

The art of medicine

“The infirmity of his age”: Shakespeare’s 400th anniversary

In 1819 an article in *Blackwood’s Edinburgh Magazine* asserted that William Shakespeare’s four greatest plays were *Hamlet*, *Macbeth*, *Othello*, and *King Lear*. A century later, the influential critic A C Bradley reinforced this opinion by devoting his published lectures *Shakespearean Tragedy* (1904) to these plays, calling them “the big four”. As we celebrate the 400th anniversary of Shakespeare’s death, they have retained their pre-eminence. Although the comedies and history plays are popular, it is the great tragedies that are most admired. Two major new productions of both *King Lear* and *Hamlet* have just opened in the UK; more are on the way. For every outing of *Antony and Cleopatra* or *Coriolanus*, there are a dozen of *Othello* and *Macbeth*. What has made these plays seem the apex of Shakespeare’s achievement?

The beauty of the poetry and the skill of the plotting go without saying. A large measure of the answer lies in the depth of characterisation, as revealed through the art of soliloquy in which thought processes and feelings are shared with the audience. But above all there is the sense that in these plays Shakespeare addresses in extreme form the issues almost all of us have to face at some time in our lives. *Hamlet*: growing up and coping with a father’s death. *Macbeth*: ambition, the will to power, and the grip of guilt. *Othello*: falling in love and dealing with sexual jealousy. *King Lear*: growing old and coping with difficult children. These are the plays in which Shakespeare’s psychological insights seem most profound and complex.

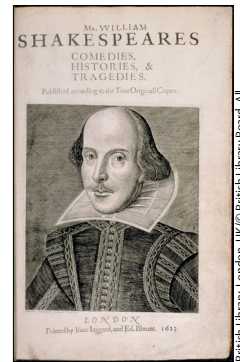
Medicine has come a long way since Shakespeare’s son-in-law John Hall practised with herbs and potions, purges and poultices, in early 17th-century Stratford-upon-Avon. We no longer believe in the old theory of the humours, which goes all the way back to Galen and beyond. And yet aspects of that theory endure. People do have variable temperaments. Some of us are more prone to anger (the choleric humour) and some more prone to depression (the melancholy humour). Some of us are habitually optimistic (sanguine), others consistently unflappable (phlegmatic). Shakespeare’s art of observation is such that his psychological and physiological anatomies seem at once both ancient and modern: unlike his friend and rival Ben Jonson, who created characters by way of a schematic application of the theory of the humours, he has a fluid notion of personality even as he works within the broad contours of his age’s conception of mind and body—the Hamlet who is “sick at heart”, who has lost his appetite for food and zest for life, is manifestly a melancholy man, but Shakespeare is less interested in the label and the symptoms than the individuality and the development of the character.

The labels offered by pre-modern medical theory are of limited value in understanding Shakespearean character. But what of our modern labels? They have their uses, but

also their limitations. The recent film of *Macbeth*, starring Michael Fassbender and Marion Cotillard, works from the premise that the Macbeths—Shakespeare’s most interesting married couple—are both suffering from post-traumatic stress disorder (PTSD) caused by battle and the loss of a child. There are grounds in Shakespeare’s text for the film’s deployment of the symptoms of PTSD—nightmares, flashbacks, involuntary memories—and there is no doubt that the play makes much of the childlessness of the Macbeths, despite the fact that Lady Macbeth says she has “given suck and know / How tender ‘tis to love the babe that milks me”. Equally, a label of obsessive compulsive disorder is not inappropriate to stick to Lady Macbeth’s constant attempts to wash imaginary blood from her hands as she descends into guilt-ridden sleepwalking. Such details are testimony to Shakespeare’s insight and his acute awareness of the bodily manifestation of mental states. But it is unduly reductive to suppose that a full understanding of his tragic characters is possible merely through some process of quasi-medical diagnosis.

The job of the actor is to get inside the character, to turn an edifice of words into a living being on the stage. I recently explored how two great actors approached what is probably Shakespeare’s most demanding role: King Lear in what is one of the greatest plays ever written about old age. There is an old theatrical saying about the role of Lear: by the time you’re old enough to play it, you are too old to play it. The text explicitly says that the irascible old king, renouncing his throne and asking his daughters to look after him in his retirement, is 80 years old. How can an actor in old age sustain a part that amounts to nearly 1000 lines of verse and prose divided into nearly 200 speeches, a role that involves getting soaked in a storm, stripping oneself naked, being driven to madness and back, and finally carrying onto stage the dead body of a full-grown daughter? Yet how can a middle-aged actor summon the life experience to act the extremity of age in a persuasive way? Some critics feel that Lear was the one major Shakespearean part that Laurence Olivier never fully mastered, because he was too young when he played it on stage at the age of 39 and too old when he filmed it for television when he was 75.

But there is no inherent reason why an actor has to be a similar age to his or her character. Shakespeare wrote the part of Lear for his close friend Richard Burbage, who was not quite 40 when the play was first performed in 1605 or 1606. Sir Ian McKellen took on the part for the Royal Shakespeare Company in 2007 when he was 68, Simon Russell Beale for the National Theatre in 2014 when he was just 53, and each rendering was equally revelatory. The interesting difference between the performances was not the actors’ respective



See [Editorial](#) page 1693



Simon Russell Beale as Lear, National Theatre, London, UK, 2014

ages but the way they approached Lear's mental state. They took opposed views on the question of whether modern medical knowledge could help them animate the part.

Russell Beale is the son of Lieutenant-General Sir Peter Beale, an army medic who became Surgeon-General of Her Majesty's Armed Forces. Several family members have pursued medical careers. Over a Sunday lunch whilst he was preparing to embark on playing Lear, Russell Beale spoke to his nephew, who was training in geriatrics at St Bartholomew's Hospital. He learned about various forms of dementia and was put in touch with a specialist in dementia with Lewy bodies. He discovered that a checklist of symptoms for dementia with Lewy bodies mapped onto the development of King Lear's behaviour in the play. Changes in thinking and reasoning, often manifested by eruptions of rage: Lear's sudden, irrational decision to disinherit Cordelia because she will not play the game of flattery. Confusion and alertness that varies from one time of day to another or from one day to the next: Lear is sometimes lucid but at other times does not know where he is or what time of day it is. Visual hallucinations: Lear has many of these, from monsters to mice. Trouble interpreting visual information: as the play progresses, he has increasing difficulty in recognising familiar faces. Memory loss: Lear has moments of forgetting ("I will have such revenges on you both, / That all the world shall—I will do such things,—/ What they are, yet I know not..."), but he does not undergo the fade into oblivion that is Alzheimer's disease. Furnished with this diagnosis, all that Russell Beale had to do was add some of the physical symptoms of dementia with Lewy bodies—a hunched posture, balance problems, rigid muscles, a tremor of the hand. In describing his approach, he stressed that dementia with Lewy bodies was not a "blueprint" for the character, but that it had given him a way into the part of the aged king

Further reading

- Discussing ageing in *King Lear* with Sir Ian McKellen. University of Warwick online course on Literature and Mental Health. 2016. <https://www.youtube.com/watch?v=NZfUMPs-s2Y&nohtml5=False> (accessed April 11, 2016)
- Talking Lear: Simon Russell Beale on *King Lear*. National Theatre platform discussion. 2014. <https://www.youtube.com/watch?v=xgXM0b6PaHw&feature=youtu.be&t=12m26s> (accessed April 11, 2016)

who says "I fear I am not in my perfect mind". The results were deeply rewarding.

Ian McKellen, by contrast, found no signs of dementia in the part. For him, Lear's madness almost becomes a victory: "I don't look on Lear's madness as being a frailty", he told me when I interviewed him about the part for my online course on Literature and Mental Health. McKellen explained why:

"Rather, it's a sign of his strength. It's almost a way of fighting back. I don't, therefore, connect it with what I know of dementia. Lear enters mad, as the stage direction has it. We may not quite be able to totally get into that world. But he's in a world of his own making. And therefore, I never really think he's a victim of some mental disability...Perhaps it's germane to what your questioning is, that he discovers his weaknesses and then sort of embraces them, and recognizes that love is more important than power. He becomes gentle. Yes. For me, my absolute favourite scene in the play is when he awakens after that sleep. And there—I don't like using the word madness, but there is this sort of other worldliness, isn't there? He almost thinks, am I still dreaming? Have I died and gone to heaven? Are you an angel? 'I am bound / Upon a wheel of fire that mine own tears / Do scald like molten lead.' Now that doesn't seem to me to be a dementia."

The essence of Lear for McKellen is the character's attempt to understand his physical, mental, and emotional state, to come to terms with what it is to be a father, and indeed, what it is to be a human being. His periodic short-term memory loss ("I know not / Where I did lodge last night") is just a part of the ageing process. "Therefore", McKellen concludes, "I don't really relate it to my notions of what dementia is, where you're losing it. You're losing it. You're losing it the whole time. I feel, on the contrary, Lear is gaining it, gaining it, gaining it. But he does behave in some quite peculiar ways. I mean, it's a little strange for an old man, a former king used to being robed, to start taking his clothes off in a storm in the middle of the night." That last point perhaps does take us to the kind of behaviour associated with advancing dementia, but McKellen did not need to make the link in order to play Lear's physical and mental nakedness with profound courage and conviction.

What do we learn from the contrasting approaches of Russell Beale and McKellen? That Shakespeare's plays still live 400 years after his death because he shares with the good physician the art of minute observation of human feelings and human bodies. But also because, again like the good physician, he never reduces a human being to a set of symptoms, labelled with a diagnosis. He respects the wild complexity of the whole person, with sympathy and without harsh judgment. He rejoices in human endurance, even as he pities the disintegration and sorrow that come with age.

Jonathan Bate

Worcester College, University of Oxford, Oxford OX1 2HB, UK
provost@worc.ox.ac.uk