

# CHARACTERIZATION OF BIPOLAR DISORDER IN ANTON CHEKHOV'S THE BLACK MONK

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## SUMMARY

Anton Chekhov (1860-1904) was a famous Russian author and physician known for his dramas and short stories. Many of his works also address mental health problems. Here, the present paper is investigating his novella *The Black Monk* that was published in 1894. Its main protagonist, Kovrin, likely suffered from bipolar disorder as he exhibited elevated mood, grandiosity, lack of sleep, and delusions. His symptoms are analyzed based on current DSM-5 criteria, and he appears to meet diagnostic criteria for bipolar I disorder. Chekhov himself suffered from a mood disorder, but we speculate that he himself exhibited some bipolar symptoms. Those were likely an inspiration for when he wrote *The Black Monk*.

**Key words:** bipolar disorder – mania - Anton Chekhov - Black Monk - historical article - literature analysis - fictional texts

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## INTRODUCTION

Anton Chekhov was born in 1860 in the port city of Taganrog along the Sea of Azov in southern Russia (Dominiczak 2014). He enjoyed writing early on in his life. When he attended Moscow University Medical School from 1879 to 1884, he began writing for the St. Petersburg daily paper *Novoe Vremya* (Schwartz 2004) in part to help financially support himself and his family (Igic 2021). In addition to his literary pursuits, he worked as a general practitioner in mainly provincial or rural settings (Dominiczak 2014). At one point in his career, he opened up a general medical practice in a village called Melikhova where he treated people from far and wide (seeing as much as 1000 patients in less than two months), where he provided free medicine, and where he made numerous house visits (576 in less than six months)" (Schwartz 2004). All this dense clinical exposure likely influenced his literary works which at the end of his career numbered up to "400 short stories and six full-length plays" (Schwartz 2004).

His works often reflected his many formative life experiences. His brother Nikolai died early in his life. This tragic loss brought Mr. Chekhov into a depressive phase where he ultimately expressed and clarified his feelings in the play "Ivanov" (Behrman 1989). It is hypothesized that overtures such as this one reflected Chekhov's unfortunate life experience and also accurately represented the depressed mood that people undergo amidst conditions such as major depressive disorder or dysthymia, suggesting that Chekhov was in touch with mental illness experienced by himself and his patients, and that he actively illustrated these observations in his works. He wrote freely about this connection, particularly in regards to his work "An Attack of Nerves" where he later reflected that "As a man of medicine I feel that I have accurately described mental suffering in accordance with all the rules of psychiatry" (Carter 1996).

Following the tragic episode of his brother's death, Anton Chekhov embarked on an ambitious trip to the penal colony Sakhalin in Siberia to conduct a sociological survey on the prisoners there (Ober 1973). Anton Chekhov worked tirelessly up until and during his trip and developed what some would hypothesize as mania, which he himself referenced in his exasperation: "It's such painstaking work that I think I shall die of boredom and exhaustion before ever I reach Sakhalin. All day long I sit, read and take notes. In the head and on the paper, nothing but Sakhalin, mania, Mania Sakhalinosa." (Coope 1979). He did, in fact, devote a tremendous amount of energy to his work in that he managed to interview every individual in those settlements and complete over ten thousand data cards for statistical purposes (Coope 1979). Even though he exhibited some signs of mania during this venture, we would need to learn more about his exact symptoms and behaviors in order to come to a more confident assessment. However, it is believed that he was aware of the signs and symptoms encompassing mood disorders and illustrated such findings in some of his works. Here we will analyze such inclusions in his work *The Black Monk*.

## BACKGROUND INFORMATION ON THE BLACK MONK

The novella *The Black Monk*, published in 1894, portrays the life of Andrey Vasilich Kovrin, a brilliant Russian scholar who visits his friends at Borisovka in the country to rest because he feels overworked and his nerves are exhausted. Shortly into his stay, he sees an apparition of a black monk who then tells him that he is part of a chosen group of individuals who is called to do something for truth. Excited by this new revelation, he becomes grossly engaged in his work. He ends up marrying Tonya, one of his friends in the countryside, and she eventually witnesses Mr. Kovrin speaking to an

empty armchair. Following this incident, Mr. Kovrin seeks treatment and feels depressed because he no longer feels elated as before. He dies at the end of the story when he sees the apparition once more and breaks into a coughing fit of blood.

In his novella *The Black Monk*, Anton Chekhov illustrated the emotional and mental transformation of Mr. Kovrin. During his stay at Borisovka, Kovrin experienced the signs and symptoms of bipolar I disorder, with his prolonged manic episode eventually causing him to seek treatment.

## BIPOLAR I DISORDER CRITERIA

The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) states that in order to fulfill the criteria for a diagnosis of bipolar I disorder, the individual must experience a manic episode, described as “a distinct period of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased goal-directed activity or energy, lasting at least 1 week and present most of the day, nearly every day” (DSM-5 2013). In addition to this elevated energy, the patient must exhibit at least 3 of the following symptoms:

- Increased self-esteem or grandiosity;
- Decreased need for sleep (e.g., feels rested after only 3 hours of sleep);
- More talkative than usual or pressure to keep talking;
- Flight of ideas or subjective experience that thoughts are racing;
- Distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli), as reported or observed;
- Increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation (i.e., purposeless, non-goal-directed activity);
- Excessive involvement in activities that have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments).

All the aforementioned manifestations must also occur outside the influence of substances and other medical conditions. The change in mood should also be serious enough to cause social or occupational impairment (DSM-5 2013).

## BIPOLAR SYMPTOMS OF MR. KOVRIN IN THE BLACK MONK

As Mr. Kovrin stayed at Borisovka, his mood became progressively more hyperactive. During his second morning there while reading a book, he described a sensation as though “every vein in his body was pulsating and throbbing with pleasure” (Chekhov 2002,

section I). Mania can also present with psychotic features, and following his hallucinations which consisted of seeing an apparition known as the black monk later in the day, his elevated internal feelings became more outwardly apparent in public, where he presented himself as a person who “laughed out loud, sang, danced a mazurka; he was in high spirits, and everyone – Tanya, her guests – found that he really had a radiant, inspired look about him that evening, that he was most interesting” (Chekhov 2002, section II). The public’s perception of Kovrin’s condition as “radiant” and “most interesting” demonstrated his uninhibited state which could potentially lead to social impairment.

Mr. Kovrin’s elevated state continued for a number of days, and he described the essence of what he felt by saying “It seems strange that from morning to night I feel only joy, it fills my whole being and stifles all other feelings. As for sorrow, sadness or boredom, I just don’t know what they are. Here I am, unable to sleep, suffering from insomnia, but I’m not bored. Seriously, I’m beginning to wonder what it all means” (Chekhov 2002, section VII). This fulfills the criteria of “decreased need for sleep” as throughout the story, Mr. Kovrin stayed up late or didn’t go to sleep for multiple nights, instead choosing to read Yegor Semyonich’s articles on horticulture, devoting time to his work, and thinking. He also continuously described himself as not feeling sleepy despite the lack of sleep.

The work that Mr. Kovrin was deeply engaged in stemmed from his encounter with the black monk, who during one of his appearances told him “Yes. You’re one of the few who are rightly called God’s Chosen. You serve Eternal Truth. Your ideas, intentions, your amazing erudition, your whole life – all bear the divine, heavenly stamp, since they are devoted to the Rational and the Beautiful, that is, to the Eternal” (Chekhov 2002, section V). This pretention that Mr. Kovrin felt of being “God’s Chosen” fulfills the criteria of “increased self-esteem or grandiosity”, where his grandiose delusions of leading man to a greater purpose manifested in his “increase in goal-directed activity” where even the black monk apparition told him “You’re ill from overworking, you’ve worn yourself out. I’m trying to say that you’ve sacrificed your health for an idea and it won’t be long before you sacrifice your very life to it” (Chekhov 2002, section V).

Mr. Kovrin’s elevated mood throughout his stay at Borisovka, his multiple nights without sleep, his hallucinations, his delusions of grandeur, and his relentless engagement in his work fulfill the criteria of a manic episode and therefore make him eligible for a diagnosis of bipolar I disorder. The presence of mood-congruent psychotic features in his visions of the black monk and his following delusions of grandeur further strengthens the presence of mania and therefore excludes the diagnosis of bipolar II disorder which would consist of hypomanic episodes. His manic episodes could also follow a seasonal pattern since these events occurred in the beginning of May, and Mr. Kovrin described his

change in mood along with the seasons with him foreseeing “that the whole summer lay ahead – just as bright, cheerful and long, and suddenly there welled up within him that feeling of radiant, joyous youth he had known in his childhood, when he had run around this garden” (Chekhov 2002, section I). However, we would need to follow Mr. Kovrin for an extended period of time to confidently discern when his manic episodes typically occurred. His manic episode(s) also lasted for a significant amount of time as he didn't seek treatment until Tanya told him he was unwell during “one long winter's night” (Chekhov 2002, section VII). Furthermore, apart from drinking “a few glasses of claret” (alcohol) in an effort to fall asleep (Chekhov 2002, section III), Mr. Kovrin did not use any substances that could bring forth a manic state.

Throughout his manic episode(s), Mr. Kovrin demonstrated varied insight into his condition. Upon first seeing the black monk apparition, he really wanted to tell Tanya and Yegor Semyonich, but he resisted the urge because “he realized they would surely think the story crazy and be scared stiff. Better keep quiet about it” (Chekhov 2002, section II). In this initial instance he was aware that his visions were peculiar and could be misinterpreted as psychosis, causing him to be paranoid about revealing such visions. He was even aware that he was hallucinating in his reflection that “It occurred to him that if he alone had seen that strange, supernatural apparition, then he must be ill and a prey to hallucinations” (Chekhov 2002, section III). As his mania progressed, he continuously struggled with these realizations, and ultimately after his wife, Tanya, found him talking to an empty arm-chair and laughing in a strange way, this culminated with his conclusion that “He was quite convinced now that he was insane” (Chekhov 2002, section VII).

Even though Mr. Kovrin struggled with these visions and feelings that he was having, he argued that it wasn't such a problem through his rationalization: “In fact I feel fine. I'm not harming anyone. So that means there's nothing bad in these hallucinations” (Chekhov 2002, section III). He was correct that despite his condition, he practiced good judgement in that he hadn't so far posed a threat to the physical health of himself or to those around him. Later on in the story it was revealed that Mr. Kovrin suffered from a tuberculosis infection through the illustration that “He had a haemorrhage in the throat. He would spit blood, but twice a month there was considerable loss of blood, which left him extremely weak and drowsy” (Chekhov 2002, section IX). While this illness didn't particularly trouble Mr. Kovrin, the doctors advised him “not to get excited, to lead a regular life and to talk as little as possible” (Chekhov 2002, section IX). In that respect, his manic episodes if uncontrolled could have posed a threat to his health by triggering or worsening his tuberculosis symptoms. In fact, he ended up dying at the end of the story by coughing up blood onto the ground during a fresh manic episode.

Once Mr. Kovrin began treatment, he experienced episodes of depressed mood. He expressed his anguish through his plea:

*Why, why did you try to cure me? All those bromides, idleness, warm baths, supervision, the cowardly fear with every mouthful, every step. All this will finally turn me into a complete idiot. I was going out of my mind, I had megalomania, but I was bright and cheerful, even happy. I was interesting and original. Now I've grown more rational and stable, but I'm just like everyone else, a nobody. Life bores me... Oh, how cruelly you've treated me! I did have hallucinations, but did they harm anyone? Whom did they harm, that's what I'd like to know? (Chekhov 2002, section VIII).*

Since the vast majority of people with bipolar I disorder also experience major depressive episodes, it is unsurprising that Mr. Kovrin felt weary following the cessation of his manic episodes. Even though he only worked a couple of hours a day and rested more, he was a changed man, as illustrated by Tanya's observation that “her husband had become irritable, moody, quarrelsome and uninteresting” (Chekhov 2002, section VIII). However, we would have needed to decipher more information from Mr. Kovrin's feelings and behavior to discern whether he was experiencing a depressive episode. In addition, since Mr. Kovrin already experienced a manic episode in the past, he is not eligible for a diagnosis of major depressive disorder.

Overall, Mr. Kovrin was a young man who was educated and ambitious and who experienced manic episode(s) during his stay at Borisovka, with a consistently elevated mood, multiple nights with little or no sleep, hallucinations of a strange black monk apparition, delusions of grandeur following divine revelations from the said monk, and excessive engagement in his work stemming from such delusions. Even though he sought treatment and ceased having manic episodes for some time, his infection with tuberculosis unfortunately eventually led to his demise.

## CONCLUSION

In summary, Mr. Kovrin likely suffered from bipolar disorder type I because he fulfills the DSM-5 criteria of experiencing little to no sleep for a number of days, feeling energetic and constantly wanting to work, having hallucinations, and experiencing delusions of grandeur. In order to establish a more definitive diagnosis, we would need to attain more information on the specific timeline and duration of his symptoms and further clarification on Mr. Kovrin's elevated emotions and psychotic symptoms.

Given that Anton Chekhov's depiction of Mr. Kovrin closely resembles the textbook definition of bipolar disorder type I, it is reasonable to suspect that Dr. Chekhov, even as a general practitioner, may have seen and/or treated patients with bipolar disorder during his career and therefore learned about the defining signs

and symptoms of the condition. It is also likely that due to his interest in mental illness, he closely followed ongoing scientific discussion about bipolar disorder as publication of his story coincided with new conceptualization of bipolar disorder in the pioneering work of Emil Kraepelin who in 1899 unified all types of affective disorders into “manic-depressive insanity” (Angst 2001). Also, Chekhov’s description of manic symptoms resembles those listed in the contemporary psychiatric literature from the last quarter of the 19<sup>th</sup> century, such as elevated mood, euphoria, grandiosity, hyperactivity, and accelerated mental process (Kendler 2017).

Furthermore, it is possible that Chekhov could have suffered from bipolar disorder himself because his elevated mood and impressively increased productivity during his visit to Sakhalin may have been signs of a manic episode. Finally, Mr. Kovrin’s death from a tuberculosis exacerbation mirrors Chekhov’s own life as he himself suffered and died from tuberculosis (Brooks 2018). This further supports the hypothesis that the events in *The Black Monk* were inspired by some of his own life experiences and perceptions. However, when he was asked by one of his friends whether the events described in *The Black Monk* reflected his own mental condition, his denial was not very convincing when he wrote in his letter: “When the writer depicts a sick person it does not mean he is sick himself... Just wanted to portray a man suffering from delusions of grandeur. The image of a monk riding in the fields came to me in a dream” (Muratova 1960).

Anton Chekhov’s medical career certainly influenced his literary works. He covers medical themes in other stories such as *Ward No.6* where a physician becomes a patient in a mental asylum (Chekhov 2002) and “Typhus” where he describes a character having an episode of delirium (Chekhov 2021). It is reasonable to believe that works such as these further demonstrate his knowledge of mental illness. His depiction of bipolar disorder in *The Black Monk* serves as a distinct humanistic contribution to understanding of the disorder in the early stages of the field of psychiatry.

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