

Shakespeare and trauma of war in *Macbeth*

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As a dramatist of the late sixteenth and early seventeenth centuries, Shakespeare's representations of the culture of war and the enactment of traumatic experience can suggest an understanding that on the collective level, the lack of inhibition of the aggressive impulses, owing to which war-killing was required and sanctioned by the state, presented important and complex psychological, political and moral problems. Such problems continue, but with added ferocity and complexity, to characterize our own times.

Shakespeare's attitude to war, as far as it can be analysed from his plays, particularly his English History plays, varies a great deal, and is often ambiguous and skeptical. Indeed the plays contain many strategies of ambiguity that make us realize the impossibility of simple solutions to certain complex problems. These plays contain many different ideas about war and the psychological and moral complexities of war, so that I do not think it is possible, much less desirable, to derive a coherent Shakespearean view of this problematic subject matter. The holding of contradictory ideas, views and feelings, and the overlap between them, is itself typically Shakespearean. Indeed Shakespeare's complexity is always undermining his themes as Norman Rabkin pointed out long ago, in other words, there is a considerable subversiveness in many of Shakespeare's historical dramas. Certain themes recur especially that of civil war and military honour. Indeed Shakespeare seems very much aware not only of the heroism and courage of his famous protagonists such as Henry Percy, known as Hotspur, and Prince Hal who becomes King Henry the Fifth in 1413, but also of their weaknesses: Hotspur values the ideals of chivalry more than life itself, and Prince Hal is an unscrupulous politician, but he also carries with him the guilt of his father's usurpation and involvement in the murder of King Richard the Second. Towards the end of his career, Shakespeare's dramatization of *Macbeth*, based like his other histories, on *Holinshed's* (1587) *Chronicles of England, Scotland and Ireland*, can be thought of as the culmination of his exploration of the effect on the psyche of the trauma and experience of killing in war, its destructive violence and cruelty, as well as the fear, anxiety and suffering it causes.

Our own knowledge of how traumatic events have affected the psychological functioning and adaptation of the victims of war has developed gradually from Freud's early formulations of "war neurosis" in World War One, also known as shell-shock, to the World War Two concept of Combat Stress, to our present ideas of Post-Traumatic Stress Disorder. Shell-shock was a medical term that

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came from the need to find a suitable name for the number of cases of functional nervous incapacity which were continually occurring among the fighting units during World War One. Although there are some references in history to hysteria among soldiers, there is little evidence of shell-shock in wars previous to the first world war. This is not extraordinary considering the massive use of high explosives and the mechanized violence developed in that war were virtually unknown in conflicts before 1914.

The charging of the enemy with guilt by which the superego of the State mobilizes the individual's superego seems to be of fundamental importance in escaping the sense of guilt which war provokes in those engaged in the killing; yet, for some individuals, the mobilization of superego activities can still involve self-punitive mechanisms even though most of the individual's guilt has been projected onto the enemy in the name of his/her own group, nation or leader. We know that this guilt can become a problem during wartime and especially at the end of a war, leading to various degrees of misery and mental illness. For some, the trauma of killing an enemy and a stranger cannot be truly mourned, and in this incomplete mourning there remains a blank space, an irretrievable act or event to be lived through over and over again. The long-term consequences of killing, and seeing others being killed in war can shatter the self and the meaning of self. The paradoxical permissive and prohibitive superego has much to answer for here.

Facing up to the act of killing in war and the long-term reactions of psychological, physiological and emotional disturbances has eventually led to the concept of Post-Traumatic Stress Disorder (PTSD) which has been generally defined as a "serious psychological reaction that develops in some people following experience of overwhelmingly frightening or traumatic events". Traumatic events usually include "combat, assault, natural disaster, accident or torture." all of which are life-threatening. (Internet, PTSD General Information, Brochure 1). The psychological reaction that develops in these individuals stimulates in them feelings of fear, sadness, anger and guilt. These symptoms have been divided into three separate categories under the headings: intrusive imagery, avoidance/numbing and arousal symptoms.

Intrusive symptoms relate to frequent and repetitive memories and images of the traumatic events which may "intrude into the lives of the individuals" (Internet, Brochure 2). This intrusion can happen during the day, but especially at night in dreams. These distressful memories of the past event usually occur suddenly and without obvious cause, and often take the form of flashbacks. They are accompanied by intense emotions such as grief, guilt, fear, anger/rage. At times they are so vivid that the individual believes that the trauma is re-occurring and a kind of physiological reactivity such as sweating, heart racing emerges. Intrusive symptoms such as these are generally considered as key elements in the diagnosis of Post-Traumatic Stress Disorder; however, they are not sufficient for a complete and successful diagnosis to take place.

The second group of symptoms is referred to as "avoidance and numbing" and these represent the attempts to block out unpleasant memories and feelings. Since the traumatic memories are very disturbing and unpleasant, the traumatized person usually avoids situations, people or events which remind him/her of the causal event. They also avoid conversations that may bring to the surface feelings and thoughts associated with the trauma. In some instances, the individual becomes "numb" and loses any interest in social or any other sort of activity. They withdraw into themselves in an attempt to shut out painful memories and feelings. This withdrawal into themselves obviously affects their relationships and emotional contacts with others. Feelings of detachment from family members and friends, an inability to feel any kind of emotion for someone once close to them is part of the syndrome.

The third group of symptoms are described as "arousal or hyper-arousal" (Internet, Brochure 3). A traumatic event usually causes individuals to "feel at risk of further traumatization" and also to fear the repetition of the pain of the past experience. This makes them feel "jumpy and constantly on guard" so that they often make exaggerated startle responses and may show extreme watchfulness at times when this is not necessary. Furthermore, their sleep is usually difficult and disturbed by horrible images of the traumatic experience they have gone through. These constant re-visitations of the haunted memories of the past result in concentration and memory problems and these, in combination with other symptoms,

may cause them problems at work and may alienate them from their families and friends. They usually feel angry and are in conflict with themselves as well as with others around them.

MACBETH AS A DRAMATIZATION OF POST-TRAUMATIC STRESS DISORDER:

Macbeth is one of Shakespeare's most violent plays, in it he dramatizes the psychological symptoms which are the response to having killed. The violent killing to start with is off-stage, for example there is the reported carnage of the battle Macbeth wins with his "brandish'd steel, / Which smok'd with bloody execution" having "unseamed" his opponent from "the nave to th'chops, / And fixed his head upon our battlements." (I.ii.15. Arden Muir. 1980, All further quotations from this edition). Both Banquo and Macbeth are represented as merciless killers in battle, as reported by the Captain when describing them in action redoubling their blows upon the foe as if "they meant to bathe in reeking wounds / Or memorize another Golgotha." (I.ii.40-41) The imagery prepares us for the "bloody butcher of Scotland" Macbeth becomes at the end of the play.

The murder of Duncan is the central act of the drama. The anticipation of this horrific deed is initiated by the hallucinatory dagger whose "blade and dudgeon" has "gouts of blood" on it (II.i.45). After the murder, Shakespeare continues to emphasize the symptoms of the trauma of the killing by the use of intrusive imagery dramatized by Macbeth's dazed horror, anguish and guilt as well as Lady Macbeth's cruel defiance: "A little water clears us of this deed." (II.i.66) But Macbeth fears he has damned himself; he cannot say Amen, it sticks in his throat. His mutism around the word "amen" is an expression of the psychic trauma he has inflicted upon himself.

Macb. I could not say "Amen,"
When they did say "God bless us!"
Lady M. Consider it not so deeply.
Macb. But wherefore could not I pronounce "Amen?"
I had most need of blessing and "Amen"
Stuck in my throat.
Lady M. These deeds must not be thought
After these ways; so, it will make us mad. (II.ii.26 ff)

But the madness she speaks of is no metaphor; it is the psychic trauma of guilt projected now onto his hands, his "hangman's hands;": "What hands are here? Ha! they pluck out mine eyes." and his terrified self-revulsion: "To know my deed, 'twere best not know myself." (II.ii.72) Then there is his painfully remorseful reply to the insistent knocking at the gate: "Wake Duncan with thy knocking: I would thou couldst!" (II.ii.73) Yet another symptom of Post-Traumatic Stress Disorder is Macbeth's realization that he has robbed himself of that precious necessity of nature, sleep. In his state of extreme anxiety he imagines he hears a voice cry, "Sleep no more! Macbeth does murder sleep." (II.ii.26) The whole scene is an impressive representation of the grief, guilt, anger and rage and the horrendous memories that are symptomatic of PTSD. Shakespeare's dramatization of the terrifying and powerfully traumatic effect of guilt on the perpetrators of a violently murderous act is profoundly disturbing.

As an example of the intrusive imagery of PTSD, the hallucinatory nature of Macbeth's enormous blood guiltiness in the banquet scene is very powerful and mostly achieved through the blood imagery: "... the time has been / That, when the brains were out, the man would die, / And there an end; but now, they rise again, / With twenty mortal murders on their crowns / And push us from our stools." (III.iv.77-81)

The spectrally intrusive presence of the violently murdered Banquo could be seen as a PTSD symptom in the form of a dramatized flash-back to the actual traumatic event arranged by Macbeth, registering the physiological effects in the form of the "startle effect", sweating and pallor, as well as

anger and rage. Lady Macbeth derides him as being “unmanned by fear; she warns the assembled Lords, “I pray you speak not; he grows worse and worse; / Questions enrage him.” (II.iv.119-120)

By the end of this violent and intensely disturbing scene, Macbeth is exhausted: “It will have blood, they say: blood will have blood.” And “the secret’st man of blood” has lost his sense of time, yet another symptom of the intense stress he has been under: “What is the night?” and the reply comes from an equally exhausted Lady Macbeth, “Almost at odds with morning, which is which.” (III.iv.124, 126-127).

As has been frequently stated by various critics, Lady Macbeth plays a crucial role in initially motivating Macbeth to murder Duncan. Indeed Duncan would not have been murdered in his bed had husband and wife not both planned it together. When he falters, “We will proceed no further in this business” (I.vi.31) she urges him on; when she is unable to kill the King because he looks like her father, “Had he not resembled / My father as he slept, I had don’t.” (II.i.12-13) Macbeth follows through with their plan, alone. After the deed, we feel deeply disturbed by her unnatural instincts, her scornful words about her own hands that have “gild the faces of the grooms,” with Duncan’s blood: “My hands are of your colour; but I shame / To wear a heart so white.” (II.ii.64-65) She is bent on covering up the killing driven by her own ambitious desires.

The psychic impact of this murderous action against one who is her guest and her husband’s kin, is yet to come; but when it does, we see the full panoply of symptoms of Post-Traumatic Stress Disorder dramatized: intrusive imagery, flash-backs, grief, guilt, anger, and nightmares. As the doctor says, she suffers from “a great perturbation in nature” (V.i.10) and he admits “This disease is beyond my practice.” (V.i.54) He is unable to reframe the painful memories that are the cause of her nightmares. What she needs is for the doctor to establish a therapeutic relationship with her and her terrifying inner world.

“Out, damned spot! Out, I say! One - two - why then ‘tis time to do’t. Hell is murky.... Yet, who would have thought the old man to have so much blood in him?” V.i.33-34

“What will these hands ne’er be clean? No more of that, my lord, no more o’ that! You mar all with this starting.” V.i.40-43

“Here’s the smell of the blood still. All the perfumes of Arabia will not sweeten this little hand, Oh, oh, oh!” (V.i.47-48)

“To bed, to bed! There’s knocking at the gate. Come, come, come, come, give me your hand! What’s done can’t be undone. To bed, to bed!” (V.i.61-63)

In her sleep-walking and talking, Lady Macbeth re-visits or re-runs the murderous events she has enacted either directly or indirectly, and she relives the associated emotions of fear, grief, helplessness and guilt. However, in her nightmare world, the remembering of the violent traumatic events of the past in which she is still deeply involved, does not help her. Healing of her traumatized psyche does not occur. Shortly after this episode, she takes her own life. The Doctor had it the wrong way round when he said, “More needs she the divine than the physician” (V.i.69). Of course, from a religious point of view, the Doctor is right, she does need forgiveness; however, her greatest human need is for psychological help and understanding. Shortly after the sleep-walking scene, Macbeth questions the power of medical practice to cure a mind overwhelmed by traumatic events: Macbeth asks the physician:

Can’t thou not minister to a mind diseased,
Pluck from the memory a rooted sorrow,
Raze out the written troubles of the brain
And with some sweet oblivious antidote
Cleanse the stuffed bosom of that perilous stuff
Which weighs upon the heart? (V.iii.40-45)

The Doctor's reply, "Therein the patient must minister to himself." (V.iii.46-47) maddens the traumatized, guilt-ridden Macbeth as he defiantly rejects the sort of help he himself so desperately needs:

"Throw physic to the dogs, I'll none of it!" (V.iv.47)

After the atrocious killing of Macduff's family, including the most repugnant act of killing in the play, child-murder, Shakespeare dramatizes the extreme psychic trauma of the multiple murderer. Angus expresses the general view of Macbeth's depravity:

Some say he is mad. Others, that lesser hate him,
Do call it valiant fury. But for certain
He cannot buckle his distempered cause
Within the belt of rule / Now does he feel
His secret murders sticking on his hands (V.iii.17)

Macbeth himself admits his mind is "full of scorpions," a most terrifying example of intrusive imagery, and that he has "supped full of horrors" that life signifies nothing, and, as we have just seen, he is terrifyingly aware that there is no known way to "cleanse the stuffed bosom of that perilous stuff / Which weighs upon the heart" (V.ii.40). His only relief is to prepare for more killing and with a desperate readiness he puts on his armour for the crucial battle of his life: that against Macduff. But there are moments when Macbeth is affectless, showing the PTSD of numbness. For example, just before he hears that the Queen is dead there is a cry of women offstage, to which he responds:

I have almost forgot the taste of fears:
The time has been my sense would have cooled
to hear a night-shriek, (V.v.10)

In *Macbeth* Shakespeare dramatizes the terrifying and powerful effect of psychic trauma caused by the guilt of perpetrating violently murderous and atrocious acts. In the end we see what Shakespeare emphasizes is not only a question of what the Macbeths did to others, it is also a question of what they did to themselves.

Unfortunately, so far, the concept of Post-Traumatic Stress Disorder being a consequence of killing may or may not impact killing in wars and it has not been used as an argument against the socially sanctioned activity of war at the national or international level. However, many anti-war groups are aware of this argument, including the thousands of veterans, most recently those who have served in Viet-Nam, the Gulf War and Iraq, who endure the effect of PTSD in their every-day lives.

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