

## **The Depressive Dr. Jekyll and Manic Mr. Hyde**

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Mental illness and the inner workings of the mind have fascinated people for countless generations. The notorious story of *Dr. Jekyll and Mr. Hyde*, written by Robert Louis Stevenson during the late Victorian Period, is often interpreted as depicting a man undergoing multiple personality disorder, or possibly a metaphorical personification of Freud’s theory of the id, ego, and superego. However, multiple articles of evidence suggest that the story of Dr. Jekyll and his counterpart, Mr. Hyde, could be one of manic depressive psychosis. The diagnosis and treatment of mental disorders and emerging psychological theories during the Victorian Era would have influenced Stevenson and the character of Dr. Jekyll/Mr. Hyde. Correspondingly, the modern definition and symptoms of the disease, now known as bipolar disorder, matches what Dr. Jekyll describes in his point of view within the novel. While multiple personality disorder or a metaphor for the id and ego fit well as conjecture for the story’s inspiration, manic depressive psychosis is an overlooked option that is both feasible and better accentuates the novel.

As stated above, both historians and literary critics often assume that “Robert Louis Stevenson’s *The Strange Case of Dr. Jekyll and Mr. Hyde* (1886) explored multiple personality disorder [because] at about the same time psychologists were recording early case studies of [the] phenomenon” (Vrettos 68). It is a valid point to be raised that the disorder’s early beginnings might have influenced Stevenson. Nonetheless, it is usually unacknowledged that what is now known as bipolar disorder was also first being documented around this same time. In 1854, long before Stevenson’s novel was published, “Jules Baillarger

[and Jean-Pierre Falret] described to the French Imperial Academy of Medicine a biphasic mental illness causing recurrent shifts between mania and depression...designated *folie circulaire* ("circular insanity") by Falret, and *folie à double forme* ("dual-form insanity") by Baillarger" (Dombeck & Nemade). Similarly, and at a slightly later date, Emile Kraepelin began "studying untreated bipolar patients... [and is now] considered to be the father of the modern conceptualization of bipolar disorder"; he also was the first to note a "symptom-free interval" between the highs of mania or lows of depression (Dombeck & Nemade).

In the early chapters of the novel, Dr. Jekyll takes the drugs and transforms into Mr. Hyde, but continues his life normally so long as he does not take the drugs. Jekyll himself describes that "for two months, [he]... enjoyed the compensations of an approving conscience" by refraining from taking the draught and not turning into Hyde (Stevenson 82). When he does take the drugs and, therefore, turns into Hyde, he has what a contemporary psychologist might term a "mood episode": "people with bipolar disorder experience unusually intense emotional states that occur in distinct periods called 'mood episodes'... Each mood episode represents a drastic change from a person's usual mood and behavior" (National Institute of Mental Health). Jekyll's state might be considered what Kraepelin would call a "symptom-free interval" during long spans of normalcy; it is not until he experiences the highs and lows of the drugs that he experiences a "mood episode" as Hyde. Whereas someone suffering from multiple personality would not have any specific time intervals of symptoms, one of the main features of the story is Jekyll's lengthy intervals of normality between his precipitous changes into Hyde.

Furthermore, the feature of the draught itself comes into question when assuming Jekyll/Hyde are split personalities. While manic depressive psychosis cannot be cured, it "can be treated effectively [with medication] over

the long-term” (National Institute of Mental Health). Unfortunately, the treatment of borderline personality disorder is still experimental, even in modern times: “only a few studies show that medications are necessary or effective for people with this illness” (National Institute of Mental Health). Respective drug therapy would be much more effective long-term on a manic depressive patient compared to a multiple personality patient, just as the manic depressive patient would have intervals of normality compared to the consistent symptoms of a multiple personality patient during the Victorian period. Jekyll even mentions that he had to increase the drug amount over time and had “been obliged on more than one occasion to double, and once... treble the amount” of what was possibly his self-prescribed medication (Stevenson 80). Stevenson, therefore, would have relied more heavily on early “dual-form insanity” and “circular insanity” media and medical descriptions rather than of multiple personality ones to explain the pseudo-schedule of transformations and effectiveness of the drugs Dr. Jekyll takes to become Mr. Hyde.

Even other symptoms that are considered particular to multiple personality disorder that are often attributed to Dr. Jekyll and Mr. Hyde could have been a misdiagnosis of the era. Modern medical psychiatrists admit that it has sometimes occurred that “a person with severe episodes of mania or depression has psychotic symptoms too, such as hallucinations or delusions... [and] as a result, people with bipolar disorder who have psychotic symptoms are sometimes misdiagnosed” (National Institute of Mental Health). While historically both multiple personality and manic depressive disorders have been documented and studied, “the borders between manic-depressive illness and [other mental illnesses]... are still polemic subjects” (Del Potoa SIII6). Consequently, a man going through dual-form

insanity during the Victorian Era might have been misdiagnosed with multiple personalities.

Besides multiple personality disorder, the embodiment of Freud's id, ego, and superego is also something many immediately assume of *Dr. Jekyll and Mr. Hyde*. Freud was a contemporary of Stevenson's, and "psychology [was beginning] to emerge as a scientific discipline only in the late Victorian period," so it is entirely possible that Freud's theories influenced him (Vrettos 69). On the other hand, many of the descriptions of Hyde and Jekyll point instead to manic depressive psychosis. Rather than a manifestation of the id, Hyde could also be seen as the personification of mania; rather than a representation of the ego or superego, Jekyll could be the materialization of depression.

The most popular speculation about the novel is that Jekyll can be seen to epitomize Freud's concept of the ego, though an argument for the superego can be made. The concept of the ego is that it is the "structure that balances the needs of the id against the demands and expectations of society" (Freud 6). While Jekyll can conform to the ego, he better fits the signs and symptoms of a depressive episode of circular insanity. A medical chart on the symptoms of depressive episodes includes mood changes such as a "loss of interest in activities once enjoyed" and behavioral changes like "feeling tired or 'slowed down'" and "changing eating, sleeping, or other habits" (National Institute of Mental Health). From Jekyll's own perspective, he says he "had not conquered [his] aversions to the dryness of a life of study... [and the] incoherency of [his] life was daily growing more unwelcome," which is consistent with having a depressive episode (Stevenson 76). Furthermore, "substance abuse is very common among people with bipolar disorder... Some people with bipolar disorder may try to treat their symptoms with alcohol or drugs. However, substance abuse may trigger or prolong bipolar symptoms" (National Institute of Mental

Health). In the novel, Jekyll refers to his dependency on the drugs as “slavery” (Stevenson 76). When he tries to stop taking the draught, he begins “to be tortured with throes and longings” for the drug and the subsequent pleasure and triggered manic episodes (Stevenson 82). Jekyll’s depression leads to his substance abuse, and eventually it becomes too much as he slowly loses control to the mania, Hyde: “I began to spy a danger that, if this were much prolonged, the balance of my nature might be permanently overthrown” (Stevenson 80). To that end, while Jekyll can be seen to embody the ego, his mental state is more representative of a depressive episode.

Just as with Jekyll and the ego, Hyde can conveniently be induced to follow the parameters of Freud’s id: the “id [is the] first personality structure that develops...[which] characterizes our instinctual, ‘hard-wired’ responses, reactions, drives, etc....[and] operates on the ‘pleasure principle’” (Freud 5). Be that as it may, Hyde also can clearly fit as a symbol for mania. A chart on the symptoms of manic episodes includes mood changes such as “extreme irritability,” and behavioral changes such as “being overly restless” and “behaving impulsively and engaging in pleasurable, high-risk behaviors” (National Institute of Mental Health). A manic episode thusly encapsulates when Jekyll first transforms into Hyde and expresses it as “something strange in [his] sensations, something... incredibly sweet. [He] felt younger, lighter, happier in body; within [he] was conscious of a heady recklessness” (Stevenson 73). The secondary characters in the novel immediately feel revulsion to Hyde, but Jekyll feels joy and happiness with Hyde until the later chapters; this contrasts with the idea of Hyde personifying the id, since the ego and superego would not condone indulging the id at all. Similarly, “people with bipolar disorder also may be explosive and irritable during a mood episode. Extreme

changes in energy, activity, sleep, and behavior go along with these changes in mood” (National Institute of Mental Health). Utterson, Jekyll’s old friend and the main narrator of the novel, describes his first meeting with Hyde being extremely odd: at first Hyde is cool and aloof, but then gets defensive and practically slams the door in Utterson’s face (Stevenson 15).

The theories of the novel incorporating multiple personality or id and ego have merit, but draw too much separation between the character(s) when, truly, there is only one actual character. Quotes from the chapter of Dr. Jekyll’s account, “Henry Jekyll’s Full Statement of the Case,” outlines the duality of his personality the most when Jekyll himself admits, “I saw that, of the two natures that contended in the field of my consciousness, even if I could rightly be said to be either, it was only because I was radically both” (Stevenson 71). The quote proves that the two parts of him are “connected” and he is “radically both” rather than a separation of the characteristics accompanied by the popularized ideas of multiple personality or id and ego. Jekyll is *both*; he is not just the ego, because he is not completely dissimilar from the id. What many might mistake for the isolation between the Hyde and Jekyll personalities is more than likely projection, a different theory of Freud’s: “projection [is] attributing an unconscious impulse, attitude, or behavior to another” (Freud 7). Being ashamed of his manic desires and actions, the depressive Jekyll wants to attribute them to someone else and projects them onto “Mr. Hyde,” the person Jekyll is when he has a manic episode. The last chapter of the novel constantly switches perspectives, from Jekyll being Hyde to Hyde being altogether separate from Jekyll: “He, I say-- I cannot say, I” (Stevenson 87). Jekyll’s own account elucidates his guilt over what he, himself, has done rather than someone else, and even switches to a third person narrative. “It was Hyde, after all, and Hyde alone, that was guilty. Jekyll was no worse; he woke again to his good qualities seemingly unimpaired; he

would even make haste, where it was possible, to undo the evil done by Hyde” (Stevenson 78). Jekyll, at the end of his manic, or “Hyde,” episode transfers to depression and guilt; “I sought with tears and prayers to smother down the crowd of hideous images and sounds with which my memory swarmed against me” (Stevenson 84). In reality, there is no Mr. Hyde, but a somewhat deranged Dr. Jekyll in the throes of a manic episode and projecting his thoughts and feelings to cope.

Evidence such as the gathering historical context, modern medical information, and textual inference concludes that it is possible Robert Louis Stevenson wrote *Dr. Jekyll and Mr. Hyde* about the experience of manic depressive psychosis. Split personality or Freud’s id and ego is often considered the psychoanalytic basis of the novel, but circular insanity is an overlooked alternative that could also have played a part in Stevenson’s inspiration. Historically, while multiple personality disorder and Freud’s theories were being documented during Stevenson’s time, so too was circular insanity. The more recently documented cases of multiple personality and bipolar disorders show that dual-form insanity would better fit Jekyll and Hyde’s symptoms and descriptions in the novel. Jekyll and Hyde’s characters textually fit well as the embodiments of id and ego, but they also can be seen to personify mania and depression. The conclusion, therefore, is to not discount the other theories of Stevenson’s inspiration, but to add this other possibility of manic depressive psychosis.

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