted to kill their children or, uniquely, their children or themselves.\textsuperscript{23} Napier never identifies the fits of the mother as mental disturbance, but connects it with strictly physical symptoms such as menstrual cramps. And “sexual urges” are a symptom of only 1 (male) patient (244).

In Napier’s report of his practice, while women suffer more mental disturbance than men, the identification of women or men with certain sorts of madness is much less apparent than in the drama. What stands out is Napier’s attempts to categorize madness, to distinguish it from supernatural visitations and from physical maladies. Another set of documents of the period also shows movement toward division by gender, but here too the reading must be cautious. These are the 1598 and 1624 censuses of Bedlam, included in visitation committee reports to Bridewell Hospital, which administered the facility
(reproduced in Allderidge, “Management” 152–53, 158–60). The reports give the names of the inhabitants and some of the following data: source of admission (from Bridewell, the Lord Mayor of London, or private parties); length of stay (from Neme Baker, 25 years in 1598, to Tho. Denham, 14 days in 1624); source of maintenance (guilds, individuals, parishes, colleges, other hospitals); indications of social class and context (in the 1598 census, when such information was more frequently noted, inhabitants included “Welch Elizabeth”; “Rosse, an Almswomen”; “Edmond Browne, one of the Queenes Chappel”; and “Anthony Greene, fellow of Penbrooke Hall in Cambridge”). Both reports usually list patients with the longest tenure before those with less, but the first census is divided between Bridewell admissions and others, and the second is divided up into men (18) and women (13), and comments are made on the seriousness of the condition (probably because the place was overcrowded and the committee wished to lower the census). The designations for the men speak to their administrative status; they are termed “fitt to bee kepte,” “not fitt to bee kepte,” or “to bee sent to . . . some other hospital,” “home to his wife,” “to Hull from whence he came.” Only two of the men who are “Idiots” have their illness specified, and none are called “mad,” but many of the women are; they are explicitly characterized as “very ill,” “madd,” “very madd,” “a mad woman,” “something idle-headed,” “fell madd.” Eight of the 18 men are designated fit to be kept, and 9 are to be sent elsewhere; 7 of the 13 women are to be kept, and 4 are to be removed to other care (the dispositions of 1 man and 1 woman are not specified).24 These unconsciously chosen designations suggest a tendency to identify the women with their illness and the men, instead, with their institutional disposition.

IV

While the stage does not associate madness exclusively with men or women, its representations begin to gender the signs of the condition and its cures. In King Lear, as in the records of Richard Napier and of Bethlehem Hospital, madness and distress are conceived of as treatable illnesses with mental and physical components. By underlining the distinction between Lear’s natural madness and Edgar’s feigned supernatural possession and by including two cures—one physical, administered by a doctor, and one mental, administered by a layperson—the play contributes to the secularization, psychologizing, and medicalization of madness and extends conventions for representing it. The context and speech of the disordered characters in King Lear further reveal how
different symptoms, diagnoses, and cures of madness become associated with men and women.

Edgar, victimized by his bastard brother, Edmund, assumes the speech of demonic possession as a role—as a disguise. Quotation in his speech is, in effect, quadrupled. Disinherited Edgar speaks in the voice of Poor Tom, the Bedlam beggar, who speaks in the voice of the devil, who quotes Samuel Harsnett’s melodramatic exposure of the drama of bewitchment and exorcism. Tom’s mad speech, like Ophelia’s, is made up of “quoted,” culturally and psychologically resonant fragments, but his discourse incorporates differently inflected cultural voices. His speech embeds song fragments—“Through the sharp hawthorn blows the cold wind”—bits of romance—“But mice and rats and such small deer, / Have been Tom’s food for many a year”—formulaic commands and proverbial sayings—“obey thy parents; keep thy word’s justice” (3.4.45, 136–37, 79–80). These quotations transmit a theological/moral discourse of sin and punishment in which Poor Tom is an emblematic fallen Christian, a “servingman, proud in heart and mind,” “hog in sloth, fox in stealth, wolf in greediness, dog in madness” (3.4.84, 92–93). Embodying the seven deadly sins, especially those of pride and lust, he represents, like traditional madmen, guilt and punishment; he is led by the “foul fiend” “through fire and through flame, through ford and whirlpool, o’er bog and quagmire,” and “eats the swimming frog, the toad, the todpole, the wall-newt and the water” (3.4.51–52, 127–28). Although Edgar’s betrayal and exile have nothing to do with women, Poor Tom’s feigned madness, like Hamlet’s, is laced with misogyny. His introductory monologue identifies women’s lust as the catalyst to his own catalogue of sins: “A servingman . . . that served the lust of my mistress’ heart and did the act of darkness with her . . . . One that slept in the contriving of lust and waked to do it.” His first commandment is avoidance of women’s seductions: “Let not the creaking of shoes or the rustling of silks betray thy poor heart to women. Keep thy foot out of brothals, thy hand out of plackets . . . .” (3.4.84–96). In Tom’s fantasies of possession as punishment, the male demon Flibbertigibbet curses the products of women’s wombs with deformities and then metamorphoses into the female nightmare (or incubus) and her offspring, a monstrous image of female sexual and reproductive power which is represented as well, Adelman claims, by the storm itself (Suffocating 110–14).

This mad discourse functions variously. It provides Edgar-as-Tom with a coherent characterization by permitting him to express and conceal his victimization and (as Adelman has argued) his suppressed desire for self-punish-
ment and revenge.\(^\text{27}\) It functions dramatically to trigger, mark, and counterpoint the specific moment of Lear's own break with sanity, which occurs decisively at his emotionally apt but logically groundless identification with Poor Tom at 3.4.62: "What, has his daughters brought him to this pass?"\(^\text{28}\) The disguise allows the disinherited Edgar, by identifying with the middling or lower sorts and taking on their speech and beliefs, to participate with the fool and naked Lear in the reversals of class and status which pervade the play.

But always Edgar's quoted religious discourse is rendered theatrical, both because the discourse is feigned and because it is constructed through quotation of Samuel Harsnett, who himself narrates possession as theatrical role-playing instigated by the suggestion and rehearsal of the exorcists. By appropriating for Poor Tom a "documented fraud" (Greenblatt 117), the spuriousness of Edgar's madness is emphasized, possession and divine retribution are mocked through mimicry, Lear's contrasting madness is marked as "natural," and the church's attempt to outlaw exorcism is furthered. At the same time, surviving belief in possession, perhaps especially prevalent among middle and lower ranks, is represented onstage. While Greenblatt (119) sees these rituals as "emptied out," I argue rather that in this mad discourse, their sacred meaning is resituated: morality, guilt, suffering, and punishment are understood within human, psychological, and gendered parameters.

In stark contrast to Edgar's feigned delirium of sin, guilt, and divine punishment, Lear's madness is staged as "natural," as psychologically engendered and obsessed with secular punishment, revenge, and justice. It is rooted in obvious physical and psychological causes: his exposure to the cold and storm in old age, his mistaken banishment of Cordelia, his other daughters' betrayals, his encounter with Poor Tom. His alienation is rendered on a continuum with his sanity from which it gradually emerges. He is metaphorically described by Kent as "mad" in the first scene, notes the onset of delirium himself, specifies his malady somewhat oddly, as "hysteric passio," the fits of the mother, defined, ingeniously, as his rising heart rather than his wandering womb (2.4.55-56). As he loses his kingdom, his children, his house, his robes, he feels weak, vulnerable, a victim of feminine and feminizing hysteria which attacks from within; he fears madness as he fears tears, as a sign of breakdown.\(^\text{29}\) But once he is beside himself and seeks out Poor Tom as his philosopher (3.4.152), his madness grows self-authorizing, aggressive, and satiric. He is subsequently restored to sanity by conventional remedies, conventionally applied by a doctor—herbal medicine, sleep, clean garments, music, and the presence of Cordelia.
The construction of Lear’s mad discourse, like that of Ophelia and Tom, involves fragmentation, formula, depersonalization, the intersection by communal voices, and secularized ritual. Like Ophelia, he uses tags of social formulas incongruously: “We’ll go to supper i’ the morning,” “Give the word,” “Pull off my boots: harder, harder: so” (3.6.83; 4.6.92, 173) to reestablish his shattered world. But more often, rather than being transected by quoted voices, Lear envisages hallucinatory cultural dramas in which he is both narrator and participant. Whereas Poor Tom acts out victimization and guilt by presenting himself as poor and persecuted, Lear defends himself against guilt by acting as persecutor: “cry / These dreadful summoners grace” (3.2.58–59). His hallucinations of the rituals of secular trial and judgment expose their fraudulence just as Edgar’s feigned possession implicitly exposes demonic punishment as fraud. In the enacted mock trial on the heath (in Quarto), Lear plays the judge who “arraigns” (3.6.20) his absent daughters, Goneril and Regan, for their crimes against him, while Edgar, Kent, and the fool serve as jury. But the ritual, like those in Ophelia’s songs, is aborted, the trial collapses, and the judge is humiliated, barked at by dogs (3.6.61–62).

During Lear’s encounter with Gloucester on the heath, his identification with the persecutor and demonizing of women’s sexuality continue to protect him from a sustained realization that he is not “ague-proof” (4.6.105). He fantasizes scenarios of justice undone by the corruption of women’s “riotous appetite” (123) and the complicity of the judge. In his first fantasy, Lear as judge will “pardon that man’s life” because all are guilty of copulation centered in the “sulphurous pit” of female sexuality, the domain to which the fiend is metaphorically confined in Lear’s discourse (4.6.126–29). Whereas Edgar’s feigned supernatural madness locates lust in himself, Lear’s natural madness displaces it onto women and their judges. In Lear’s second fantasy, following a series of reversals, the punisher and the punished become indistinguishable: the constable who whips the whore “hotly lusts to use her in that kind / For which thou whip’st her” (4.6.162–63). These fantasies expose Lear’s habit of persecuting others to conceal his own guilt and provide a critique of a class-determined system of justice. Social status and the costumes which the period prescribed to mark it control guilt, judgment, and punishment: “Through tattered clothes small vices do appear; / Robes and furred gowns hide all. Plate sin with gold, / And the strong arm of justice hurtless breaks; / Arm it in rags, a pygmy’s straw does pierce it” (4.6.164–67). Justice, like demonic possession, is theatrical, a matter of costumes, and hence fraudulent.

In this way, the impertinent madness of Lear, like that of Edgar and the fool, serves, as Robert Weimann suggests, to provide satiric “disenchchantment” of
conservative values and hierarchies supported by those in power: “The Prince of Darkness is a gentleman” (3.4.141). Ophelia’s madness, although Weimann ignores it, functions similarly to disenchant domestic values: she “marks” the falsehood of love, the emptiness of religious formula, the betrayal of men. She narrates the arbitrariness, instability, and corruption of love and the family as Lear narrates those of justice and the state.30 Ophelia, like Lear and Hamlet, speaks impertinently, proverbially, bawdily, disturbingly; she too is both actress and character, partly an object of the audience’s gaze, partly a spokesperson for their contempt for Claudius and his court. Ophelia, as much as (or perhaps even more than) Lear, “disrupts the authority of order, degree, and decorum” (Weimann, “Bifold” 417). But because Lear, like Hamlet, speaks from a tradition of articulate, illuminating melancholia, his madness is credited. In contrast, Ophelia’s madness remains underread, both by spectators in the play and by critics and playgoers outside. It does not open itself as easily as Lear’s to producing “universal” truths; it is angry at male betrayal, not female sexual corruption, and is obsessed with Christian mercy and human mourning rather than with male authority and secular judgment.

Edgar in disguise not only provides critique and counterpoint but is the vehicle of another inversion as he becomes a “philosopher” to King Lear and cares for his father, Gloucester. With each, Edgar employs a traditionally recommended remedy for delusion and despair, a strategy which Burton and others record and which Foucault calls “continuing the delirious discourse” (154). The delusions of the mad are complied with and extended through theatrical representation in order to undo them. This strategy further naturalizes madness and brings it under human control while testifying to the power of illusion and the theatricality of madness. Doctors and friends fraudulently extend the delusions of the mad to manipulate them toward a cure. The most frequently cited example of this is a story of a melancholic man who, believing himself dead, refused to eat. Friends costumed themselves as dead men and consumed a banquet in front of him to demonstrate that the dead eat; he then ate too and recovered. A more bizarre example is that of a man who refused to urinate, believing that if he did, he would drown the world; friends set fire to the house next door and prevailed on him to put it out lest the town burn. He “pissed, emptied his bladder of all that was in it, and was himself by that means preserved” (Laurentius 103).31 Less ingenious strategies reported involve physicians or friends curing patients who complain of toads or snakes in their bellies by administering emetics and slipping the animals into the vomit basin.

Typically, as these cases get revised in the Early Modern period, men’s bodily boundaries are protected and women’s are breached. In treatises and plays, this
is mainly a homosocial cure for men by men. In the play, when Lear imagines himself barked at by dogs, Edgar exorcises them for him through a song in which he impersonates a dog (3.6.64-72). Later he more elaborately “trifle[s]” with his father’s “despair” to “cure” it, engineering Gloucester’s mock suicide and the mock exorcism of his (and Edgar’s own) demons to save his father from actual suicide. In this performance of possession and exorcism, the rituals of the supernatural are appropriated and secularized and used by humans to reverse human self-alienation just as they are in Renaissance treatises on melancholy, medicine, exorcism, and witchcraft.

V

Edgar’s uses of the illogic of madness in the service of logic and sanity demonstrate that one purpose of reading madness, propounding definitions and prescribing cures, is to keep oneself sane and regulate the disruptiveness of the mad. In these Shakespeare tragedies, as in medical treatises and practices, the representation of madness enables a restoration of normality. But madmen and madwomen participate differently. Men can be cured but women die mad, mourning their losses. Hamlet recovers his identity in Ophelia’s grave. Edgar exorcises Poor Tom and goes on to recover his dukedom and, in the Folio text, the kingdom. Gloucester eschews suicide for a time, and Lear is lovingly nursed back to health by his good daughter. But Ophelia’s madness can be immunized only through her death and Christian burial. Lady Montague in Romeo and Juliet dies, for “grief hath stopped her breath” (5.3.212); Portia in Julius Caesar “fell distract” and “swallowed fire” (34.3.152-53). Lady Macbeth’s somnambulism culminates in a suicide that, abruptly announced in the play’s final lines, naturalizes and vilifies her as a “fiend-like Queen, / Who, as ’tis thought, by self and violent hands / Took off her life” (5.8.69-71). The elimination of madwomen from the plays exorcises certain forms of psychic and social disorder and allows the restoration of male health and male authority.

Likewise in the culture, constructions of madness tended to support established institutions in preserving the status quo. Preferred treatments were those undertaken by Anglican ministers, not Catholic exorcists or Puritan enthusiasts, by licensed practitioners, not quacks. These practitioners tended to favor outcomes which sustained social hierarchies and had different impacts on men and women; Napier, for example, viewed wives who wanted to leave brutal husbands, children who resisted their parents, servants who did not obey their masters, as mentally unstable and was severe with them. But the mad could be reabsorbed because they were not seen as inhuman; hence they
were not usually isolated, confined, or ostracized. They might be subjected to purges and bleeding (like all ill people), drugged sleep, or music therapy, or might be coaxed back, through their own delusions, into the rituals of everyday life.

If the discourse of madness, in the short run, promoted normalization and supported the status quo, in the long run it had the capacity to contribute to changing constructions of the human and hence to cultural change. The distinctions established in this discourse helped redefine the human as a secular subject, cut off from the supernatural and incomprehensibly unstable and permeable, containing in itself a volatile mix of mind and body, of warring and turbulent elements: “For seeing we are not maisters of our owne affections, wee are like battered Citties without walles, or shippes tossed in the Sea, exposed to all manner of assaults and daungers, even to the overthrow of our owne bodies” (Jorden G3”). Such images opened up a new range of questions about and possibilities for human beings.

The theater, by representing and disseminating madness, contributes to its destabilizing potential. Shakespearean tragedy, drawn to madness perhaps because of its inherent theatricality, invented for it a discourse which was successful (and imitated) by virtue of its excessiveness, its rich imagery and associations, its verbal inventiveness, its multiple functions: psychological, thematic, satiric, theatrical. By providing a language for madness, the theater contributed to the process whereby it gradually became 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 (20ff.), and in the discourse of madness this reconstitution is especially visible. The secular human characters this stage represents are inevitably gender- and class-specific in ways which the hierarchical *dramatis personae* or “names of the actors,” introduced in seventeenth-century editions, inscribe. Gender distinctions may be especially rigid because of the absolute division between adult actors who play men and boy actors who must self-consciously perform femininity, drawing on gender stereotypes to do so as the instructions to the page in the Induction of *Taming of the Shrew* suggest. This may be one reason why madness is distinctly gender-marked in the theater earlier than in medical treatises or in the visual arts. But the theater, even while producing stereotyped or conservative formations, may participate in change. As Steven Mullaney has shown (chap. 2), it is a place apart from the established state as well as from the established church, situated in the liberties alongside unruly neighbors: taverns, bearbaitings, brothels, and the empty leper houses which Foucault (wrongly) imagines will soon fill up again with madmen (1–7). By constructing
a language through which madness can be represented, the popular theater facilitates the circulation of the discourse; by italicizing the language of madness, it encourages its interrogation and transformation.

Although these Shakespeare plays represent madness to treat, italicize, or purge it, and although the gender distinctions they initiate can still prove oppressive to women, performed madness can transgress through unsettling productions or indecorous interventions by actors. Hamlet's feigned madness and Lear's natural madness can be performed and read as social critique (as in Grigori Kozintsev's 1970 film of King Lear or in the Studio Theater of Moscow's 1989 production of Hamlet). Ophelia's madness can be politicized by an actress who might represent the hysterical female body now as an eroticized and aestheticized object of desire and repulsion and now as an agent of uncontrollable voice, desire, pain, and rage (as in Ange Magnetic's "Ophelie Song" [1989]), an "opera minimal" derived from her songs.32

The complexities of reading the discourse of madness in Shakespeare and his culture reveal the difficulty and necessity of historicizing: examining one's own position and that of one's subject(s) in contemporary culture in relation to the construction of those subject(s) which emerged in early modern culture, working to tease out disjunctions and connections. This project reveals that the shape of gender difference cannot be assumed but must always be reformulated in specific cultural and historical contexts. Reading the discourse of madness provides powerful lessons in the gradual and erratic progress of cultural change and in the complex and not fully retrievable interactions between dramatic texts and other cultural documents. The theater does not just reflect, contain, or subvert the cultural realities in which it is embedded. But finding the right metaphor for the relationship is hard. Perhaps, in the context of this essay, it is appropriate to note that the playwright, like the mad, expresses inner conflicts, quotes cultural voices, speaks through disguises, enacts emotions visually and verbally, performs for diverse audiences, and is protected from harm because playtexts are illusions. These playtexts, moreover, like other "documents in madness," both do and do not belong to the authors who generate them, and they are read, performed, and used by us in the service of our own sanity.

NOTES

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for this volume have benefited from the astute suggestions of Madelon Sprengnether 
and from stimulating discussions of gender and madness in Hamlet and King Lear with 
the students in my Spring 1994 graduate seminar.

1. I draw on Allderidge’s essays, which correct the inaccuracies and fantasies of 
Bedlam scholarship, especially those of the standard history by O’Donoghue.

2. Schiesari analyzes how the discrediting of female grief and mourning helps 
construct the validated condition of male melancholy from the Renaissance to the 
twentieth century. Winfried Schleiner discusses a countertradition emerging in the 
fifteenth and sixteenth centuries which demoted melancholy, especially when associ-
ated with divination and prophecy.

3. Showalter looks mostly at representations of women’s madness after 1830, and 
gender is not analyzed in Foucault’s large intuitive canvas. His discussion of supposedly 
unmediated madness from the Middle Ages to the seventeenth century is the least com-
pelling part of his book (at least in the English translation), for his concept of the 
modern centralized state misunderstands early modern institutions. Mental institu-
tions such as Bedlam often developed early out of medieval hospitals; unlike leper 
houses, they attempted cures and declared patients recovered. Confinement of the mad 
is also more varied, more historically continuous, and more complicated in its repre-
sentations, aims, and consequences than Foucault or Showalter allows. But Foucault’s 
intuitions about the transformation of the madman from supernatural voyager to secur-
lar case study are useful, as are Showalter’s analyses of the associations between women, 
madness, and sexuality which developed in nineteenth-century representations of 
madwomen. For criticism of Foucault’s historical inaccuracies, see Midelfort. For criti-
cism of Showalter by a feminist medical historian, see Tomes.

4. Jorden is the first to find the source of hysterical symptoms in the brain as well 
as in the uterus. See Veith 122–23.

5. In fact, according to MacDonald’s statistics, although far larger numbers and 
percentages of women came to Napier to report distress in connection with courtship, 
love, sex, and marriage negotiations, most of these sufferers were untitled (Mystical 
Table 3.6, 95; see also 94). Perhaps aristocratic women suffered less stress in matters of 
courtship and marriage because they had little or no choice in the matter.

6. For discussion of the political climate that produced Jorden’s and Harsnett’s 
pamphlets in 1603, see Thomas 482–86; Greenblatt 94–128; MacDonald, Witchcraft 
Introduction.

7. Ascriptions of madness occur elsewhere in Shakespeare beginning with Titus
Andronicus, Comedy of Errors, and Twelfth Night and conclude with the extended portrait of the Jailor’s Daughter in Two Noble Kinsmen. Her characterization has connections with Ophelia’s and with that of the madwomen and groups of madpersons in other Jacobean plays, for example, Dekker’s Honest Whore, Part I, Webster’s Duchess of Malfi, Fletcher’s The Pilgrim, Middleton’s and Rowley’s The Changeling.

8. These interpretations of Ophelia replicate feminist theorists’ polarized interpretations of the association between women and madness. For positive interpretations of the textual representations of the connection, see Gilbert and Gubar; of Ophelia, see Neely 103–104. For the negative aspects of the connection, see Showalter, Female and “Representing” 77–94, where she discusses how different periods represent Ophelia according to their own stereotypes of female insanity.

9. However, in a book which appeared after the first publication of this essay, Duncan Salkeld examines how madness functions in Renaissance drama as a sign of ideological contradictions.

10. For Foucault, language constitutes madness; “Language is the first and last structure of madness” (100). Since madness is unreason, the “delirious discourse” (99) which constitutes it is the inverse of reason but, in effect, identical with it. It involves “sedimentation in the body of an infinitely repeated discourse” (97), “the language of reason enveloped in the prestige of the image” (95). “It is in this delirium, which is of both body and soul, of both language and image, of both grammar and physiology, that all the cycles of madness conclude and begin” (100–101).

11. Miller extends Irigary’s analysis of women’s special relation to the mimetic, defining italics as a modality of intensity, intonation, and emphasis which characterizes women’s writing (343).

12. Bradley 336–37 notes that Shakespeare invariably uses prose to represent abnormal states of mind such as madness or Lady Macbeth’s somnambulism. I am indebted to Lars Engle for bringing this discussion to my attention.

13. (4.5.178) Later mad characters are given equally precise and explicit introductions: see the conversation between Lady Macbeth’s waiting woman and the doctor (5.1.1–20) and Edgar’s commentary as he disguises himself as Poor Tom in Lear (2.3.1–21).

14. Klein reads Ophelia’s madness closely and attends to its cultural lore. But whereas she sees Ophelia’s role as providential, as a minister to Hamlet, I see religious references as split off from their theological context in her mad speech. Much of the attention devoted to Ophelia’s speeches has been to determine who the referents of her songs are, especially the “true love,” and to which characters they are addressed. My analysis suggests that it is not possible to pinpoint a single referent or audience since the discourse’s referents are multiple and are both personal and cultural. In her madness, she does enact a ritual of mourning, the work which Schiesari argues has been culturally allotted to women. See Seng 131–56 for a summary of commentary.

15. Klein analyzes Ophelia as Hamlet’s surrogate, and Lyons 11–12 claims that she mirrors aspects of Hamlet’s melancholy. I see her rather as a “dark double,” in Gilbert’s and Gubar’s sense (360), who acts out what is repressed in Hamlet.
16. Some form of Christian burial might be possible, even in cases of suicide. See MacDonald, “Ophelia’s” 341-15. For discussions of suicide and mental disorder, see MacDonald, Mystical 132-38; “Inner” 566-67; “Secularization” 52-70; and Sleepless.

17. Immersion is conventionally a sign of madness and a cure for it. See Foucault 162, 166 and Clarke 229-30.

18. I see the relationship between the witches and Lady Macbeth as more ambiguous and unstable than does Adelman, Suffocating 130-47. I do not read their relationship as a literal or symbolic “alliance” (134, 136), nor do I find the witches or Lady Macbeth unstintingly malevolent and powerful. In fact, the witches wish Macbeth to fail while Lady Macbeth wishes him to succeed, and their relation to the supernatural is quite different from hers. Furthermore, both the witches and Lady Macbeth lose what power they have by the end of the play, though Adelman never discusses the implications of Lady Macbeth’s somnambulism and suicide. Whatever power each has exists only contingently; neither the witches nor Lady Macbeth has agency or control except through Macbeth.

19. Thomas chap. 14 discusses how continental views of witchcraft conceived as a heresy centered in a pact with the devil were only gradually filtered into England, where witchcraft was more often defined as harmful activities. The fact that the witches are also called “weird women” (3.1.2) and compared with “elves and fairies” (4.1.42) emphasizes their shifting (and shifty) representations. If Hecate and the songs from Middleton’s The Witch were later interpolations at odds with the earlier portrayal, this supports my claim that the witches’ representations reflect contested notions of witches in the period. For arguments that act 3, scene 5, and act 4, scene 1, lines 39–43 and 125–32, are interpolations, see Muir, Macbeth, xxxii–xxxv. That the witches are dramatically more powerful early in the play when presented more naturalistically also may be connected to the weakening of beliefs in possession and witchcraft in England.

20. MacDonald, Mystical 189–217. John Hall, a successful doctor who practiced at the same time (1600–1635) as Napier in nearby Warwickshire and who appears to have been more puritan in his religious beliefs, and more of an apothecary and less of an astrologer than Napier, treated a similar range of disorders. Analysis of his casebooks shows that his patients presented similar symptoms of mental disorder in similar ratios. In his published cases (included in Joseph), Hall treated 70 men and 109 women; 13 of the men, or 7 percent, and 39 of the women, or 22 percent, showed signs of emotional disorder as analyzed by Howells and Osborn. These figures are based on only a small sample of Hall’s cases which were published to disseminate his recipes for purges, not to explicate his patients’ symptoms, and “emotional disorder” is more broadly defined by Howells and Osborn than by MacDonald.


23. Cf. MacDonald, Mystical 243–45. Selected comparisons:

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Males</th>
<th>Females</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>number</td>
<td>%</td>
<td>number</td>
</tr>
<tr>
<td>melancholy</td>
<td>177</td>
<td>24</td>
<td>287</td>
</tr>
<tr>
<td>mopish</td>
<td>160</td>
<td>21</td>
<td>187</td>
</tr>
<tr>
<td>troubled in mind</td>
<td>257</td>
<td>34</td>
<td>458</td>
</tr>
<tr>
<td>tpt kill child</td>
<td>9</td>
<td>1</td>
<td>31</td>
</tr>
<tr>
<td>tpt kill chd/self</td>
<td>0</td>
<td>0</td>
<td>20</td>
</tr>
<tr>
<td>tpt kill self</td>
<td>37</td>
<td>5</td>
<td>102</td>
</tr>
<tr>
<td>attempted suicide</td>
<td>17</td>
<td>2</td>
<td>29</td>
</tr>
<tr>
<td>suicidal act</td>
<td>17</td>
<td>2</td>
<td>30</td>
</tr>
</tbody>
</table>

24. The removal of more men could simply indicate that the distribution of space in the facility makes the confinement of similar numbers of men and women patients a convenience; hence more men are designated removable. I cannot tell whether Bedlam was sex-segregated as it and other asylums would come to be later.

25. This use of madness as disguise derives perhaps from Kyd’s Spanish Tragedy and is common in other Jacobean plays, for example The Changeling and The Pilgrim. Carroll analyzes the period’s identifications of Tom o’Bedlams as feigning lower-class con men, revealing another association between Edgar’s role-playing and feigning.

26. See Greenblatt and Muir, who finds over fifty separate fragments from Harsnett embedded in the play, many of them connected with the role of Poor Tom.

27. Adelman, Twentieth 8–21 has a fine discussion of how the role of Poor Tom turns blame inward and preserves Edgar. In contrast, Carroll 436 argues that the disguise is a source of pain and suffering for Edgar as well as a release from them.

28. Feder 132 and Jorgensen 80 concur. Lear’s breakdown via his identification with Edgar is emphasized by his four-times-repeated claim that Tom’s daughters are to blame for his state: “Didst give all to thy daughters?” “What, has his daughters brought him to this pass?” “Now... plagues... light on thy daughters!” “Nothing could have subdued nature / To such a lowness but his unkind daughters” (3.4.48, 62, 66–67, 69–70). Theatrically, this misogynistic iteration marks Lear’s crossing of the boundary between sanity and madness.

29. Kahn argues that Lear’s madness results from his rage at maternal deprivation and his suppression of the mother, his maternal side, and that through madness he...
comes to accept his own vulnerability. Adelman, *Suffocating* 112–14 extends Kahn’s argument by analyzing the suffocating maternal sexual monstrousness of the storm that engulfs him. In contrast, I see Lear’s identification with the storm and subsequent madness as partially forestalling tears and restoring him to power underwritten by his misogyny and his fantasies of bringing judgment. His acceptance of vulnerability after recovering is deeply compromised, as Adelman 121–25 shows, by his unchanged need to love Cordelia “all” without consideration of her needs.

30. Weimann, *Shakespeare* 120–35, 215–20, uses the range and scope of Hamlet’s and Lear’s mad speech to exemplify the flexible alternation possible in Renaissance popular theater between the dialogue of naturalistic character staged from the illusionistic *locus* position and the nonrealistic monologue staged from the nonillusionistic *platea* position which draws on popular tradition, induces audience identification, and permits social critique. This flexibility also reveals “the twofold function of *mimesis* (‘enchantment’ and ‘disenchantment’), which we have seen to be so fundamental a part of popular drama” (132). More recently, Weimann again uses the “impertinent” language of Hamlet and Lear to define the “bifid authority” generated by the Elizabethan theater (410, 416). I would not want this highly particularized mad discourse to stand as the theatrical norm, but Weimann’s analysis does uncover the blend of individual psychology and cultural discourse which characterizes mad speech.

31. Clarke 222–23, 226 discusses such ingenious cures, dubbing them “part of the folk-lore tradition of the profession” (222). See also Burton II, 114–15, and Jorden chap. 7. Schleiner (152–57, 274–86) discusses revisions of these cases, including Luther’s and Shakespeare’s.

32. The Studio Theater performed this *Hamlet* at the University of Illinois at Urbana-Champaign, February 12, 1989. “Ophelie Song” was a coproduction by *Ange Magnetic* and *Mon Oncle d’Amerique* collaborated on by French director Antoine Campo and American choreographer Clara Gibson Maxwell and produced in 1989 in Paris, in New York, and at the Edinburgh Fringe Festival.

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“Documents in Madness”


