



The Enigmatic Behavior of Raskolnikov in *Crime and Punishment*: A Unifying Hypothesis

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Abstract— *The Russian novel, Crime and Punishment, has garnered significant international interest and praise. Various writers laud different aspects of the novel, some even considering it a work of philosophy. However, the character of the protagonist has been difficult to interpret for many and his behavior has been, likewise, challenging to explain. This paper is a detailed examination of this issue from a medical perspective. The evidence is gleaned solely from the text of the novel. A cogent argument is made to account for virtually all of Raskolnikov's behaviors by one medical diagnosis, that of bipolar disorder. There is a brief discussion of the differential diagnosis, which includes schizophrenia and unipolar depression. I would like to submit that Dostoevsky used mental health as a major theme in this work, something that, perhaps, has not been given the recognition that it deserves.*



Keywords— *Crime and Punishment, Raskolnikov, bipolar disorder, mental health, Dostoevsky.*

Crime and Punishment is a novel written in 1866 by the Russian writer Fyodor Dostoevsky. It remains one of the greater works of fiction produced by a Russian writer and, indeed, is recognized as a great novel the world over till today. It is the story of a young, poor, university dropout, named Raskolnikov, who commits a heinous crime. In the rising action, we witness the conflict and distress this young man suffers as the authorities investigate the murder and gradually start to narrow their search to him. It is written in the third person and we are privy to Raskolnikov's thought processes as he tries to evade the authorities and to mislead them. Similarly, he is cautious when talking to his friends, although his distress sometimes bleeds into the conversation when news of the crime is mentioned. Accordingly, there is considerable depth and insight into the workings of the protagonist's thought processes, first as he rationalizes the crime that he is going to commit, and, later, with its justification and consequences. The objective of this essay is to posit that mental illness is a major theme of this novel.

There is enough detail in the psychological portrayal of the protagonist that it has fascinated and yet confused some readers, making it difficult to coherently conceptualize the

scope of the novel. Unfortunately, this confusion also extends to some professional readers who have commented or written about this book. In this article, we will examine the text in some detail and follow the trail of the psychological difficulties that our protagonist faces to see if we can formulate a psychiatric diagnosis. The text that I am using is the English translation by Constance Garnett, published in 2024 by Arcturus Publishing Limited. A significant drawback is that Dostoevsky was neither a medical doctor nor a science writer, which now makes this process a more challenging and interesting, if not controversial, exercise. However, the symptoms and signs are clearly described by the author and there really does not appear to be any effort to obfuscate a medical diagnosis. Another unavoidable hurdle is the vocabulary used by the author, or more precisely, by the translator. We have to accept that medical diagnoses are not going to have the level of precision in the 1800s that they do today. Similarly, the medical terms are going to differ in their definitions and we will be encumbered by anachronisms. What we would like to achieve is to prevent the use of imprecise terms prevalent in the digital media and in scholarly articles written by non-medical authors, which are, in some cases, pejorative.

Terms such as ‘madness’, ‘insanity’, ‘sickness,’ ‘nervous breakdown’ should be avoided. Even ‘monomania’ is an anachronism.

This analysis attempts to show that the protagonist, Raskolnikov, most likely suffered from the psychiatric diagnosis of bipolar disorder. This is sometimes called manic-depression for both these mental states, mania and depression, can alternate with time in the same individual. The symptoms of mania include reduced sleep, more energy, pressured speech, an elated mood often with irritability, delusions and at times hallucinations, and racing thoughts. In depression, one finds lack of energy, often increased somnolence, reduced sex drive, slower thought processing and speech, feelings of hopelessness, and, at times, suicidal thoughts.

Dostoevsky reveals Raskolnikov’s psychiatric difficulties as early as the third paragraph of the novel. He writes about “an overstrained irritable condition, verging on hypochondria.” He had become “absorbed in himself, and isolated from his fellows...” “He had given up attending to matters of practical importance...” The author writes: “...his ideas were sometimes in a tangle...” Raskolnikov was suffering from a significant degree of self neglect: “...he was very weak, for two days he had scarcely tasted food.” “He was so badly dressed that even a man accustomed to shabbiness would have been ashamed to be seen in the street in such rags.” Our patient is distressed, anxious, agitated, and anorexic at the beginning of the novel. Clearly, he has no partner or family close by and no support systems. He is isolated and alone. He has dropped out of university and is unemployed. Opening a novel with this setting is, arguably, not a setting for a heinous crime or a crime of moral turpitude. More likely, a personal background of this type would be expected to lead to personal failure, petty crimes, drug addiction, and self-harm. As we shall see, the author does not follow the latter scenario.

Raskolnikov’s thoughts are clearly disturbing to himself (part I, chapter 1): “What filthy things my heart is capable of.” At one level, he recognizes that there is something wrong with his train of thinking: “It’s simply physical derangement.” This alludes to his belief that his ideas are not the workings of a normal mental state and he is showing good insight.

In part I, chapter 3, we learn that his room is disordered and his bed linens are dirty: “It would have been difficult to sink to a lower ebb of disorder...” This is stereotypical of an individual living not only in penury but also one suffering from a mental disorder. We obtain some insight into what his mental state had become: “He had got completely away from everyone, like a tortoise in its shell...” Self isolation through social withdrawal and self-negligence are often

seen in depressive states. There is an important caveat that should be noted. Depressed patients are also apathetic and, in more severe cases, suffer from psychomotor retardation and some bradykinesia. They have great difficulties motivating themselves to arise in the mornings; they cannot get on with the things that they need to accomplish or the tasks of the day. There is difficulty concentrating. We learn that he has given up the trivial employment that he once had and oversleeps. Nastasya, the servant, complains: “Get up, why are you asleep?...It’s past nine.” In (part I) chapter 6, “My goodness, how he sleeps!...And he is always asleep.” One would not expect an individual with this state of mind to plan or execute a complex crime.

In some cases, we need to be cautious how we judge the terms used by the author and translator. For example, in (part I) chapter 5, we learn that “the thought of going home suddenly filled him with intense loathing...” Later, “...these pleasant sensations passed into morbid irritability.” It is easy to understand ‘intense loathing’ but ‘morbid irritability’ is more difficult to define. This also is not a term that would be used in medical communication.

Dostoevsky is more explicit later in the same chapter when he writes: “In a morbid condition of the brain, dreams often have a singular actuality, vividness, and extraordinary semblance of reality.” Later in the same paragraph, “Such sick dreams always remain long in the memory and make a powerful impression on the overwrought and deranged nervous system.” It may be premature to label these ‘dreams’ as hallucinations, but what is more interesting is the references to the brain and nervous system. The author is offering a psychiatric diagnosis rather than a psychological one; there is a structural abnormality of the brain. The distinction is important. Psychological variations are common, if not the rule, in the human condition; psychiatric diagnoses are not as common and are more serious. Some readers will recognize that the contemporary understanding of the human mind is more inclusive and better described by the term neurodivergence, embracing a continuum of variations in mental functioning. Studies show that the prevalence of neurodivergence is approximately 20% making it fairly common.

In many cases, psychiatric diagnoses are accompanied by psychological comorbidities. These are more difficult to appreciate and sometimes get missed even in the clinical setting. In (part I) chapter 6, Dostoevsky writes: “But Raskolnikov has become more superstitious of late....And in all this he was always afterwards disposed to see something strange and mysterious, as it were, the presence of some peculiar influences and coincidences.” In modern terms, this psychological phenomenon would be called ‘ideas of reference,’ which can be related to psychosis and

paranoia. In *Crime and Punishment*, we learn that when Raskolnikov overhears a conversation between a student and an officer in a tavern, he was “violently agitated” and his Machiavellian idea to go ahead with the murder was confirmed. Although the author presents the dialogue between the student and the officer as a real event in the novel, one could still argue that the justification of the murder of the woman-pawnbroker, Alyona Ivanovna, was a delusion. As we know, a delusion is a false belief that persists in spite of evidence to the contrary or a belief that would not be shared by anyone of the same educational and social standing. Raskolnikov believed that great men were morally entitled to make decisions that could entail the death of hundreds of individuals. He inverted the logic and was convinced that if he committed a murder of an innocent, elderly woman, then he would share some of the qualities of greatness!

There are allusions to visual hallucinations: “He was haunted by day-dreams and such strange day-dreams...” (part I, chapter 6). Again, there is some diagnostic uncertainty, which may partly be due to the paucity of medical vocabulary in the novel. The same comment can be made when Razumihin says: “You are delirious, you know!” (part II, chapter 2). In medicine, the term delirium is used when there is confusion and reduced awareness of one’s surroundings (changes in the state of consciousness) in a state of alertness. However, the term can mean a number of things in everyday parlance including agitation, anxiety etc. He then says “You are a perfect madman.” A likely case of auditory hallucination is described in part II, chapter 2, when Raskolnikov thinks he hears the landlady being badly assaulted by Ilya Petrovitch. He says to Nastasya: “I heard it myself...I was not asleep...I was sitting up.” She denies that the landlady was beaten. Svidrigailov had also noted odd behaviors and says to Raskolnikov (part VI, chapter 3): “You walk out of your house...You look and evidently see nothing before nor beside you. At last you begin moving your lips and talking to yourself, and sometimes you wave one hand and declaim, and at last stand still in the middle of the road.” This behavior also likely represents episodes of visual and auditory hallucinations.

Chapter 3 (part I) opens with: “He was not completely unconscious, however, all the time he was ill; he was in a feverish state, sometimes delirious, sometimes half conscious.” In this state, he felt that: “they threatened him, plotted something together, laughed, and mocked him.” Most individuals would recognize that these are symptoms of paranoia. However, the use of the word ‘feverish’ can be confusing. This may well be an anachronism since in today’s speech, one would be referring to a fever, i.e. a rise in body temperature, usually associated with infection. Clearly, this is not how the term was used in the novel. This

passage is a fairly cogent description of a manic state with psychosis. When the other symptoms of mania occur without psychosis, it is referred to as hypomania. There is a technical point to note here. Patients generally do not spend the day in bed or confined when experiencing hypomania or mania. They are energized, social, talkative, working on intricate projects, gambling, sometimes seeking illicit drugs, and hypersexual. We can probably expect that Dostoevsky, although aware of the variation in manic and depressive states, did not study the condition in sufficient depth to appreciate that they are temporally distinct.

There also seem to be episodes of depression. In part VI, chapter 1, the opening sentence is: “A strange period began for Raskolnikov: it was as if a fog had fallen upon him and wrapped him in a dreary solitude from which there was no escape...But he remembered, too, moments, hours, perhaps whole days, of complete apathy.” Also concerning is that there were episodes of psychoses where he did not appear to be aware of his actions or whereabouts: “Another time he woke up before daybreak lying on the ground under some bushes and could not at first understand how he had come there.” Razumihin visits him and says: “There is a conviction in the air that you are mad or very nearly so...” Later in the same chapter, Razumihin leaves Raskolnikov and thinks “His illness then, all his strange actions...before this, in the university, how morose he used to be, how gloomy...” Raskolnikov likely developed the start of his medical condition as a young man as an episode of depression. In medicine, an early episode of depression is sometimes considered a harbinger of bipolar disorder. University attendance can trigger the first episode of this disorder due to the stress of leaving home and scholastic burden. When Razumihin is talking to Raskolnikov’s mother, he states (part II, chapter 2): “I have known Rodion for a year and a half; he is morose, gloomy, proud and haughty, and of late---and perhaps for a long time before---he has been suspicious and fanciful...it’s as though he were *alternating between two characters* (italics mine).”

There are other mood disorders in the differential and diagnostic uncertainty is not an uncommon component in the practice of medicine. The fact that the protagonist is exhibiting psychotic episodes raises the possibility of schizophrenia. Several features overlap in these two mental disorders. However, in schizophrenia, there is severe disordered thinking so that the decline in psychosocial functioning is worse. There are more episodes of visual and auditory hallucinations in schizophrenia, which are not restricted to manic episodes as they are in bipolar disorder. Factors in the novel that support a diagnosis of schizophrenia include Raskolnikov’s unkempt appearance, severe self-neglect, and inability to work. Bipolar patients, on the other hand, can have a high level of functioning

between episodes of mania and depression and have been responsible for outstanding accomplishments in diverse endeavours. The mood disturbance in bipolar disorder occurs in discrete episodes. Raskolnikov displayed a high degree of mental acuity and clarity of thought when dealing with the legal system. The protagonist is also not suffering from unipolar depression, which is typified by difficulty concentrating and an inability to accomplish goals. Generally, depression does not involve episodes of psychoses. The fact that Raskolnikov had mental agitation and was able to plan and execute a murder is more in keeping with the other diagnoses. He may have been suffering from hypomania when he committed the crime. Razumihin's physician friend, Zossimov, who checks on Raskolnikov frequently refers to him as a monomaniac (part 111, chapters 1& 2), a term that is no longer used and difficult to define now.

A proposal for a unifying diagnosis to account for Raskolnikov's bizarre behavior also lends credence to a highly sensitive and controversial public health issue. It is not uncommon to find that the stereotype of mental illness as a root cause of violent behavior is perpetuated by the media. Research appears to suggest that individuals suffering from mental illness are no more likely to commit crime than others. However, when mental illness is associated with drug abuse or personality disorders such as antisocial personality disorder ('sociopaths'), the likelihood of criminal behavior rises (see Thornicroft). There is also evidence to suggest that individuals with mental illness are more likely to be *victims* of violence and of police fatalities. It is unlikely that such considerations were afforded to individuals with mental health issues in Dostoevsky's time as they are now.

The novel *Crime and Punishment* has garnered numerous accolades since its publication. Various commentators have considered it a great novel and some even consider it a work of philosophy. However, there is confusion about the main character, and the complexities of his beliefs and actions have been discussed widely (see Ali). I believe that Raskolnikov's personality becomes easier to understand with one unifying psychiatric diagnosis, that of bipolar disorder. We know that Dostoevsky was not trained medically, and there is no evidence, that I am familiar with, that a medical doctor was involved in the production of this book. The symptoms and signs of bipolar disorder are described in considerable detail and the author brings up the protagonist's mental health repeatedly throughout the book making this an important theme. This observation also raises the question of how Dostoevsky became familiar with this condition. The obvious answer is that Dostoevsky suffered from bipolar disorder himself and he was totally familiar with the symptoms. Some people have claimed that,

in fact, Dostoevsky did suffer from this condition although making retrospective diagnoses is fraught with its own difficulties.

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