

# Using the DSM for the Interdisciplinary Application of Psychology, Literature and Creative Writing

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## 1. Introduction

The application of psychology to literature is not new: Freudian analysis, Jung, and Jacques Lacan are well-known examples. The approach offers different insights to the study of literature and offers unique points of view. However, during my first year of graduate work, I took a different approach. I integrated my undergraduate degree in Psychology using the DSM-IV to analyze the major characters of William Shakespeare's Hamlet. The Diagnostic and Statistical Manual of Mental Disorders - Fourth Edition (DSM-IV), published by the American Psychiatric Association, Washington D.C., 1994, is the primary diagnostic reference of Mental Health professionals in the United States of America. With this different approach, I assessed the major character's actions, dialogue, and reactions to suppose a preliminary, tentative clinical opinion of a mental illness possibly suffered by the major characters.

I focused on Hamlet and moved on to other characters in the play. With each character, I provided textual citations from both the play and the DSM-IV to support my claims in order to develop a closer comprehension of them. This exercise helped develop a better understanding of Shakespeare's characters—their histories, motivations and possible pathologies—by using this approach. To others, it could provide insight into how the characters interact in the play, and possibly how readers may perceive them with a different point of view.

This employment of psychoanalysis and the DSM-IV may be applied to many other works. The DSM-IV can be used as an updated tool in literary analysis to aid the reader's understanding motives, reasons, rationales, causes, effects, etc. of the primary characters in works and expand the interdisciplinary application of social science and literature. In order to develop people's characteristics in literature, the DSM-IV could also be applied in order to assess possible pathologies. This process may also be reversed: to augment the study of psychology, one may look to literature to study examples outside of a series of clinical case files.

## 2. Discussion

Psychoanalysis focuses on different aspects—motives, reasons, rationales (founded or unfounded, real or unreal) of thought and behavior. It serves as a guide for understanding a person and coming to some basis for explanation. The focus on etiology, associated disorders, criteria and symptoms offers some insight that readers and writers could incorporate into an understanding of what makes people behave in particular (and unparticular) ways. This appreciation for “how” and “why,” supplemented by details and documentation, could be a key to clarifying a character in creative writing. It also may offer insight on development of the character, history, inter-relationships, action, reaction and interaction, mood, affect, purpose, intent, experiences, histories, and many other facets.

In 1966, Psychopathology and Literature examined some literary works and categorized them into separate types: Neuroses (ex: dissociative reactions in Shirley Jackson's “The Bird's Nest”), Psychoses (ex: schizophrenic reactions in Charlotte Perkins Gilman's “The Yellow Wallpaper” and Samuel Beckett's “Waiting for Godot”), Personality Disorders (ex: schizoid personality in Willa Cather's Paul's Case”), and Brain Disorders (ex: senility in Jonathan Swift's “Gulliver's Travels”). In the study of psychology, this method of studying fictional works could provide more detailed information in its characterizations.

An updated approach would be to identify characteristics in literature and develop possible suppositions regarding the character's, history, inter-relationships, action, reaction and interaction, mood, affect, purpose, intent, experiences, histories, and many other facets with the use of the DSM-IV. The Multiaxial Assessment may be applied: Axis I—Clinical Disorders and Other Conditions That May Be a Focus of Clinical Attention; Axis II—Personality Disorders and Mental Retardation; Axis III—General Medical Conditions; Axis IV—Psychosocial and Environmental Problems; and Axis V: Global Assessment of Functioning. These classifications could offer some insight for readers and writers and students of psychology.

### 3. Evidence

The following is an excerpt from a paper I wrote for my first graduate Shakespeare course. I had just finished my Bachelor's degree in Psychology, and the direct application seemed very natural. John Charles Bucknill, in his assessment of the character Hamlet, writes "All critical study of Hamlet must be psychological..." but dismisses his behavior as simply "human nature" (48). Irving I. Edgar writes that Hamlet is merely antagonized by King Claudius (302). Edgar further states that Shakespeare simply set the stage, so to speak, with this conflict between the two as a literary construct: protagonist and antagonist.

While applying to the DSM-IV, one could suppose that Hamlet suffers Bereavement, characterized by symptoms *similar* to Major Depression—feelings of sadness, insomnia, poor appetite, and weight loss. Polonius, after assessing Hamlet, says,

And he, repulsed—a short tale to make—  
Fell into a sadness, then into a fast [poor appetite],  
Thence to a watch [insomnia], thence into a weakness,  
Thence into a lightness [weight loss], and, by this declension,  
Into the madness wherein he now raves. (2.2.146-50).

Polonius believes that Hamlet's condition is due to the seemingly unrequited love from Ophelia. Also, in Hamlet's soliloquies, we see that he expresses the following in accordance with the *differential diagnosis* of 296.2x, Major Depression. These symptoms, as classified directly from the DSM-IV, include 1) guilt about things other than actions taken or not taken by the survivor at the time of the death [being in Wittenberg]; 2) thoughts of death other than the survivor feeling that he or she would be better off dead or should have died with the deceased person [Hamlet considers suicide; he is profoundly disturbed at the sight of Yorick's skull and ruminates]; 3) morbid preoccupation with worthlessness ["O that this too too sullied flesh would melt, Thaw and resolve itself into a dew" (1.2.129-30)]; 4) [does not apply]; 5) prolonged and marked functional impairment [his relationship with Gertrude and Ophelia]; and 6) hallucinatory experiences other than *thinking* that he or she hears the voice of, or transiently sees the image of, the deceased person [Hamlet has conversations with his dead father, and not thinks, but believes the ghost of his father spoke with him (1.4&5)]. These symptoms along with the evidence shown clearly mark Hamlet as a young man suffering from Bereavement, a clinical diagnosis found in section code V62.82 of the DSM-IV.

### 4. Conclusion

The DSM-IV presents a cautionary statement to be considered: not to use it without proper training, experience or understanding. I would not suggest careless "labeling" or unfounded classifications. But in studying literature, psychology, or creative writing, with no real people at stake, this application may be insightful. This method of investigation may be used as a way to form some idea of what may be occurring within, without, around, above, to, because of, etc with one's creative writing. The manual provides "clear descriptions of diagnostic categories in order to...diagnose, communicate about, [and] study people with various mental disorders." These descriptions may be used to fine tune a character in a story, to develop understanding of themes and behaviors in literature, to research individuals outside of psychological case studies, and provide information that can be applied to creative writing.

### 5. Citations

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