

8-1-1996

"In What Particular Thought to Work": Hamlet and Manic-Depression

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"IN WHAT PARTICULAR THOUGHT TO WORK":

HAMLET AND MANIC-DEPRESSION

A Thesis

Presented to

the Faculty of the Department of English

Western Kentucky University

Bowling Green, Kentucky

In Partial Fulfillment

of the Requirements for the Degree

Master of Arts

by

Lewis Pickett

August 1996

"IN WHAT PARTICULAR THOUGHT TO WORK":

HAMLET AND MANIC-DEPRESSION

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"IN WHAT PARTICULAR THOUGHT TO WORK":

HAMLET AND MANIC-DEPRESSION

Lewis Pickett August 1996 129 pages

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By means of contemporary diagnostic criteria, Prince Hamlet may be demonstrated to be a Bi-Polar I Manic Depressive. Because current genetic research suggests that this disease is inherited, it is logical to ask if Claudius also suffers from this disorder. It can be demonstrated that he does. We may conclude that Claudius murdered the late King of Denmark during a manic episode similar to the one in which Hamlet kills Polonius.

"In What Particular Thought to Work":

The Scene at 1600

Act One, scene one of Hamlet sets the tone for the play as a study in the variety of ways that manic-depression could present itself. It is less like a thesis statement than the opening movement of a large orchestral work, presenting broad evocations of the themes which are to be developed in the course of the performance. Elizabethan audiences would have picked up on the allusions of melancholy in the first scene of Hamlet. These include visual hallucinations, manic activity, sleep disturbances, medical origins of the disease, paranoia, delusional thinking, and the course of a manic-depressive episode--what we would call the spectrum of the disease. We can assume a casual knowledge of these elements of melancholy as part of the average Elizabethan's cultural literacy.

Much of what we know now about this disorder was known in Shakespeare's time, although less was agreed upon. Babb writes that "since Renaissance thinkers recognize the interaction of body and mind, melancholy is both a psychological and a medical term. The concept is complex and vaguely limited." For Elizabethan and early Stuart writers like Timothy Bright and Robert Burton, he continues,

the word refers to a mental disease, or genus of diseases, which is copiously discussed in Renaissance, medieval and classical works in medicine and psychiatry along with such

other maladies as madness, frenzy, hydrophobia, and epilepsy. (56)

Indeed, since antiquity, scholars have sought to delineate the spectrum of mental illness, map its stages and isolate its causes. Goodwin and Jamison write:

The medical writers of ancient Greece conceived of mental disorders in terms that sound remarkably modern. They believed that melancholia was a psychological manifestation of an underlying biological disturbance, specifically, a perturbation in brain function. . . .

As they did with other illnesses, the Hippocratic writers (in the fourth and fifth centuries B.C.) argued forcefully that mental disorders were not due to supernatural or magical forces, beliefs that characterize most primitive societies and that have resurfaced from time to time throughout history. . . . This essentially biological explanation for the cause of melancholia. . . survived until the Renaissance. . . . (56-57)

The Hippocratic writers first developed the theory of the humors which, in modified form, informed Shakespeare's time. "An excess of black bile was seen as the cause of melancholia, a term that literally means 'black bile.' Mania, by contrast, was usually attributed to an excess of yellow bile" (Goodwin and Jamison 57). Aristotle introduced three concepts to the understanding of melancholy which is evident in Hamlet. The first, a refutation of the Hippocratic school, saw "the heart rather than the brain as the dysfunctional organ in melancholy, introducing the notion of a 'predisposition' to melancholy," marked by an excess amount

of black bile. Aristotle also brought to the discussion the idea that artists, scholars and statesmen--gifted individuals--suffered as a group from a high incidence of this malady (Goodwin and Jamison 57).

Before the concept of melancholy could influence Elizabethan drama, it would receive further modification. Soranus of Ephesus believed melancholy and mania to be separate diseases with similar symptoms, but acknowledged, in his first century B.C. writings, a large school of thought which considered melancholy a form of mania (Goodwin and Jamison 57). Aretaeus of Cappadocia first suggested that mania was an end stage of melancholia, and first described intermittent stages of milder mania which we would recognize as cyclothymia (Goodwin and Jamison 57). The same study cites Roccatagliata to demonstrate that, while Aretaeus included symptoms in the manic-depressive spectrum which today would be recognized as schizophrenic, he identified classic Bi-Polar mania and affirmed Aristotle's idea that while mania was a brain disease, it originated in the heart (57-58).

The centuries continued to hone the view of melancholy which survived into Shakespeare's day. Galen of Pergamon (131-210 A.D.) "firmly established melancholia as a chronic and recurrent condition;" no less notably,

. . . in the opinion of most medical historians, [Galen's contribution was] his brilliant, all-encompassing elaboration of the humoral theory, a system so compelling that it dominated--and stifled--medical thought for more than a millennium. (Goodwin and Jamison 58)

Psychiatry, having taken several steps forward, took one step backward. It regained its stride, however, in time to coincide with the

composition of Hamlet, in the state of development which is represented in that play. Goodwin and Jamison report:

From classical Greece until the middle ages, mental and physical afflictions were primarily the concern of medical doctors. As illness gradually became the responsibility of the monasteries, the early insights were submerged. The period that followed was, in retrospect, a dark age, when mental illness was generally attributed to either magic or sin and possession by the devil. By the late middle ages, empirical science had attracted interest and the beginnings of acceptance, engendered by the ascendancy of Baconian philosophy. At that point, however, in the realm now covered by psychiatry, scientific interpretations were limited to anatomical, physiological, and pathological studies of the brain.

Empirical clinical observations without religious overtones did not reappear until the beginning of the 17th century. A key figure in this descriptive renaissance was Felix Platter, who, in 1602, published his systematic observations and classifications of mental disorders. Although his descriptions of mania and melancholia were extensive and methodical, there was little to suggest the longitudinal or recurrent nature of the illness, or the distinctions between manic depressive illness and schizophrenia. (59)

This brings us, as it were, to Shakespeare's doorstep: the scene at 1600. Babb helps us broaden and deepen our impression of that age's popular image of this illness:

The melancholic malady is caused by whatever engenders a melancholic humor. The possible causes are multifarious, some physical, some psychological. The most frequent physical cause is diet. The most frequent psychological cause is strong emotion. Fear and grief are especially likely to engender melancholy. . . .The melancholy man, as every Renaissance Englishman would know, is morose, taciturn, waspish, misanthropic, solitary, fond of darkness. He commonly suffers from grotesque hallucinations. He is extremely wretched and often longs for death.

The belief that the melancholy man is anti-social, miserable, and irrational is traceable to the medical system associated with the name of Galen. In the Renaissance mind it is accompanied by and modified by another concept of the melancholy character, a concept of greater dignity. The source of this is the Aristotelian Problemata (XXX, I). According to the Aristotelian idea of melancholy, black bile engenders unusual intellectual and artistic poets; indeed, statesmen, scholars, poets, and artists are more than likely to be melancholy. The Elizabethan and early Stuart conception of the melancholy man is compounded by these two not wholly compatible elements.

Babb did not know in 1959 just how compatible these elements in fact are; much contemporary psychiatric literature now focuses on precisely this Aristotelian concept. But as a historian Babb remains definitive in the area of melancholy as perceived by the Elizabethans:

The association of melancholy with genius made the malady attractive. In the sixteenth century English travelers found it very much in vogue among the Italian intellectuals and brought it home with them. An epidemic broke out in England, apparently about 1580, and continued for several decades. For some time melancholy men were so numerous in London that they constituted a social type, often called the malcontent. Evidence concerning the melancholy attitudes, mannerisms and pretensions is abundant in Elizabethan and early Stuart literature, especially the drama. Many men of letters were occasionally or chronically melancholy: Sidney, Greene, Nashe, Chapman, Breton, Donne, Browne, and others.(3)

Into this cultural milieu Shakespeare could send an actor to sound the keynote of his great play--" 'Tis bitter cold and I am sick at heart"--confident that his audience would read more into the line than, as the Riverside glosses it, "In low spirits" (1.1. 8-9).

"In What Particular Thought to Work":

The World Today

Psychiatry has made many advances since 1600, yet a physician of Shakespeare's time would find it recognizable. While the theory of the humors has been replaced by theories of the chemistry of the brain, and while barbaric-seeming (to us) methods of treatment have been replaced by pharmacological ones, we not long ago attributed most adult mental disorders to unresolved childhood conflicts, and routinely electroshocked the sufferers. Meanwhile, our city streets teem with undiagnosed, untreated mentally ill.

But the present and the future are bright. In a note introducing the Einstein Psychiatry Series, Herman M. van Praag paints the contemporary picture with optimism:

Psychiatry is in a state of flux. The excitement springs in part from internal changes, such as the development and acceptance (at least in the United States) of an operationalized, multi-axial classification system of behavioral disorders (The DSM), the increasing sophistication of methods to measure abnormal human behavior, and the impressive expansion of biological and psychological treatment modalities. (Papolos vii)

Van Praag cites related areas in which developments are taking place, including "molecular (brain) biology, genetics, brain imaging, drug development, epidemiology, experimental psychology," and observes:

More generally speaking, psychiatry is moving, still relatively slowly, but irresistibly, from a more philosophical, contemplative orientation to that of an empirical science. From the 1950's on, biological psychiatry has been a major catalyst of that process. It provided the mother discipline with a third cornerstone, that is, neurobiology, the other two being psychology and medical sociology. In addition, it forced the profession into the direction of standardization of diagnosis and of assessment of abnormal behavior. Biological psychiatry provided psychiatry not only with a new basic science and new treatment modalities, but also with the tools, the methodology, and the mentality to operate within the confines of an empirical science, the only framework in which a medical discipline can survive.

van Praag concludes:

Let there be no misunderstanding. Empiricism does not imply that it is only the measurable that counts. Psychiatry would be mutilated if it would neglect that which cannot be captured by numbers. It does imply that what is measurable should be measured. Progress in psychiatry is dependent on ideas and experiment. Their linkage is inseparable. (viii)

From these paragraphs one might assume that only in the 1950's did psychiatry advance from the 1600's. Actually, the present empirical approach, born at the start of the seventeenth century, marched more or less in a logical progression into our time. An overview of its

development can be found in Goodwin and Jamison: the seventeenth and eighteenth centuries saw an explosion of clinical literature as well as a multitude of classification systems. The humoral theory fell by the wayside as the science of autopsy made neuropathological observation possible. By the nineteenth century the debate still centered around the question of whether or not mania, depression and schizophrenia were separate diseases or aspects of one; the substates of melancholy were documented and named during this period. It remained for Emil Kraepalin, during a series of editions of his psychiatry textbook, to draw a clear distinction between manic-depression and schizophrenia (then called dementia praecox), thereby establishing "a solid and empirically anchored base for future developments;" for Bleurer, in the middle of the twentieth century, to map the terrain of schizophrenia; and for Winoker and The St. Louis Group to differentiate between bipolar and unipolar depression. The first edition of the Diagnostic and Statistical Manual of Mental Disorders appeared in 1952 and the fourth edition appeared in 1994 (59-61).

The foregoing simplifies a long and interesting history. It is intended to demonstrate that we possess a rigorous diagnostic mechanism for discussing mental illness which becomes more particular every year. It is driven not by a desire to support an existing belief system, but to accurately depict human nature in all its particular gradations. It is not afraid to admit a mistake or correct itself; during research for this paper several term and definitions have changed in response to conclusive data on the severity and duration of symptoms. It is a final irony that, nearly a century after Kraepalin's revolutionary division of manic-depression and schizophrenia, experts in the field acknowledge

warily, but with interest and respect, a school of thought which holds that they may be, after all, opposite extremes of one broad spectrum (Torrey 109).

Thus, we are able to work "in particular thought" when we discuss affective or "mood" disorders. During the course of this paper several particular terms will be used when we discuss first Denmark, then the prince, and finally Claudius. The terms describe the spectrum of manic-depression, schizoaffective disorder and schizophrenia, and are based on the clinical, empirical observation of the severity and duration of symptoms. As we consider Hamlet, his uncle and their kingdom, it may be useful to keep in mind this passage from Torrey:

Textbooks of psychiatry and psychology usually imply that patients with psychosis fall neatly into either the schizophrenia or the manic-depression category and that the two can be readily distinguished. Unfortunately that is not always the case, as a large percentage of patients have symptoms of both diseases. Furthermore it is not rare to find patients whose symptoms change over time, appearing initially as a textbook case of schizophrenia or manic depressive psychosis, and a year or two later clearly exhibiting symptoms of the other disease. It has been facetiously suggested that either we need to insist that patients read the books and choose the disease they wish to have or we must become more flexible in our psychiatric thinking. I personally have seen patients with virtually every possible combination of schizophrenic and manic depressive symptoms. (90)

The Gross and Scope of Our Opinion

This chapter presents an overview of contemporary psychiatric attitudes toward thought and mood disorders. It represents the "gross and scope" of our opinion; later we will examine Hamlet and work "in . . . particular thought" to understand the Prince and Claudius. Although the play is not discussed directly in this chapter, it is difficult to read this material and not think of Hamlet.

I will adhere to Kraepelin's dichotomy in making a firm distinction between schizophrenia and manic depression (as the DSM-IV does) although Shakespeare's time made no such distinction, and it is not universally accepted today. As we will see, while Shakespeare primarily concerns himself in Hamlet with affective, or mood disorders, he occasionally but unmistakably suggest schizophrenia.

We begin, then, with schizophrenia. In the late 1950's Kurt Schneider devised a list of "first rank" symptoms (reproduced in Torrey 85), any one of which may be taken as an indicator that schizophrenia is present. The list gives a good idea of the disorder:

1. Auditory hallucinations in which the voices speak one's thoughts aloud.
2. Auditory hallucinations with two voices arguing.
3. Auditory hallucinations with the voices commenting on one's actions.
4. Hallucinations of touch when the bodily sensation is imposed by some external agency.

5. Withdrawal of thoughts from one's mind.
6. Insertion of thoughts into one's mind by others.
7. Believing one's thoughts are being broadcast to others as by radio or television.
8. Insertion by others of feelings into one's mind.
9. Insertion by others of irresistible impulses into one's mind.
10. Feeling that all one's actions are under the control of others, like an automaton.
11. Delusions of perception, as when one is certain that a normal remark has a secret meaning for oneself. (85)

However, Schneider's list fails to allow for the severity and duration of symptoms. The DSM-IV requires that such symptoms as those above be present for at least six months before a diagnosis of schizophrenia is made; any of the above symptoms can appear in a number of brain and other diseases for brief periods. Torrey makes this useful distinction between schizophrenia and manic depression as well:

. . . the predominant clinical symptoms [in manic depression] involve disorders of mood rather than disorders of thought. Patients with manic depressive psychosis may have delusions or hallucinations, but when they occur they accompany and are congruent with the elevated or depressed mood. More important, manic depressive psychosis occurs in discrete episodes with a return to normal functioning between episodes being the rule; schizophrenia rarely occurs in such discrete episodes and residual disability is the rule. . . . (107)

Schizophrenia, as Torrey mentions, has a narrower age of onset (late teens to early twenties) than manic depression. It should be noted that the DSM-IV does not allow for a diagnosis of both diseases in the same person at the same time. Torrey notes that "the genetics of the two disorders suggest that schizophrenia and manic depressive psychosis should occur in separate families (and this is usually the case). . . (109).

Torrey makes another observation which a student of madness in Shakespeare will find interesting. He suggests that schizophrenia may be of recent origin. While many scholars see evidence of schizophrenia in accounts from antiquity detailing certain historical and religious figures, Torrey concedes that

indeed occasional people. . . had brain damage (e.g., from birth injuries or fights) or brain diseases (e.g., epilepsy, syphilis or viral encephalitis) that may have produced psychotic symptoms. . . .[but] schizophrenia with its hallmark auditory hallucinations and onset in early adulthood was virtually never described. . . . (19)

As we have seen, pre-medieval medical writing about mental illness is extremely thorough. Torrey says that possible cases of schizophrenia are recorded occasionally in the middle ages and that "sporadic cases of what may have been schizophrenia continued to appear through the 1700's but were remarkably few in number." And then,

Suddenly, at the turn of the century, schizophrenia appeared in unmistakable form. Simultaneously (and apparently independently) John Haslam in England and Philippe Pinel in France both described cases that were certainly

schizophrenia. These were followed by a veritable outpouring of descriptions continuing throughout the nineteenth century and also by evidence that schizophrenia was increasing in frequency. (19)

When we consider the above along with statistical evidence suggesting that schizophrenia in the twentieth century appears to increase in some countries while decreasing in others (Torrey 15) and that acceptable diagnostic criteria were not agreed upon until 1980 (DSM-III), we will have an idea of the complexity of this illness.

In the last century schizophrenia has been wildly overdiagnosed. The psychiatric profession is eager not to repeat this mistake, and for this reason has created some slightly confusing, somewhat controversial subcategories for patients whose diagnosis presents problems. As we consider them, it will be useful to remember not only the play which is our main concern, but Torrey's statement, quoted before: "I personally have seen patients with virtually every possible combination of schizophrenic and manic depressive symptoms". (90)

If we rule out the many physical illnesses which briefly can mimic schizophrenia, rule out manic depression, and (rather obviously for our purposes) rule out street and prescription drug induced psychosis, then three possible diagnostic categories remain for the person exhibiting schizophrenia-like symptoms. They are brief psychotic disorder, schizophreniform disorder, and schizoaffective disorder. The first two depend essentially on duration: if schizophrenia-like symptoms appear for more than one month and less than six months, the diagnosis is schizophreniform disorder; if the symptoms of schizophrenia occur for less than one month, brief psychotic disorder is the diagnosis.

Prior to DSM-IV, brief psychotic disorder was called brief reactive psychosis. It is easy to see why. While this illness often has a purely medical (that is, non-brain) cause, Torrey explains:

Such illnesses may also apparently be precipitated by overwhelming stress and are seen in some soldiers undergoing enemy fire, inmates in prisons or concentration camps, and in individuals in extreme sensory deprivation situations....

The symptoms displayed by such patients may mimic schizophrenia closely, with delusions and hallucinations being prominent; disorder of thinking are much less common....

Such patients will usually recover whether they are treated with drugs or not and usually do not get sick again....

The more rapid the onset and the shorter the duration of illness, the more likely the person is to return to full normality and not experience recurrence. (110)

Schizoaffective disorder is less clear-cut. Fieve describes it succinctly but incompletely as "a combination of major depression or mania with delusions or hallucinations" (187), but this definition only scratches the surface. The authorities agree, at least, that the category is unsatisfactory; its definition and classification have changed over the last fifteen years, and it remains an indeterminate disease category--a kind of catchall for patients whose symptoms baffle their doctors. Papolos writes:

There are patients whose symptoms. . . seem inconsistent with the diagnosis of bipolar illness. They seem to present

a confusingly mixed group of symptoms that straddle the definitions of schizophrenia and mood disorders. For example, these patients' symptoms fulfill criteria for depression and mania but their hallucinations or delusions are not related to the disordered mood--they are "mood incongruent"--and thus are more characteristic of schizophrenia. Even after the resolution of the affective symptoms, these patients continue to have disturbances in thinking and perception. (44)

Papolos writes:

Some of the questions that fuel the controversy are: (1) is it a variant of schizophrenia? (2) is it a variant of affective disorders? (3) is it a third, independent psychosis, a transitional state between schizophrenia and affective psychosis? or (4) is it a heterogeneous syndrome including different conditions? (45)

Perhaps best illustrative of the controversy surrounding schizoaffective disorder is the contrast between the conclusions of Papolos's and Torrey's otherwise nearly identical discussions of the category. Papolos, a psychiatrist specializing in mood, or affective disorders, sums up:

Many psychiatrist would respond affirmatively (to the suggestion that) schizoaffective disorder is a variant of affective disorders. . . .The truth is that at present, no one really knows for sure. No doubt scientific developments in the years ahead will bring some clarity to many of these diagnostic dilemmas. (45)

On the other hand, Torrey, a psychiatrist specializing in schizophrenia, concludes:

Current research on patients with schizoaffective disorder suggests that most of them belong in the broad category of schizophrenia and that a minority are more closely related to manic depressive disorder. (91)

It appears that modern psychiatry, like Horatio and presumably his creator, does not always know "in what particular thought to work." However, regarding manic depressive illness, there is almost universal accord among the international psychiatric community. We will next examine the diagnostic criteria for the several variations of this mental illness.

Manic depressive psychosis is easily discussed in the abstract. It is harder to apply to individuals -- one realizes there are as many particular varieties of this illness as there are people afflicted. It may affect one person so mildly that it goes untreated and undetected; in another it may so resemble schizophrenia that hospitalization is necessary. The cultural, political and scientific achievements made by manic-depressives are incalculable, but the number of suicides caused by this disorder will never be known.

Manic depression is characterized by periods of mania, depression or both. Each end of the manic depressive spectrum contains subtypes and substates which may or may not lead to a full blown episode of mania or depression. Mania and its submoods include elevated spirits, intermittent irritability, loss of judgment, excessive cheerfulness, grandiosity, great energy and hypersexuality, reduced need for sleep, rapid or pressured speech, and ideas which appear so rapidly and are

expressed so quickly that they are difficult for a listener to understand. This mood may develop into a psychotic state in which the sufferer experiences delusional thinking, aural and (less often) visual hallucinations, and becomes dangerously violent. During the depressed state the person's outlook may range from mere sadness to hopelessness and thoughts of suicide; thinking and movement are slowed and the individual may experience insomnia or excessive sleeping, hyposexuality, loss of appetite and unfounded or exaggerated feelings of guilt. As Torrey notes,

although the public stereotype of manic depressive illness is a person who swings from one extreme to the other and back again, this is found only rarely. Some affected persons have a series of manic episodes, some have a series of depressive episodes, while other have the two in every conceivable combination. Many months or even years may separate episodes; between episodes the person is characteristically normal. (107)

The person's brain is again functioning normally. But the person who emerges from a manic depressive episode faces a number of unpleasant realities. Such a person may have destroyed various relationships, jeopardized career goals and become dependent on alcohol; self-esteem is usually damaged, and fears of recurrence color every decision and action. The shame, guilt and paranoia which characterized the delusional thinking of a clinical depression are now sadly appropriate in the "characteristically normal" individual. Such a person will have had ample time to ruin his own life and several others; Papolos writes that "untreated, the average depressive episode lasts about four months,

the average manic episode about three months" (7). Three points about this disease remain to be made: it is closely associated with suicide; it is closely associated with alcoholism; and it is unquestionably genetic, hereditary and biochemical.

To better understand the stages of manic depression it will be helpful to consider its subtypes as they would occur in an individual who suffers from the disease in its classic, bi-polar I form. Such a person would not only experience the substates or types of mania and depression, but would experience the extremes of each end of the manic depressive spectrum at a degree of severity and duration which would require hospitalization.

Fieve defines hyperthymia as "a mood characterized by high energy, confidence and activity. Hyperthymia is a state that is more energetic than a normal good mood but less energetic or revved up than hypomania" (Prozac 183). Hyperthymia is also a personality type; as Fieve reports,

A number of genetic studies including those undertaken by my own group indicate that people who are hyperthymic may come from a family in which manic-depressive relatives have struggled with depression, suicide, gambling, sociopathy, or alcohol and drug abuse. The family tree often has family members with hyperthymic or dysthymic personalities.

[Conversely] the manic-depressive pedigree includes one or more relatives who have been highly energetic, creative, and accomplished. If no major moodswings occur in this latter group of people, they are referred to simply as hyperthymic personalities. These individuals do not seek treatment since things are going well. (35)

Hyperthymia, then, may appear as an aberration in the mood of a normal person, or a person may be a hyperthymic personality. In either instance, however, the person is at a genetic risk of developing hypomania, a condition Fieve describes as "a mildly elevated, expansive mood lasting a few days. Hypomania is less intense than mania but more intense than hyperthymia" (Prozac 183). To some extent, hypomania is an enviable state. Papolos writes:

A person experiencing hypomania, the first stage of a manic episode, feels imbued with energy, optimism and self-confidence. Ideas and conversation flow easily and the mood is euphoric, expansive and often infectious. . . . People who are hypomanic seem enthralled with themselves and the universe; they are captivated by their own sense of power and virtuosity.(19)

Fieve writes in Moodswing of the hypomanic:

He is not out of touch with reality. In fact, he is more in touch with what is going on than most others. The hypomanic tends to develop a sixth sense about gambling, because he is open to grasping the thousands of small controlling factors that can win or lose a game. He is hypercompetent and jumps into every situation that he wants to control. For him, knowledge is power. He is hyperperceptive as well as hyperaggressive and hyperactive. He is tuned in to the games going on behind the games. He has a tremendous advantage, as long as he doesn't overextend and show poor judgment by going too high. He will be a gambler per excellence if he can maintain that mild high mood; and he

might also, if he desires, be an extraordinary business man.

(58)

In Prozac Fieve addresses the distinction between hypomania and mania:

The difference is basically one of degree. The DSM-IV defines hypomania as "a distinct period of sustained, elevated, expansive or irritable mood, lasting throughout four days." Mania is a longer, more intense version of the same thing. The manic mood is not just elevated but, "abnormally and persistently elevated," and it lasts at least one week--twice as long as a hypomanic episode. . . .

[Hypomania] can simply seem like a . . .productive, active period, whereas, a full-blown manic attack seriously impairs functioning and often requires hospitalization. Manic people are out of control: they can hurt themselves and others. But those who are hypomanic can also exercise poor judgment. Some patients make excursions from a pleasurable (or irritable) hypomania to a shockingly destructive mania, affecting everyone and everything around them. (32)

Papolos writes that clinical manics "are caught up with the ideas that pour into their minds. Association after association occurs to them, and their speech can be full of jokes, plays on words, and amusing irrelevancies." A manic person may "choose words not because they are logical, but because they sound alike or rhyme. These kinds of associations are called clang associations." Clang associations are also characteristic of schizophrenia. Papolos elaborates on the manic state:

Speech during a manic episode is very striking. There is a push of words, they are spoken rapidly, and the voice is loud and intense. There is an insistent, nonstopable quality to it--it brooks no interruption from others--and it is called pressure of speech. During the more muted hypomanic state, the enthusiasm and intensity can be compelling and even engaging to others. But eventually the conversation becomes undone. As the hypomanic state escalates closer to mania, the person's thoughts begin to race, and he leaps from topic to topic. One thought cannot be completed before another grabs his attention. The rules of logic that would normally govern a person's verbal production are unhinged in the manic state and there is a scattershot quality to the phrases. . . (which is called) flight of ideas. (20-21)

Papolos adds, "There is a great increase in activity, an urge to get going. A person may pace up and down, move about constantly or plan sudden, exotic trips" (22). The connection between manic depression and artistic production is fully explored in Touched with Fire: Manic Depression and the Artistic Temperament, by Jamison; Fieve touches on it in Moodswing:

The manic artist, producing at white heat, is unstoppable, often performing the work of two people.

Handel was notorious for his major moodswings, and is known to have written The Messiah, in six weeks. . . . Rossini. . . spun out The Barber of Seville. . . in thirteen

days. Critics have computed that it would take about thirteen days simply to copy the score. (42)

In Moodswing Fieve often uses the example of a gambler when describing manic behavior. The image is apt for sufferers of the condition in general. He writes:

Manics love to gamble. They love the excitement of it. . . .
 Whatever the game, the manic enjoys the rush, and thrives on the tension, and he finds that this form of quick gratification suits his impatient temperament precisely. . . .
 .A manic has schemes to beat the Dow Jones, the dealer, the house, the track or the numbers. He will manipulate for the sheer joy of manipulating, nonstop for twenty hours a day. He may--in headlong pursuit of success--cheat, lie, and steal without anyone realizing what he is doing. In fact, when he gambles, he gets so caught up in his machinations, so stimulated by his wheeling and dealing, that he turns other people on, catches them up in his fantasies of instant millions and the Midas touch. (55)

The qualities associated with mania can seem downright preternatural.

Fieve notes:

Most manics also love power. When every life situation becomes a game of skill--and of course the gambler tends to dismiss chance--the gamester is forever wheeling and dealing to find the perfect system, the perfect scheme to make a killing. In his actual gambling the manic gambler may have an advantage over others who are not so full of drive. . . .

His enthusiasm and confidence tend to weight games of skill in his favor. . . He throws himself energetically into whatever he is playing and figures out angles well in advance. He isn't just betting, as the rest of the world is; he is making an informed guess. (56)

Papolos explains that in a manic individual, "there is a compelling desire to be involved with people," and that

accompanying the increased sociability is an increased sexual desire (hypersexuality). It is not uncommon for the person to "fall in love" and impetuously pursue a love affair or a string of affairs, possibly jeopardizing an established relationship or marriage.

During these periods of manic elation, people are suffused with a sense of specialness and purpose. They are so overly optimistic and their mission is so compelling that they lose the sense that their actions have consequences.

For them, there is no day of reckoning. (23-24)

"Unfortunately," writes Papolos, "the upbeat, indefatigable quality of the mood cannot be maintained." Instead,

Within minutes the euphoria can dissolve into irritability and anger. During such periods, a person might talk exuberantly and outline all his current plans and thoughts. The listener may be fixed in rapt attention, unprepared for the sudden shift of tone and intention. Abruptly, and without provocation, the mood may turn irritable or hostile. The patient can become belligerent and suspicious, and launch into an angry and effusive tirade. (24)

This "dramatic [shifting] of mood and behavior," writes Papolos, is called "labile affect [and is] characteristic of the manic state and often leaves others perplexed and baffled. If the hostile outburst is directed toward the listener (and it usually is), he or she may experience the symptomatic behavior as a personal attack, become alienated and withdraw" (24).

For some manics, the episode has run its course at this stage. But others become a serious threat to themselves and others. These, as Papolos explains, "proceed so far as to become psychotic." Such sufferers may, Papolos writes

. . . experience paranoia, hear voices, or (less often) see visions, as well as express bizarre or delusional thinking sometimes considered to belong to the realm of schizophrenia. . . .

Some manic patients suffer grandiose delusions: they become convinced that some special force has empowered them to save the world from catastrophe, or that they have a special relationship to God or some national or international figure. Other exhibit more paranoid persecutory features and feel that they are being watched, controlled or attacked. (27)

Fieve quotes this patient's description of her transition from mania to manic psychosis in Moodswing:

The feeling of exhilaration--the high mood--makes me feel light and full of the joy of living. However, when I go beyond this stage, I become manic, and the creativeness becomes so magnified I begin to see things in my mind that

aren't real. For instance one night I created an entire movie, complete with cast, that I still think would be terrific (if filmed). I saw the people as clearly as if watching them in real life. I also experienced complete terror, as if it were actually happening, when I knew that an assassination scene was about to take place. I cowered under the covers and became a complete shaking wreck. . . I went into a manic-psychosis at that point. My screams awakened my husband, who tried to reassure me that we were in our bedroom and everything was the same. There was nothing to be afraid of. Nonetheless, I was admitted to the hospital the next day. (17)

Papolos elaborates on the nature of hallucinations:

Auditory hallucinations are not an uncommon experience in severe mania or in psychotic depressions. The voices are experienced as real, and often have extraordinary influence over the individual. They may be heard only occasionally, or continuously during an episode. There may be one voice or even several that carry on a conversation. The manic person may simply overhear the voices, or the voices may make direct statements to him. For instance, they may inform him of some dire consequences of his behavior or thoughts, or command allegiance or some action. Often the directive will be in concert with some delusional idea. . .

(Furthermore) in the majority of cases, the hallucinated voices are disturbing, accusatory, or derogatory. (29)

Suddenly, or gradually--but never without cost--the manic-psychotic episode ends, often with the victim, in Papolos's words, "plunged into the depths of depression . . . surrounded by the shards of his life, career, and relationships" (6).

Next we will examine depression and its substates, the subtypes of manic-depression, the genetic, hereditary and biochemical nature of this disorder, its connection to alcoholism and suicide, and the triggers of the disease--and then it will be time for fieldwork in Elsinor.

The concept of depression is easier to grasp than that of mania. While manic substates and subtypes differ in a variety of ways, the types of depression are distinguished largely in terms of severity and duration. The difference between a hyperthymic and a manic psychotic is the difference between a productive, creative individual and a seeming sociopath, but the degrees of depression can be described without much oversimplification as sad, sadder and saddest. However, the two extremes of the bipolar spectrum share such symptoms as delusions, hallucinations and suicidal impulses. Obviously, the characters in Hamlet do not represent every disorder discussed in this study. But to determine what disorders do affect Hamlet and Claudius, it is important to decide which ones do not. For now, let us look at the general qualities of depression. Torrey provides a concise overview:

Depressive episodes consist of sad ("dysphoric") mood with hopelessness, poor appetite, sleep disturbances, (either insomnia or excessive sleeping) loss of energy, slowed

thinking, feelings of guilt or worthlessness, and often suicidal ideas.(92)

Papolos elaborates:

It is common for people in the throes of a depression to feel that the world is drained of color--that everything is stale and empty, and that there is no "light at the end of the tunnel." Previously enjoyed activities hold no interest or pleasure for them, and they are said to have the clinical system known as anhedonia. (12)

The images of the gambler and the businessman which Fieve uses throughout Moodswing are again illustrative:

In times of despair the manic depressive gambler thinks he has thrown his family into bankruptcy, when in fact he may have lost only two hundred dollars in a Saturday night pinochle game. The depressed businessman may have an unshakable conviction that he teeters on the brink of bankruptcy when business is actually pretty good. These near-psychotic delusions are simply the opposite side of the coin of the grandiose delusions of the manic state. (57)

Papolos writes, "The emotion of sadness can become so pervasive, so compelling, that it eclipses any consideration of past achievement or success." During depression, a person "may wrestle constantly with punitive thoughts and self-accusations. He or she may magnify minor failings or transgressions, experience excessive guilt, and feel that some terrible punishment is deserved". (16)

Papolos explains how such a person may progress to a delusional and then

to a psychotic state:

A person in a psychotic depression may be convinced that he is being persecuted and is to be held accountable for some imagined wrongdoing, or that a life-threatening disease is wracking his body when all evidence is to the contrary. These delusional ideas are held with absolute and unshakable conviction--virtually all efforts to convince a person of their unreality are unsuccessful.

Some patients may experience what are called nihilistic delusions--they are convinced that the world is going to end by Armageddon or holocaust. These delusions reflect the patient's overwhelming sense of helplessness and hopelessness. (16)

The congruity or incongruity of mood and behavior, or mood and delusion or hallucination, is central to diagnosis and will enter into our discussion of Hamlet; this consideration is evident in Papolos, as well as an implicit definition of the concept of mood congruence:

Hallucinations, especially of voices, may also be present in psychotic forms of depression. They usually are related to the content of a particular delusion. For instance, if the delusion is of being persecuted, the voices are often berating, or derogatory, and blaming and threatening. If the delusion is nihilistic, the voice or voices may threaten doom and destruction. (16-17)

We have looked at the spectrum of manic depressive illness, including its substates. There are also three major subtypes of bipolar illness which do not qualify for inclusion in that category for reasons

of severity and duration. Papolos examines each subtype briefly in Overcoming Depression. They are rapid cycling, the mixed state and cyclothymia. Of the first, Papolos writes:

Patients who experience frequent, continuous recurrences of depression and mania are said to have an uncommon type of bipolar illness called rapid cycling. Dr. S. Ronald Fieve and David Dunner coined the now widely accepted term "rapid cyclers" and defined the subtype for those who have four or more episodes of illness in a one-year period.

(46)

Thus, "rapid cycler" is primarily a distinction of duration. The mixed state has more to do with symptom presentation. We are told:

Patients who simultaneously display significant symptoms of depression and mania are said to be in a mixed state. There are various theories as to the causes of the mixed state: one is that it is a transitional phase in which depression switches to mania and the patient becomes trapped in the switch state. This theory leaves much unexplained. . .but the presence of manic symptoms is a clue to recognizing the mixed state.

(47-48)

The third substate is represented by the cyclothymic. Papolos tells us:

A mild manifestation of manic-depressive-like illness is cyclothymia. People who receive this diagnosis experience short and irregular cycles of depression and hypomania. The episodes are not of sufficient duration or severity to qualify as a major affective disorder as the cycles typically last for days, not weeks. (48-49)

Cyclothymia, then, is a distinction of severity and duration. These subtypes of manic depression will be considered in greater detail in part two of this paper.

As we have seen, these diagnostic categories have changed over the years, and will probably change further in response to research developments. Between the publication of DSM-III in 1989 and that of DSM-IV in 1994, as we have also seen, the diagnostic criteria for schizoaffective disorder has changed while the disorder formerly known as brief reactive psychosis is now called brief psychotic disorder. In the realm of mood disorders we are able to work in ever more particular thought. Hehenshil summarizes the changes DSM-IV makes for that category in the September/October 1994 issue of Journal of Counseling and Development; the reader who is already formulating an interpretation of Hamlet based on what we have seen will quickly see how useful these changes will prove to the present study. Hohenshill reports:

The diagnosis of Mood Disorders was made both more accurate as well as more complex in the DSM-V. For example, Bipolar Disorders are divided into Bipolar I and Bipolar II Disorders. Bipolar I disorders are further divided into Single Manic Episode and Most Recent Episode Hypomanic, Manic, Mixed, Depressed and Unspecified. "Bipolar II" was introduced as a separate category in DSM IV to describe presentations in which there is at least one Hypomanic Episode, but unlike Bipolar I Disorder, there is no history of Manic Episodes.

Other changes deal with differentiating Bereavement and Major Depressive Episode, and clearly defining criteria

for Mixed Episodes. In DSM-IV the boundary between Bereavement and Major Depressive Episode is clarified in that a Major Depressive Episode may be diagnosed if the symptoms persist for longer than two months after the loss of a loved one. In addition, a separate criteria set is provided for Mixed Episode that specifies that both the Criteria for a Manic Episode and a Major Depressive Episode must be met nearly every day for at least one week. Finally, the DSM-IV includes a comprehensive set of "specifiers" that are used to describe the most recent episode of a mood disorder. These include severity/psychotic/remission specifiers for catatonic, melancholic, atypical features;. . . .in addition, specifiers are described for rapid cycling, seasonal patterns, and the longitudinal course for the particular mood disorder. (106)

This material will of course become clearer as we discuss Hamlet and Claudius, although much of its relevance to our topic is evident.

Four more qualities of manic depression remain to be examined in this section. They are the hereditary aspects of the disease, the connection of the disorder to suicide, its association with alcoholism, and the ability of loss to trigger an episode.

Gloria Hochman writes:

Most people with manic depressive illness, if they dig deep enough, will find other family members who, even if they were not diagnosed as being mentally ill, exhibited strange behavior. It may be a grandmother who was confined

to a dark room for weeks with a mysterious headache that wouldn't go away. Or a cousin who vanished from home when he was in his twenties, never to be heard from again. Or a great uncle that was whisked off to a hospital for three weeks and returned with his memory impaired. Sometimes there was a suicide that was banned from discussion or a brother dismissed from the family because he was the town drunk. (81-82)

Until recently, psychiatrists would have taken a psychoanalytical view of such a statement, attributing the familiar phenomenon of mental illness running in families to environmental factors. This has changed slowly over the last two decades. In Genetic Studies in Affective Disorders Papolos observes:

Twenty years ago the idea of genetic influence on the complex human behavior was anathema to many, and [data suggesting this influence] were met with great resistance, not only from a large segment of the public, but from many behavioral scientists and psychiatrists who maintained that such behavioral disorders must be due primarily to environmental factors. The acceptance of genetics as an important factor in mental illness has come slowly. In retrospect, it is not difficult to ask how anyone could have doubted the mounting evidence. (119)

It is finally established that manic depression is genetically transmitted on a gene located on the X chromosome or perhaps on chromosome 11. The search for a genetic marker has depended heavily on twin studies, adoption studies and studies of the Amish. The research

has established not only that manic depression is genetic and heritable but that certain kinds of the disorder are more likely to be passed down than others. For example, Tsuang and Faraone reported in a 1990 study that

Only bipolar probands (the index case, or main individual in a study) increase the risk for mood disorder among their second degree relatives, and only for bipolar, not unipolar disorders. This is in concert with the preponderance of evidence that bipolar disorders have a greater genetic component than do unipolar disorders. [individuals with unipolar disorder experience only degrees of depression]

(Papolos 152)

This is in accordance with findings by Targum and Schulz in 1982 that "families of bipolar probands have twice as much affective illness as families with unipolar probands; and findings by Schlessner and Altshuler in 1983 that "80 to 90% of bipolar patients will have a first-degree family member who suffers from some form of mood disorder" (Papolos, Genetic Studies in Affective Disorders, 152). This information is much less complicated than it seems at first glance, and will assist us greatly when we turn to Hamlet; we will also find it useful to know that

genetic data suggest a low familial cross-over between affective disorders and schizophrenia: the illnesses tend to breed true. Thus, if the family history reveals manic depression, depression or alcoholism, it would appear highly unlikely that the patient is schizophrenic.

(Papolos 44)

Manic depression, then, is genetically transmitted, biologically

mediated in an individual, and psychologically expressed. The first and third of these three aspects of the disease are our chief concern, although a brief look at the second will give the most complete picture of the disorder. What, simply, is happening in the brain of a mood disordered individual? Fieve provides an admirably concise explanation in Prozac:

The modern theory of depression hypothesizes that mood disorders are caused by imbalance in the number of small amino acid molecules, called neurotransmitters, that travel between nerves across the so-called synapses of the brain. Synapses are the spaces between two successive nerve fibers.

According to this theory, known as the biogenic amine hypothesis, the three major neurotransmitters located in brain synapses are: Norepine (NE), serotonin (SE), and dopamine (DA). The regulating mechanism is a complex one. It includes a process called uptake, whereby some of the neurotransmitter molecules in the synapses are absorbed back into the original nerve endings, where they either degenerate or are repackaged and sent out again. Sometimes, as a result of genetic and environmental factors, the process produces imbalances in the amount of neurotransmitters in the synapses. An excess of one or more of the neurotransmitters is thought to lead to mania. A deficiency is thought to result in depression. (46)

One is slightly surprised to see that environmental factors are acknowledged to play a role in triggering manic depression, but evidence suggests that this is the case, if the individual in question possesses

the genetic predisposition to the disease. In Overcoming Depression, Papolos writes:

Stressful events such as loss or separation have long been implicated as possible precipitants of or antecedents to depression. Indeed, the grief experienced during bereavement in many ways resembles major depression. Researchers have sought to define the relationship of separation events to the development of clinical depression. In these studies, separation events are anything a person may experience as a "loss," whether it be the death of a loved one, separation by divorce, the loss of a job or one's status in the community, the loss of some goal, or even a promotion. While the studies are not unanimous, the majority suggest that for certain predisposed individuals, loss may be a trigger for depression. (97-98)

We should not lose sight of the fact, however, that manic depression often occurs in a genetically predisposed individual apropos of nothing. It should be noted, too, that while most initial episodes occur before the age of thirty, later onsets are not unusual, and full-blown episodes of the disorder can occur for the first time in people well beyond the age of sixty.

Manic depression is closely linked with alcoholism. Persons who suffer from the disorder and also drink to excess are said to be "self-medicating"; alcohol helps blunt the frightening highs of mania and eases the crushing burden of depression. When the illness disappears the addiction remains. Papolos estimates that "35% of patients diagnosed with alcoholism have a underlying, untreated mood disorder"

(198). Fieve writes in Moodswing:

Relatives of alcoholics often suffer from alcoholism, suicidal behavior, serious depression or moodswings. Alcoholism belongs to the spectrum of mood disorders that includes depression. Mania and low mood. . . and suicidal behavior. . . occur in clusters along with alcoholism in many families. . . This familiar pattern of inherited mood disorders, including alcoholism, has led researchers to search for a genetic link. The high incidence of alcoholism in the families of depressed patients may be transmitted on the X chromosome or on chromosome 11. . . . (95)

Jamison reports:

Studies are quite consistent in finding elevated rates of alcohol. . . abuse in individuals with manic-depressive illness; conversely, there is a significantly higher percentage of bipolar patients in populations of alcoholics. . . A large study conducted by the (NIMH) in five major American population centers. . . found an exceedingly high lifetime prevalence rate, 46%, for alcohol abuse and dependence in patients with manic depressive illness; the figures for unipolar depressed patients and the general population were 21 and 13 percent respectively. A related study found that mania was strongly associated with alcoholism but major depression was not. Although it is perhaps more intuitive to link increased alcohol use with the depressed phase of manic-depressive illness, evidence suggests that increased alcohol consumption is actually more

frequently associated with hypomania, mania, and the mixed or transitional states. Indeed, manic-depressive patients who increase their alcohol consumption generally do so during the manic phase. (38)

Finally, manic depression goes hand in hand with suicide. An often quoted paragraph in Kraepelin's 1921 study Manic Depressive Insanity illustrates this connection:

The patients. . . often try to starve themselves, to hang themselves, to cut their arteries; they beg that they may be burned, buried alive, driven out into the woods and there be allowed to die. . . .One of my patients struck his neck so often on the edge of a chisel fixed on the ground that all the soft parts were cut through to the vertebrae. (25)

Jamison writes that "individuals with depressive and manic-depressive illness are. . .far more likely to commit suicide than individuals in any other psychiatric or medical group. The mortality rate for untreated manic-depressive illness is higher than it is for many types of heart disease and cancer." She elaborates:

A recent review of thirty studies found that one the average on-fifth of manic-depressive patients die by suicide. From a slightly different perspective, at least two-thirds of those people who commit suicide have been found to have suffered from depressive or manic-depressive illness. In an extensive clinical investigation carried out in Sweden, suicide was almost eighty times more likely among patients with depressive illness--unipolar or bipolar--than in those individuals with no psychiatric disorder. . . .Suicide, for

many who suffer from untreated manic-depressive illness, is as much "wired" into the disease as myocardial infarction is for those who have occluded coronary arteries. Because suicide appears more volitional, somehow more existentially caused, and more tied to external circumstances than is often actually is, the seriousness of manic-depressive illness as a potentially lethal medical condition is frequently overlooked. (41-42)

Now the reader knows the gross and scope of our opinion of manic depressive illness. Now it is time to work in particular thought, and, indeed, to "suit the action to the word, the word to the action" (3.2.18-19) where Hamlet, Denmark and Claudius are concerned.

Denmark's Hallucination: A Reading of the
First Scene of Hamlet

A. C. Bradley first drew our attention to Prince Hamlet's mental condition, writing, "It would be absurdly unjust to call Hamlet a study of melancholy, but it contains such a study" (97). Yet the play may be seen as a study of melancholy, or manic depressive illness; this view in fact does great justice to the play, does justice to Shakespeare, and grants justice long denied to the character of Claudius. Bradley, Walter Wilson Greg, and, in another way, Freud and Ernest Jones, emphasized character when studying Hamlet; C. S. Lewis, Dover Wilson and others shifted this emphasis back to the play as an artistic whole. But these two views may be reconciled.

If we view Hamlet as a play about madness, then our appreciation of its first scene is greatly enhanced. The economy with which the scene sets tone, provides exposition and creates suspense is already well known. I hope to show how it operates on several levels to support a reading of Hamlet as a study of melancholy.

C. S. Lewis and Robert Speaight each saw elements in the scene which support this interpretation. Lewis wrote:
The Hamlet formula, so to speak, is not "a man who has to avenge his father" but "a man who has been given a task by a ghost." Everything else about him is less important than

that. If the play did not begin with the cold and darkness and sickening suspense of the ghost scenes it would be a radically different play. If, on the other hand, only the first act had survived, we should have a very tolerable notion of the play's peculiar quality. (214)

Lewis argues that "the subject of Hamlet is death" (215), while conceding "there is much else in the play" (216); he explains that "the ghost appears at the beginning of the play not only to give Hamlet necessary information but also, and even more, to strike the note" (215). For Lewis, the appearance of the Ghost "means a breaking down of the walls of the world and the germination of thoughts that cannot really be thought: chaos has come again" (215). Lewis considered the Ghost in Hamlet to be "different from any other ghost in Elizabethan literature. . . . It is permanently ambiguous." He observed:

Doubt, uncertainty, bewilderment to almost any degree, is what the ghost creates, not only in Hamlet's mind but in the minds of the other characters. Shakespeare does not take the concept of "ghost" for granted, as other dramatists had done. (214-215)

Robert Speaight argues that subjectivism is Hamlet's intellectual sin, and sees Shakespeare making this dramatically real by extending it to Denmark and thus to all humanity. "There is one thing in Hamlet more important than the Prince of Denmark, and this is Denmark," he writes. "It would be paradoxical to suggest that Hamlet is not the centre of the drama; but he is a centre that has no meaning without a clearly drawn,

fully explored circumference." Speaight notes that Shakespeare

. . .begins not in the center but on the circumference. His opening is masterly--he never achieved a finer--and Hamlet does not appear in the first scene at all. It is not until line 170 that his name is even mentioned. . . .What mattered primarily to Shakespeare was Denmark as the microcosm of a general corruption; a world more essentially flawed than any he had depicted hitherto. . . . In Hamlet . . . the growth is malignant. (21-22)

Speaight sees the subjectivism which is Hamlet's and Denmark's undoing "signally betrayed" (22) in the Prince's conversation with Rosencrantz and Guildenstern later in the play:

Ham. Let me question more in particular. What have you, my good friends, deserved at the hands of fortune that she sends you to prison hither?

Guild. Prison, my Lord?

Ham. Denmark's a prison.

Ros. Then is the world one.

Ham. A goodly one, in which there are many confines, wards and dungeons, Denmark being one o' th' worst.

Ros. We think not so, my Lord.

Ham. Why, then, 'tis none to you; for there is nothing good or bad but thinking makes it so. To me it is a prison.

Ros. Why, then, your ambition makes it one: 'tis too narrow

for your' mind.

Ham. O, God, I could be bounded in a nutshell and count myself a king of infinite space--were it not that I have bad dreams. (2.2. 239-256)

Speaight says that when considering Hamlet, "we must direct our eyes not upon the centre from the circumference, but upon the circumference from the center" (22).

Just beyond the circumference of Hamlet lies Elizabethan England, and the boundary is not clearly marked. We have seen that when the play was written and first acted, England was in the middle of a national melancholy that was only partly a fashionable affectation. Babb quotes John Donne on the tenor of the times: "God hath accompanied and complicated almost all our bodily diseases of these times, with an extraordinary sadness, a predominant melancholy, a faintness of heart, a cheerlessness, a joylessness of spirit" (185). Babb demonstrates in The Elizabethan Malady that there were enough social and economic justifications for this melancholy; the Elizabethan intellectual believed he should suffer from the disorder. It is by no means inconceivable that Hamlet is a deliberate artistic treatment of this disease.

Where Lewis sees death and Speaight subjectivism, it is possible to see manic depression. Indeed, the subjectivism Speaight senses in Hamlet's conversation with his fellow scholars was demonstrated by Dover Wilson to echo lines in Bright's Treatise on Melancholy, where Shakespeare may have read, "The house, except it be cheerfull and lightsomme, trimme and neat, seemeth vnto the melancholicke a prison or dungeon, rather than a place of assured repose and rest;" and that

melancholy:

Shut up the hart as it were a dungeon of obscurity, causeth manie fearefull fancies, by abusing the brain with vglie illusions, and locketh vp the gates of the hart, whereout the spirits should breake forth vpon just occasion, to the comfort of their fellowe members. (318)

Not only is Hamlet evidently echoing Bright; his punning, associative, slightly irritable, slightly combative manner of conversing is just that associated with manic or hypomanic behavior. Speaight and Lewis see a thematic connection between Hamlet's first scene and the rest of the play; Speaight rightly connects the scene to Hamlet's conversation with the play's concern with death. Both critics perceive a unity and suggest themes which are aspects of Hamlet's larger concern with madness. Walter Wilson Greg demonstrated long ago, in an article called "Hamlet's Hallucination," that the ghost in Hamlet is presented in such a manner that readers who choose may regard it as an hallucination.

Greg wrote:

It is tempting . . . to argue that Shakespeare not only constructed his play on the basis of an hallucination on the part of his hero, but that he intended the ghost to be an illusion throughout. . . Nevertheless, for this. . . assumption we have no definite warrent. The view seems perfectly tenable, while on the other hand it is not inevitable. Shakespeare has not committed himself. (419)

We will return to Greg; finally I hope to persuade the reader to accept

the second of the two options Greg believes Shakespeare offers us: "If we please to accept the Ghost as genuine we may; at the same time Shakespeare seems clearly to leave the way open for an alternative, to hint that we may, if we will, regard it as a freak of collective suggestion." (410). This will become clearer as we proceed. Meanwhile, working toward an interpretation of Hamlet as a play the subject of which is manic depression--including the view that Claudius killed Old Hamlet during a manic psychotic episode--let us take a closer look at the play's first scene.

If we think of Hamlet as a play about madness, and of its first scene as an artistic evocation of that theme, then a reading of that scene begins to suggest itself; a plausible interpretation emerges which is artistically consistent with the rest of the play. To realize this vision of Hamlet onstage a director need force nothing.

Much has been made of the first encounter in the play, between Barnardo and Francisco. Lewis noted that the Ghost brings "doubt, uncertainty and bewilderment" to Denmark, but it is Francisco who introduces these elements to us (214). Francisco is the first person we see in Hamlet, and after his exit we see him no more. He is on stage for twenty lines and ten of them are his. The most important of these is, "I am sick at heart" (1.1.9), which every Elizabethan understood to mean "I am melancholy." Wilson said this "foreshadows Hamlet" (Jenkins 165), but in fact it foreshadows Hamlet, Claudius, and Horatio. It is said that Hamlet is everyman; the heartsick Francisco is the first such representation in the play. He is "everyone" and he is Denmark; he sounds the keynote and sets the mood, signaling to Elizabethan audiences and to us that this will be a play about madness.

Hamlet opens in a nervous flurry of deliberate miscues, artistically controlled confusions. What emerges is a sense of King, country and melancholy. The first five lines tell us plenty:

Bar. Who's there?

Fran. Nay, answer me. Stand and unfold yourself.

Bar. Long live the King!

Fran. Barnardo?

Bar. He. (1.1. 1-5)

Directors usually set a tone of paranoia and violence by having both actors play these lines like volatile and lethal savages. But the lines may be read another way. The confusion of the exchange arises from Francisco's failure to observe protocol; as Jenkins notes, "It is the sentry on guard who has the right to challenge" (165). We think of Barnardo as surprising Francisco from the shadows, but what if he is gently prompting him? We will see that Barnardo is the solicitous sentinel; we will see that Francisco is more than slightly dazed. What if Barnardo has been present for some moments, clearing his throat and shuffling his feet, awaiting his cue? Finally he decides to feed Francisco his line.

Francisco's explosive response is that of a startled and paranoid man. It may be his relief or it may be something else; his reply is shrill and hysterical. It is also sudden; thus Barnardo "unfold[s]" himself in a deliberate way: "Long live the King!" (1.1. 2:3). This answers Francisco's tardy challenge and translates into, "it is only me, your friend Barnardo, here to relieve you at exactly the appointed time.

Get a grip on yourself and remember that we are soldiers in the service of the King."

Francisco's response is sheepish; he seems to fall back into the torpor in which Barnardo discovered him after asking, "Barnardo?" (1.1.4). The confirmation, "He" (1.1.5), reassuring after so childish a question, seems to mean, "whom did you expect?" But Barnardo does not say this because he has suspicions which account for his sympathy and concern. He sees that Francisco is dazed yet jumpy; he thinks he knows why. The next two lines deepen the characterizations of these sentinels:

Fran. You come most carefully upon your hour.

Bar. 'Tis now struck twelve. Get thee to bed,

Francisco. (1.1 6-7)

Francisco's remark is senseless and unguarded. He reveals that he expected Barnardo at midnight; and yet Barnardo has just startled him into histrionics by appearing. That line six is such a casual admission of guilt suggests that it is uttered in a dazed, unselfconscious manner. Barnardo's reply is significant; he could chide or upbraid his friend--there is evidence that Barnardo outranks Francisco (Jenkins 423)--but instead he exhibits a solicitous, almost paternal concern for Francisco's comfort and well-being. It is as if Barnardo knows exactly how Francisco feels. We know that Barnardo has seen a ghost. Or an hallucination--for our purpose and for Shakespeare's, as I hope to demonstrate, it is the same thing. The exchange continues:

Fran. For this relief much thanks. 'Tis bitter cold, And I

am sick at heart.

Bar. Have you had quiet guard?

Fran. Not a mouse stirring (1.1.5-11)

In Francisco's lines we again sense a childishness, an unguardedness, the suggestion of a preoccupation with something which has driven self-consciousness from his mind. Francisco thanks Barnardo for doing his duty--after all, Barnardo's shift starts at midnight; he did not come to relieve Francisco. The comment on the weather merely states the obvious, but the self-diagnosis speaks volumes to Barnardo. Barnardo asks for a watch report which he knows Francisco will not provide; the childishness of the response further confirms Barnardo's suspicions. Notice that although Barnardo has relieved Francisco, the latter is still standing there, dazed. For a frozen and heartsick man, Francisco seems unconcerned about seeking warmth and solace. It becomes equally apparent that Barnardo is eager to gently manipulate Francisco out of the picture. Like the opening line of the drama, the next is a hint, an attempt to prompt:

Bar. Well, good night

If you do meet Horatio and Marcellus,

The rivals of my watch, bid them make haste.

(1.1.12-14)

Francisco does not take the hint. He just stands there. "I think I hear them," he says; then, rousing suddenly from his stupor, again startled, he cries: "Stand ho! Who is there?" (1.1.14-15)

(A director here will have made a decision: Francisco may be played as slightly scared of leaving Barnardo; he may also be played as not wishing to repeat the mistake he made a moment ago--being surprised on watch. A good actor would be able to inject a sense of both these things into Francisco's demeanor; however, I think he is most of all dazed. I proceed on this assumption.)

Horatio and Marcellus--the latter having perhaps received a meaningful glance from Barnardo indicating Francisco's nervous condition--respond to Francisco's challenge as Barnardo did a moment earlier: with exaggerated care to establish their legitimacy. These responses and Barnardo's earlier one are meaningless. "Long live the King" cannot be a formal password "as often suggested" (Jenkins 165) if "Friends to this ground" and "Leigemen to the Dane" are too; these are too many passwords for one night. Evidently there is something in Francisco's voice which puts other people on guard, which suggests recklessness and a lack of control, something suggesting he might not remember a friend's name or voice. This would explain Marcellus's oddly impersonal, "O, farewell honest soldier, who hath reliev'd you?" (18). If Francisco's behavior is first slightly hysterical, then, once more, dazed, then Marcellus--who has been signaled somehow by Barnardo--can be seen as testing the extent of Francisco's distemper with this question. It is difficult to believe that Marcellus and Francisco are unacquainted, impossible to believe that Marcellus has not checked the duty roster on this of all nights. Marcellus is less subtle than Barnardo, as we will see; if Francisco were alert, he would notice the glances darting around him and catch the curiosity and caution in Marcellus's voice. He would notice that his companions are treating him

like a moody drunk, a sleepwalker or a child. But he has slipped back into a daze after his second outburst. This is plain when he delivers the same line twice: "Give you good night" (1.1. 18,20) and distractedly informs Marcellus that Barnardo has his watch. Marcellus's earlier "Farewell, honest soldier" (1.1.19) makes plainer this trio's desire to hurry Francisco off, as it highlights the latter's stunned disinclination to go.

We have seen much that we will see again; only seconds from now Horatio will act like Francisco, going from outburst to stupor in an eye blink. This, of course, prefigures Hamlet's two most obvious modes. Francisco is everyman and Francisco is Denmark. Barnardo's suspicion is correct: Francisco saw the ghost. He exhibits all the symptoms of confusion, disorientation and fear of recurrence which characterize the post-psychotic state and which we will note in Claudius and in the Prince. In a moment of excitement Francisco tends towards foolish and dangerous violence as Claudius has, as Horatio will and as Hamlet will. Francisco is Denmark and Denmark is "sick at heart."

Horatio enters displaying a genial skepticism which will prove short-lived. His lines "A piece of him," "What, has this thing appeared again," and "Tush, tush, 'twill not appear" (1.1. 22; 24; 33)--support this characterization of Horatio as scholar-skeptic, the last suggesting a casual condescension which appears already to have rankled Marcellus. One can detect a note of pique in the latter's explanation:

Horatio says 'tis but our fantasy,
And will not let belief take hold of him,
Touching this dreaded sight twice seen of us.

Therefore I have entreated him along
 With us to watch the minutes of this night,
 That if again this apparition come,
 He may approve our eyes and speak to it. (1.1. 26-32)

This last is not entirely expository. We can hear the resentment and sarcasm in Marcellus's voice. He is both angry that he has been disbelieved--twice he has seen this phenomenon--and angry that he and Barnardo must go through Horatio to get to Hamlet. If the actor playing Marcellus places the proper spin on the words "approve our eyes," his character's feeling at this moment will be clear enough. We are about to learn that while Horatio represents a Protestant attitude, Marcellus has conceived a Catholic notion of this manifestation; Horatio's casual reference to this "thing" is not the last of its kind, but it is probably not the first. It cannot improve Marcellus's attitude that Horatio specifically asks Barnardo to tell the story again to him, though Barnardo only suggests that he and Marcellus both do so. Horatio says, "Let us hear Barnardo speak of this," as if he has tired of Marcellus's raving. Barnardo begins an account of what he and Marcellus (he politely includes Marcellus by name) "have two nights seen" (he politely supports Marcellus's statement) and what we get of that account is of interest:

Last night of all
 When yond same star that's westward from the pole,
 Had made his course t'illuminate that part of heaven
 Where it now burns, Marcellus and myself,

The bell then beating one--

(1.1. 35;38-42)

A very modern diagnostic sensibility is evident in this report. It consists of five lines (six with line 35) all of which are devoted to what we might call longitudinal specification. This is particularly striking when we recall that Hamlet was written and acted during a time when "empirical clinical observations without religious overtones" were beginning to reappear after the middle ages, and that

A key figure in this descriptive renaissance was Felix Platter, who, in 1602, published his systematic observations and classifications of mental disorders. Although his descriptions of mania and melancholia were extensive and methodical, there was little to suggest the longitudinal or recurrent nature of the illness, or the distinctions between manic depressive illness and schizophrenia.

(Goodwin and Jamison 59)

Is Shakespeare a part of this descriptive renaissance? We will see that he is concerned in Hamlet with the hereditary and genetic nature of manic depressive illness; we will also see that the play can be regarded as a longitudinal study of the disorder with differentials--i.e., Ophelia and her schizophrenia-like madness, or what melancholia is not. The concern evident in Barnardo's interrupted prologue with longitudinal specifiers suggests that in the area of the chronic and recurrent nature of manic-depression Shakespeare was again ahead of his time. Shakespeare is exploring the idea of manic psychosis by means of a ghost which I will argue represents a manic psychotic hallucination. With the

above illness he establishes the cyclic nature of the disease by making this manifestation of it as regular as clockwork. That Shakespeare is concerned with the recurrent nature of this illness will later be seen in his treatment of the fears of recurrence experienced by manic depressives between episodes, and his treatment of their responsibility for what they do during episodes.

There is something else in this speech which attests to Shakespeare's concern with madness. Barnardo refers to "yond same star that's westward from the pole" (1.1.39). It isn't important what star Shakespeare means (Jenkins 167) so much that he has evoked images of polarity and easterliness. By "pole" Barnardo means "pole-star," which the OED defines as "each of the two points in the celestial sphere. . . about which as fixed points the stars appear to revolve." As astonishing as it seems, Shakespeare has anticipated not only our understanding but our terminology by couching madness in literal terms of bipolarity. It is significant that the star is approaching the pole from the west; behind Shakespeare's selection of this detail to characterize something he will associate with a psychotic hallucination (quite literally one extreme of the manic depressive spectrum, thus a pole) is the same notion which made him have Hamlet say, "I am but mad north-north-west; when the wind is southerly I know a hawk from a handsaw" (2.2. 382-383). Wilson (among others) sees this line as an echo of Bright's " 'The ayre meet for melancholicke folk, ought to be thinne, pure and subtile, open and potent to all winds: in respect of their temper, especially to the South and Southeast': (Treatise 297; Wilson 311). It is possible that Shakespeare connected the idea of westerlyness with madness and combined this with bipolarity. Perhaps in

this image we find the poet making art out of the clinician's empiricism. Wilson draws interesting insights from the observation of "striking parallels" between Hamlet's language and that of the Treatise. Suggesting that Shakespeare knew Bright's book, Wilson wrote, "the strength of the case rests. . . upon the parallels not merely of thought but also of phrase." He elaborates:

Had Shakespeare shown acquaintance with Bright's psychological notions only, it would be arguable that he might have found them elsewhere. But the remarkable feature of the parallels. . . is that they often seem to show borrowing by the poet of chance words and ideas which have no necessary connection with psychology at all, still less with Hamlet's character. (310-311)

It is possible to imagine Shakespeare exposed to Bright, remembering his idea that air for melancholics should be thin, subtle and pure; associating the westerly direction with undesirability and--equating this undesirability with mania--creating the image of a star in cold night air moving from the west toward a pole.

W.I.D. Scot observed that while Shakespeare may have read the Treatise, "there is equally good evidence that he read the Anatomy of Melancholy, published after his death." He continues:

But this does not greatly matter. The important point is that Shakespeare's portrayal of melancholy in Hamlet corresponds closely with the description given by learned writers of his day; not only this--the symptoms hold equally good in any period as

characteristic of a true psychotic depression. (22)

We must remember that melancholy was a chief concern of Shakespeare's age, as much discussed as written and read about. But it is quite conceivable that Shakespeare read not only Bright but Platter as well--to say nothing of Galen and Aristotle--although he may have picked up his ideas through conversation or heresay. In all likelihood he combined his poetic genius with wide reading and personal observation to produce a comprehensive treatment of the disorder which so interested and afflicted his era.

At this moment, like clockwork, the ghost reappears. Marcellus, eager for Horatio to witness the phenomenon, has evidently been scanning the shadows for any glimmer of ectoplasm. He is first to see the wraith and interrupts his fellows: "Peace, break thee off. Look where it comes again" (1.1.43). Barnardo seeks at once confirmation of an earlier impression: "In the same figure like the king that's dead" (1.1.44). Horatio is dumbstruck for four lines; Marcellus, presumably with some pleasure, delivers the chiding: "Thou art a scholar, speak to it, Horatio" (1.1.45). Barnardo's "Looks i' not like the King? Mark it Horatio" (1.1.46) highlights again the concern he shares with Marcellus that this impression of the ghost's resemblance to the late Hamlet be corroborated; the last sentence suggests that Horatio has averted his gaze in horror. He states that the vision looks "most like" the late King, and admits that it harrows him "with fear and wonder" (1.1.47). Barnardo tactfully, gently hints--as he did with Francisco-- "It would be spoke to" (1.1.48); evidently

Horatio is now standing dazed as Francisco did. Evidently too, he remains that way after Barnardo's too subtle hint, for Marcellus can wait no longer and pointedly cries, "Question it, Horatio" (1.1.49); there is also something of the challenge, or dare, in this request.

Horatio arouses himself from his astonished state just as Francisco did earlier, and delivers a formulaic challenge to the ghost, as if Marcellus had literally dared him to demonstrate what scholarship can do. This does not really offend the ghost, as Marcellus says, but it offends Marcellus. A few words on Elizabethan spiritualism will bring the tension between Horatio and Marcellus into focus.

In What Happens in Hamlet?, Dover Wilson details the three basic schools of thought about ghosts which existed in Shakespeare's time. He explains:

Most Catholics of Shakespeare's day believed that ghosts might be spirits of the departed, allowed to return from Purgatory for some special purpose, which it was the duty of the pious to further if possible, in order that the wandering soul might find rest.

(62)

Protestants, on the other hand, believed that phantoms were occasionally angels but usually devils which assumed the forms of late loved ones in order to work spiritual mischief upon the living. Protestants, of course, did not believe in Purgatory. They thought departed souls went to Heaven or Hell for eternity.

Wilson sees Horatio as exemplifying the third point of view at the beginning of 1.1.; this view is "frankly and entirely sceptical" (63) and is set forth in Scot's Discoverie of Witchcraft and Discourse vpon Duels and Spirits. Wilson tells us that this two-volume set is "recognized by all as one of Shakespeare's source-books" (63). For Scot, "the idea that devils can assume the bodies of the dead is no less idle and profane than the purgatorial theory which it superseded," and indeed that:

apparitions are either the illusion of melancholic minds or flat knavery on the part of some rogue. It is worthy of note that all the writers (Catholic, Protestant and Protestant-sceptical) declare that persons subject to melancholy, as Hamlet was, were particularly prone to spectral visitations. (64)

For Wilson, this last observation is noteworthy but more; possibly he realizes that "that way lies madness" in the documented form of Walter Wilson Greg's article "Hamlet's Hallucination" (see below), as a refutation of which Wilson began What Happens in Hamlet? (2-23).

Nevertheless, the association of a spectral visitation with a melancholic mind is the primary one Shakespeare intends for us to make. The theological positions Horatio, Barnardo and Marcellus represent are secondary considerations, although typically, Shakespeare has wasted nothing. Wilson misses this point, for example, when he says that the spectre's appearance leaves Horatio's "ghost-philosophy a ruin, and his utterances for

the rest of the scene display a mind tossing between the medieval and the Protestant points of view, with here and there . . . a gleam of his old scepticism" (70). This is true as far as it goes, but it is only symptomatic of something deeper and more central to Hamlet, as are Lewis's theme of death and Speaight's subjectivism.

When we understand that Hamlet is about manic-depression, we can then see that these men are concerned, and with good reason, for their sanity. If the ghost is that of Old Hamlet or a disguised demon, then whatever else it might mean, these men are sane. But if it is their "fantasy" then they are in danger of losing their reason. This understanding brings much clarity to Hamlet's first scene.

It is true that Horatio is involved as a precaution: if the apparition proves evil, Horatio knows the Latin formulae for exorcism. However, it is of more immediate interest to the sentinels that Horatio establish the ghost as something other than a hallucination. But Horatio shows himself to be utterly powerless over the manifestation, and this works to confirm the sentinel's worst suspicions of its nature. Because it does not act like the dead Hamlet or a demon, these possibilities are diminished and the remaining one made stronger: it may be a melancholic hallucination. This condition drives Marcellus deeper into his Catholicism while Barnardo's doubt about his own sanity increases. But Horatio is in the worst position of the three: he has no theological way to account for the ghost; though he outwardly exhibits a rapid conversion to mainstream Elizabethan

Protestantism, he can only inwardly doubt his own sanity. As scholar, moreover, he is especially prone to melancholy--or he is supposed to be. When his formula proves useless, Horatio has no choice but to admit to himself that he might be "sick at heart." As we continue our examination of 1.1., the tension between Horatio and Marcellus will become clearer.

Marcellus's "It is offended" may be seen almost as hopeful if not triumphant; Barnardo's "See, it stalks away" need not be taken as supporting Marcellus but correcting him. Marcellus later states that the ghost behaved exactly this way on the last two nights. Horatio has risen to his first fever pitch of the scene, however; imagine the shrillness, the anxious impotence of his, "Stay, speak, speak, I charge thee speak" as the image vanishes; imagine the disgust and disappointment with which Marcellus comments, " 'Tis gone and will not answer." This exchange foreshadows Horatio's later outburst and Marcellus's contemptuous response. Like Francisco before him, Horatio must now question his sanity; he is looking inward as well as out into the darkness and does not know that he is offending Marcellus.

Marcellus, for his part, does not know that Horatio is struggling inwardly with the same kind of self-doubt which, to a lesser degree, affects him. Marcellus--not a reflective man--is less inclined to doubt his own sanity than to take refuge in scraps of half-remembered doctrine. At every turn Horatio insults Marcellus's theology and throws his education in Marcellus's face--education, moreover, which has just proven to give him no advantage over an ignorant sentinel where spirits are concerned.

Marcellus now might also expect, if not an apology, at least a gentlemanly "I concede." He isn't going to get either. Horatio will continue to inadvertently insult him, to ignore him, and, worst of all, to appear to regard as a devil what Marcellus wants to believe is the tortured spirit of a beloved person.

But Barnardo sees more deeply. He knows how he felt when he first saw this ghost; we have seen his understanding, kindly treatment of Francisco. Barnardo sees both that Marcellus is angry and that Horatio is now experiencing an unprecedented shock to his mind. Thus a line that could easily be interpreted as containing the same bitter and mixed feelings of vindication which Marcellus is attempting to savor (without Horatio's cooperation) can be seen instead as sincere concern--empathy--for the scholar's emotional and physical well-being: "How now, Horatio? You tremble and look pale." The next two lines can be interpreted as a way of gently coaxing from Horatio the apology which will placate Marcellus: "Is not this something more than fantasy? What think you on't?" (1.1.57-58), as well as a subtle plea for hope that this spirit is a thing of objective reality. Finally, by asking Horatio to "opine," Barnardo offers him a way of regaining his self-respect while assuming a familiar role for which he is qualified. However, this well-intentioned tactic backfires and resonates, as we will see; it is by Marcellus's state at the end of this scene that we may be certain of Horatio's state.

Horatio's response to Barnardo's question is doubly insulting to Marcellus:

Before my God, I might not this believe

Without the sensible and true avouch

of mine own eyes. (1.1. 59-61)

These lines not only distinguish Horatio's Protestant God from Marcellus's Catholic one, but again suggests that Marcellus is not a good judge of psychic phenomenon. Horatio's response, which highlights his reliance on sensory rather than intellectual evidence, shows that his distrust of his own cognitive powers has begun. Marcellus, however, merely asks again the question which seems so to consume him and Barnardo: "It is not like the King?" (1.1.61). Greg points out that Horatio did not necessarily know what Old Hamlet looked like or wore in life; this will concern us later. What concerns us now are the first and last lines of Horatio's answer. "As thou art to thyself" (1.1.62) is one of the many unity metaphors which suggests that Denmark itself is hallucinating; these we will also deal with later. Horatio, more importantly, is not thinking critically but free-associating aloud. His remarks are not directed at Marcellus or Barnardo; he is in a daze. His concluding remark begins a pattern Horatio will continue throughout this scene. He has nothing to say, so he states the obvious: "Tis strange" (1.1.67). The tension between Marcellus and Horatio grows, too, as the sentinels realize that the scholar can neither control the ghost or shed any light on it. They already know that the situation is "strange."

Marcellus now will tell his story again, and see if the scholar tushes him. "Thus twice before, and jump at this dead

hour with martial stalk hath he gone by our watch" (1.1.68-69). As we earlier observed, Marcellus contradicts his own "It is offended" (1.1. 53) with this disclosure. The sense of the line is obviously: "At exactly this time and in exactly the manner just witnessed." More important is his reference to the ghost as "he;" not "it," "this thing," etc. Marcellus asserts his Catholicism here--he lets be known his opinion that this is the late King's ghost, as if daring anyone to contradict him.

Horatio's reply cannot really be called a reply. He is still trying to "think on't," to give logical, rational shape to this experience. But he is only able to state the obvious with an absurd kind of comic deflation:

In what particular thought to work I know not,
But in the gross and scope of my opinion,
This bodes some strange eruption to our state.

(1.1. 70-72)

If one imagine the breathless "Yes?" implied after lines 70 and 71, then the anticlimax of 72 will be apparent. But this is the kind of thing which will characterize Horatio through the end of the scene.

We may here presume a pause; again the sentinels exchange glances. Horatio is oblivious, dazed. What Marcellus does next is foreshadowed by his earlier "O, farewell honest soldier, who hath relieved you?" (1.1. 18) to Francisco; an obvious, patronizing, "how many fingers am I holding up?" test of Francisco's mental state. Marcellus thinks he is a subtle interlocuter, and the actor playing him might indicate this by a

kind of "nudge-wink" telegraphy to Barnardo. Just as Horatio may be said to foreshadow Hamlet, Marcellus foreshadows Polonius in this respect. Careful study of 1.1 reveals that Marcellus is, in fact, a coarse, somewhat petty individual. Many readers assume that Barnardo and Marcellus are of equal rank. But, as Jenkins notes, Marcellus is an officer while Barnardo (and Francisco) are soldiers (423). Horatio is a gentleman and Hamlet's friend; Marcellus cannot show outward disrespect; thus he adopts what he believes to be a subtle and satirical tone for Barnardo's amusement. Horatio does not pick up on it because he is "blasted," and while Barnardo does not approve, he can say nothing. He must instead exhibit tact, diplomacy and a noncommittal stance. Perhaps Shakespeare meant to equate Marcellus's fairly evident Catholicism--his adherence to the doctrine of purgatory--with a lack of sophistication, just as today a dramatist might juxtapose a priest with a fundamentalist. At any rate, Barnardo seems merely to tolerate Marcellus; Coleridge even noted this dynamic in 1.1.23, distinguishing the "gladness of Barnardo's "Welcome, Horatio" from his dutiful, merely courteous, "Welcome, good Marcellus" (Jenkins 166).

With the above in mind, we may see that the opening and closing lines of Marcellus's next speech are directed at Horatio, not in the spirit of kindness represented by Barnardo's earlier entreaty, but in the broad, patronizing spirit of his question to Francisco. The rest of the speech is important for another reason:

Good now, sit down, and tell me, he that knows,

Why this same strict and most observant watch
 So nightly toils the subject of the land,
 And why such daily cast of brazen cannon
 And foreign mart for implements of war,
 Why such impress of shipwrights, whose sore task
 Does not divide the Sunday from the week.
 What might be toward that this sweaty haste
 Doth make the night joint-laborer with the day,
 Who is't that can inform me? (1.1. 73-82)

This description of Denmark implies mania. First there is the element of paranoia (purely artistic--Marcellus knows what is going on) involved in evoking such furious activity and claiming not to know the reason for it. More to the point, Marcellus invokes both the sleeplessness and wild energy of hypomania--the stage of the manic-depressive spectrum in which a deluded person might sleep very little or not at all, directing superhuman energy toward a project which might have originated in a delusion. Denmark is working in "sweaty haste" (1.1.80), twenty four hours a day, seven days a week, and apparently is unclear as to why; mania, sleep disturbances, paranoia and delusional thinking are all evident in this description. It should also be noted that Fortinbras is almost a purely artistic threat, contributing only to the feeling of paranoia. Who thinks of him between this scene and the final curtain when watching or reading Hamlet? Who ever considered him a genuine threat to an undistempered country?

The manic quality is written into the poetry of this scene. We will see that this speech of Marcellus's, which paints a

picture of mania, triggers a kind of mania in Horatio which culminates in the second appearance of the ghost. Horatio will symbolically enact the pattern that Hamlet will soon follow, from depression to mania to manic psychosis as represented by the ghost; the ghost, in turn, representing a hallucination. A close look at the rest of 1.1 will demonstrate how this interpretation resolves otherwise puzzling elements in it.

Marcellus has, of course, directed this inquiry to Horatio; he and Barnardo already know the answer to this question. And Horatio is eager to play the role of informed informer. The question is hardly out of Marcellus's mouth before Horatio volunteers to answer it, like an overeager schoolboy. Shakespeare infuses the lines with Horatio's urgency by making his "That can I." part of line 82, which begins with Marcellus's "Who is't that can inform me?" Horatio is someone used to having the answers. But with the very next line, he tacks a disclaimer on his analysis: "At least the whisper goes so" (83). It is as if he suddenly realizes that he does not have an answer--not a scholastic one. This is consistent with the scholar's earlier admission that he now believes his senses, his eyes; now he is going to rely on rumor, hearsay, common knowledge, instead of astute analysis. Again Horatio will state the obvious, and one can again imagine Marcellus and Barnardo exchanging wry and rueful glances respectively; Horatio's exposition (valuable to us) is barracks gossip on top of the word on the street. It will be observed, too, that he dresses it all up in flowery language, another symptom of his shock and agitation. He wants to sound

authoritative. He wants to sound like Horatio--not so much to the sentinels as to himself.

Horatio concludes his overlong, uninformative discourse with this grandeloquent flourish, which, it will be noted, reemphasizes the theme of Denmark's mania:

And this I take it,
Is the main motive of our preparations,
The source of this our watch, and the chief head
Of this post-haste and rummage in the land.

(1.1. 107-110)

Jenkins glosses "rummage" as "bustling activity, turmoil," and "post-haste" as "furious activity" (172). Shakespeare has also worked in an image of a head--punning on it--one among many such images in Hamlet. Barnardo's next line could be convulsively funny depending on the delivery. But because of his overall demeanor in 1.1., we must assume that while Marcellus is smirking, Barnardo is replying politely, not ironically, when he says, "I think it be no other but e'en so. (1.1.111). Marcellus may have a sarcastic remark upon his lips, but Horatio is wound up and begins to speak again. What he says, how and why he says it, and the fact that he is interrupted by the reappearance of the ghost, are crucial to our interpretation of Hamlet and of this scene:

A mote it is to trouble the mind's eye.
In the most high and palmy state of Rome,
A little ere the mightiest Julius fell,
The graves stood tenantless and the sheeted dead

Did squeak and gibber in the Roman streets;
 As stars with trains of fire and dews of blood,
 Disasters in the sun; and the moist star,
 Upon whose influence Neptune's empire stands,
 Was sick almost to doomsday with eclipse.
 And even the like precurse of fear'd events,
 As harbingers preceeding still the fates,
 And prologue to the omen coming on,
 Have heaven and earth together demonstrated
 Unto our climatures and countrymen.

(1.1. 115-128)

First, this speech of Horatio's is exactly half as long as his previous one--fourteen lines as opposed to twenty-eight if we discount the prefatory "that can I" from the former. The reappearance of the ghost interrupts Horatio this time. The symmetry of the two speeches might tell us how Shakespeare conceived an uninterrupted, babbling speech and contrasted it with one which is interrupted. Horatio might have gone on for some time if the ghost had not reappeared.

At any rate it cannot be doubted that Horatio is now babbling. The first sentence, "A mote it is to trouble the mind's eye" might conceivably hang in the air for a moment; I suspect the rest of the speech is meant to come out hurriedly, excitedly, rising to another fever pitch which can only be sustained by the appearance of the ghost with the violence, volume and confusion that appearance triggers. The structure of the drama makes this reading not only plausible but likely, and so does the poetry

itself. The usual reader of Hamlet--the habitual one, even--accepts this speech as among the first of many stirring and evocative ones to come, but overlooks the fact that from a grammatical standpoint, it doesn't quite hang together (Jenkins 429). There is a problem, a jolt, a sense of a step missed in Horatio's getting us from Rome to Denmark, and everything from hasty composition to textual corruption has been proposed to account for this effect. But what if Shakespeare intended it? There is enough evidence already to suggest that Horatio is a nervous wreck; there is more to come. Shakespeare must have meant his audience to understand that Horatio is in an agitated, irrational state of mind.

This intended effect is designed to give the impression of a person in a manic state. We know from our survey of the contemporary understanding of manic depression the characteristic of hypomania and mania is "pressure of speech"--the seemingly unstoppable torrent of words and ideas that flow from an affected person's lips in imagistic, free-associative, often ungrammatical ways. Such a person bounces from idea to idea more quickly than the listener can keep up; the speech itself is "pressured"--hurried-- and the words tumble over each other to get out. This quality seems present in Horatio's "harbingers" speech.

Then there is the nature of what Horatio actually is saying. This man is introduced to us as a sceptic and a scholar; suddenly he is talking about omens: empty graves and gibbering ghosts, meteors, sunspots, eclipses--not the sort of things we would have expected Horatio to place much faith in. Clearly this is not the

poised and ironical student we first encountered. This talk of "harbingers" is also reminiscent of mania, and indeed, of many forms of schizophrenia; a delusional individual, as we have seen, may exhibit a variety of unfounded ideas, some paranoid (communists are controlling his thoughts), others merely silly (a certain model car passes, meaning eat chocolate ice cream). A kind of mania is here implied because Horatio's paranoia about Denmark is connected to his sudden reliance on omens; his delusions are thus "mood congruent"--related--as opposed to those of a schizophrenic, who might see the car pass and go buy the ice cream.

A final but important point remains to be made about Horatio's "harbingers" speech. It is related to Walter Wilson Greg's article "Hamlet's Hallucination," which will be discussed at the end of this chapter. Greg argues that Hamlet not only hallucinated his late father's ghost but that he picked up the poisoning technique by which the ghost claims Claudius murdered Old Hamlet from a viewing or reading of The Murder of Gonzago. This delusion of Hamlet's triggers and informs the auditory hallucination which cries for revenge. Greg also points out that the only other play of Shakespeare's in which a ghost appears which it is possible to interpret as an objective reality is Julius Caesar --although the appearance of Caesar's ghost to Brutus is easily demonstrated to be a dream, a hallucination. When we combine Greg's observations with the generally acknowledged one that Horatio's "harbingers" speech is a garbling of similar material from Julius Caesar, then we are able to

reinforce Greg's argument and find support for our own.

If Hamlet's mania is foreshadowed by Horatio in 1.1, and if Hamlet's delusion is fed by material picked up from a play, then it is appropriate that, just as Horatio goes from manic to manic psychotic--a state symbolized by the reappearance of the ghost--that he should spout garbled ideas he got from a play, a play which includes Shakespeare's only other plausibly genuine ghost, one which upon inspection can be seen as a product of Brutus's brain. Those who constantly search for a glimpse of the poet behind the poetry in Shakespeare may find evidence of a sense of humor in this self referential touch, in which Shakespeare seems to equate his own Julius Caesar to The Murder of Gonzago.

On stage, however, there is no time for whimsical conjecture: when the ghost reappears, Horatio passes from the manic to the manic psychotic state. He cries, "I'll cross it though it blast me," (129); the stage direction reads "Ghost spreads its arms." What is Horatio thinking? His duty to king and country does not require him to commit suicide and go to hell. Is he angry and embarrassed at his inability to influence the specter he didn't believe in five minutes ago? Is this bluster? Does he "cross" the ghost?

The answer to these questions can only be that Horatio doesn't have any idea what he is doing or saying from moment to moment at this point--just like Hamlet in his mother's chamber. Take the business of Horatio's "crossing" the ghost. Jenkins's note on 1.1.130 raises more questions than it answers. We are told that the word means to

cross its path, confront. This, according to popular belief, would be to expose oneself to its baleful influence. The death in 1594 of Ferdinando, 5th Earl of Derby (famous in dramatic annals as Lord Strange), was said to have occurred after a mysterious tall man had appeared in his chamber and "twice crossed him swiftly". .

. . (Horatio's use of "cross") rules out the interpretation "make the sign of the cross," which would be to guard against, rather than to invite, blasting. (174)

That Horatio's use of "cross" is so unclear indicates that it is senseless. If he is thinking of Lord Strange, he is confused; the "mysterious tall man" crossed the Duke, not the other way around. The idea of confrontation on Horatio's part is simply irrational, suicidal. Has Horatio confused elements of Marcellus's religion and believes crossing is a kind of exorcism? If so, this probably adds to Marcellus's annoyance with Horatio, which will come to a head in a moment.

All that is clear is that Horatio is crazed, just as Hamlet will be crazed in his mother's chamber. Horatio has shown an inclination to violence toward the spirit, and will again, in the same way that Hamlet will blindly stab Polonius. But most ironic of all is that Horatio, to the extent that he foreshadows Hamlet, post-shadows Claudius, who --I argue-- killed Old Hamlet while in just this kind of a manic state. Horatio would "kill" this ghost in just the way it has already been killed.

But to return to the stage: Horatio's address to the ghost is insulting, condescending and, incidentally, not likely to make Marcellus any happier. Horatio treats the ghost as a cliché' made real (neither "brought to life" or "embodied" are appropriate terms); he assigns it three cliché'd motives for appearing, the last of which is base, vulgar:

Or if thou has uphoarded in thy life
 Extorted treasure in the womb of earth,
 For which they say your spirits oft walk in death,
 Speak of it, stay and speak. (1.1. 139-142)

The expressions "they say" and "your spirits" are condescending distancing devices, indicating that Horatio would like to doubt his own eyes; we will see that these expressions do not escape Marcellus's notice. Horatio's tone is disrespectful, sneering, as Hamlet's will later be. Now we will see the full extent to which Horatio has become unhinged. The ghost's disappearance at cock-crow prompts this confused and clangorous exchange:

(Hor. . . . stop it, Marcellus.

Mar. Shall I strike at it with my partisan?

Hor. Do if it will not stand.

Bar. 'Tis here.

Hor. 'Tis here.

Mar. 'Tis gone.

We do it wrong being majestic,
 To offer it the show of violence,
 For it is as the air, invulnerable,
 And our vain blows malicious mockery.

(1.1. 142-151)

After insulting a manifestation Marcellus clearly believes is the tortured spirit of the late Hamlet seeking help, Horatio asks Marcellus to do it violence--as if such a thing were possible. Marcellus cannot believe his ears; his "Shall I strike at it with my partisan?" is electric with contemptuous sarcasm. This tone is lost on the manic Horatio, who--with Barnardo evidently humoring him--attempts to locate the vanished spirit. Marcellus's "'Tis gone" is undoubtedly uttered with withering disgust; his lecture about the metaphysics, diplomacy and futility of striking spirits must similarly be uttered with barely concealed (if temporary) hatred for Horatio. (This speech echoes the Catholic writer LeLoyer [Jenkins 176] who wrote on spirits to refute the Protestant writer Lavatar [Wilson 67]). Only Horatio's position in Denmark's court has restrained Marcellus from more overt comment on the scholar's demeanor. As it is, he must restrict himself to bitter sarcasm and parody--his next mode of response. Marcellus is fed to the teeth with Horatio's Protestantism and his scholarship--the way Horatio throws them in his face so casually, anyway--especially in light of Horatio's utter uselessness in this situation. Also, Marcellus, as noted above, probably resents having to go through Horatio to get to Hamlet.

Horatio's next speech contains everything about him that Marcellus has so quickly come to despise. "It was about to speak when the cock crew," observes Barnardo, with perfect considered neutrality; Horatio jumps right in with:

And then it started like a guilty thing
 Upon a fearful summons. I have heard
 The cock that is the trumpet to the morn,
 Doth with his lofty and shrill-sounding throat
 Awake the god of day, and at this warning,
 Whether in sea or fire, in earth or air,
 The extravagant and erring spirit hies
 To his confine; and of the truth herein
 This present object made probation. (1.1. 152-161)

Again Horatio makes a casual swipe at Marcellus's Catholicism by calling the spirit "a guilty thing;" he also calls it an "extravagant and erring spirit" and an "object." There is no sense, ever, that Horatio is doing this to annoy Marcellus; the latter just takes it all personally, as a modern day fundamentalist might chafe during a conversation in which one of the participants blithely asserted and reasserted a non-literal interpretation of the Bible.

Then, too, Horatio's speech here, as elsewhere in 1.1., is filled with ridiculous, mock-heroic language; the scholar is still trying to reassert his identity as a learned student. He even couches his cliché'-ridden natterings in the terms of scholastic disputation, concluding them with "and of the truth herein, This present object made probation," as if it were a debate titled "resolved: the ghost is a demon from Hell." One is reminded of Horatio's contemporary at Wittenburg, Faustus, who two fellow students recall "was wont to make our schools ring with 'sic probó,'"--that is, "Thus I prove." (Norton). It would have been

obvious to Elizabethan audiences that this is how a school-boy talks.

Is it any wonder that Marcellus is simply at his breaking point? Therefore, what he does next is not surprising. After a moment of angry silence, Marcellus utters the plain fact of the matter, as if that is as far as he is willing to go: "It faded on the crowing of the cock" (162). There follows this well-known speech:

Some say that ever 'gainst that season comes
Wherein our savior's birth is celebrated,
The bird of dawning singeth all night long;
And then, they say, no spirit dare stir abroad
The nights are wholesome, then no planets strike,
No fairy takes, nor witch hath power to charm
So hallowed and so gracious is that time.

(1.1. 162-169)

In a long note, Jenkins describes several cock-crow legends and provides sources for them (431); Wilson says these lines "do more than any other speech in the scene to give a religious background to its supernatural happenings" (67). Critics have concentrated on the words and sources of this speech while ignoring who says it and why. This is Marcellus talking, a plainspeaker who has uttered nothing of this kind in all of 1.1..

As surprising as it may seem to readers long familiar with this speech, in context it can only be seen as a vicious and bitter burlesque of Horatio. It garbles his imagery by parodying the disconnectedness and illogic of the speech about Rome;

Marcellus has planets, witches, birds, spirits, and the birth of Christ--which Horatio never mentions--this last perhaps highlighting the theological nature of Marcellus's anger. The speech seems made up on the spot out of cliché'd images; it is crude parody. But parody it is, and most telling of all are Marcellus's echoes of Horatio's rhetorical distancing devices in "some say" and "they say," devices Horatio used with sneering condescension when addressing the ghost.

Does Horatio at some level perceive that he is being mocked? Perhaps so. His next line is spectacularly dismissive; "So have I heard and do in part believe it" (170). That is, "leave the thinking to the scholars; you just keep your partisan polished." And then, as if to remind Marcellus that poetic speech, too, should be left to scholars, Horatio falls back on yet another cliché'd poetic image: "But look, the morn in russet mantle clad/Walks o'er the dew of yon high eastward hill." Consider then the contrast between inaction and action, bombast and plain speech, scholar and soldier, evident in the last lines of the scene. Horatio says:

Break we our watch up and by my advice
 Let us impart what we have seen tonight
 Unto young Hamlet; for upon my life
 This spirit, dumb to us, will speak to him.
 Do you consent we shall acquaint him with it
 As needful in our loves, filling our duty?

(1.1. 170-178)

Here again is condescension to the sentinels, an attempt to hang

on to a shred of superiority, and flowery statement of the obvious on Horatio's part. ". . .our watch"? This must strike Marcellus as presumptuous; Horatio is without responsibility, present in an unofficial capacity. ". . .and by my advice"? This is, of course, what Marcellus wants to do anyway--he only needs Horatio as a stepping stone to the Prince, as a matter of protocol. Horatio concludes this speech by implying indirectly that he is not powerless over the spirit: it simply will not talk to anyone but Hamlet. This has been Marcellus's theologically based position all along. And, last, Horatio presumes to suggest that he has a better sense of "loves" and "duty" than the sentinels.

However, this is what Marcellus has wanted to hear. Eager to move along, he closes the scene with contrastingly terse words of decisiveness and capability:

Let's do it, I pray, and I this morning know
Where we shall find him most convenient.

(1.1. 179-181)

--and, undoubtedly, with a certain degree of exasperation.

Literary history has obscured the thesis of Walter Wilson Greg's article "Hamlet's Hallucination." The misplacement of emphasis is evident in Jenkins's long note on the dumb-show:

The hypothesis that Claudius. . .[did not
recognize in the dumb-show] the representation
of his own crime was elaborated in a notorious
article by Greg. . .who maintained that what
disturbed the King. . .was the menacing behavior
of Hamlet and not the sight of the poisoning...

Since [the sight left Claudius unmoved the first time] he could not have committed the murder in the manner represented [thus proving] the ghost . . . a figment of Hamlet's brain. (503)

Jenkins observes, "Were it not for the controversy it provoked, one would hardly have thought this ingenious deduction in need of serious confutation" but notes that Hamlet "obviously expects us to accept that the King's conscience is caught 'upon the talk of poisoning' (3.2.283) and accordingly to join with Hamlet in taking 'the ghost's word'" (3.2.280). He continues:

. . . perhaps the fundamental objection to Greg's case is its pointlessness. With the Ghost's main charge confirmed by the King's solemn confession that he "did the murder" (III.i. 54), the precise method of his doing it. . . does not affect the essential plot of fratricide and vengeance. (503)

Nevertheless, Hamlet has not become the most discussed play in history by doing things "obviously"; also, "the essential plot of fratricide and vengeance" already existed when Shakespeare came to the material. One cannot imagine a critic dismissing an observation about Romeo and Juliet on the grounds that it fails to affect "the essential plot" of boy meets girl.

When one regards Hamlet as a play primarily about melancholy, written and acted in an age very concerned with melancholy, then the significance of Greg's thesis becomes apparent. It is also helpful to remember that Greg's conclusion

that Claudius did not poison his brother is only a point in his argument that Hamlet hallucinated the Ghost's description of the murder. Greg first put into practice the method Speaight later recommended for approaching Hamlet, looking "not upon the centre from the circumference, but upon the circumference from the centre" (22). A summation of part of Greg's argument is unavoidable here, but cannot do justice to its logic and subtlety. The argument falls into three sections; here are two of them, and the third will appear during our discussion of the Prince.

1.) The ghost in Hamlet is the only plausibly read one that Shakespeare ever depicted. The ghosts in Macbeth, Richard III and Julius Caesar are demonstrably hallucinations. We are thus entitled to suspect the one in Hamlet. We accept it as real because several people see it; and because it gives Hamlet information (the murder-method) he could not otherwise know. If the second of these reasons proves wrong, then we may re-examine the first.

Claudius does not react to the dumb show enactment of the poisoning, a highly unique murder-method. Yet the dumb-show is textually unassailable. What, then, if his later outburst is a reaction to something else? Then we might conclude that he did not kill his brother by pouring poison in his ears; and we will be free to ask if Hamlet hallucinated the ghost.

Yet, we know that the ghost is an objective reality, and that Claudius breaks down "upon the talk of the poisoning" (3.2.283). As to the second objection: Hamlet chooses a play

similar in detail to his father's murder. Critics overlook this astonishing coincidence because they assume Hamlet altered the play to fit the Danish circumstances. But the text reveals that Hamlet only inserts speeches; he alters neither action of plot. Yet all the language of the play relates to commonly known circumstances of the Danish court, notably the Queen's remarriage. Only the play's action reflects the behavior of Claudius as revealed by the ghost. If Claudius murdered Old Hamlet in so unique a manner, it is too coincidental that the players should have a script handy which so exactly mirrors that murder. Shakespeare would not write so badly.

The text, again, provides the answer. During the course of III. ii. Hamlet progresses from a rational to a crazy state. Does the dumb-show surprise him? We know Hamlet has not seen the company perform the The Murder of Gonzago. When Ophelia asks what the dumb-show means, Hamlet replies, "This is mitching mallecho; it mean mischief" (3.2.135). The dumb-show gives the plot away and Claudius sits unmoved. Hamlet, who only sought to confirm Claudius's guilt, now assumes it and determines that the play will expose it. The play begins--full of remarriage talk--and:

Whatever else the performance may be, it is a gross insult to the Queen--gross, open, palpable. And Hamlet's question: "Madame, how like you the play?" (3.2.224) is a slap in the face before the whole court. The King is naturally disturbed. It is impossible to feign blindness. For assurance he turns to Hamlet. To

Hamlet! whom on the usual assumptions, he must by this time know for his deadly enemy. How far is this unseemly matter to be pursued? "Have you heard the argument? Is there no offense in it?" (3.2.229-230). No offense in the public presentation of his own crime! . . . "No, no (Hamlet replies eagerly, "they do but jest, poison in jest; no offense I' the world (3.2.229-230). Of course, as the context shows, it was of the queen, not the poison, that the King was thinking. (405)

Hamlet continues to act like a madman, at one point shouting "revenge" to the actor on the stage when there is nothing yet to revenge in the play. By the moment of the poisoning, Hamlet is out of control, an embarrassment before the court; Claudius breaks up the assemblage and retires, "convinced. . .not that his guilt has been discovered, but that Hamlet is a dangerous madman. . .who has designs on his life" (406). In his subsequent soliloquy Claudius gives no indication that he feels exposed, only guilty.

2.) With the ghost's veracity thus destroyed we may now examine the external evidence for its existence. First we will make a distinction between its words to Hamlet and its appearances to the others.

When Hamlet opens, Marcellus and Barnardo have already seen the ghost twice. They invite Horatio along expecting to see it again. Horatio does see and address the ghost, but his later account of it is "very circumstantial" (407); imagination and

suggestion have had time to work. The sentinels already believe this is old Hamlet's spirit. Horatio's scepticism is replaced by too ready an acceptance of the sentinel's belief when he does see something.

Barnardo, Marcellus and Horatio begin to reinforce each other in the belief that this is the late King's spirit. Yet Horatio's evidence of armour and Norway is highly suspect since he was probably a baby at the time; as a scholar, too, he is unlikely to have witnessed the "angry parle" (1.1.65) during which King Hamlet smote the Polacks. Horatio does not give personal evidence but imaginative rhetoric, while auto-suggesting to himself statements which will recur when he talks to Hamlet. During that conversation, Horatio admits, "I saw him once" (1.1.186) of the late King, yet elsewhere he speaks as if he'd known Old Hamlet.

During the "watcher's interview" the suggestion that this is the late King's ghost advances, gaining shape and conviction, passing from Horatio to the "already brooding and suspicious Prince" (409). In Hamlet himself, rational doubt gives way to uncritical expectation until he is certain that his father's spirit will walk that night. By the second ghost scene Hamlet's scepticism has briefly returned, but the ghost's appearance shocks and excites him so that by the end of the scene he is convinced he has seen his father's spirit. As Hamlet's doubts vanish, those of his friends return; as the Prince begins to speak and act crazily, his friends notice. Marcellus doubts the ghost's intention while Horatio fears it will tempt Hamlet into danger or rob him of his sanity.

We are free to assume that the ghost is genuine. "But are we compelled to do so? No one will suggest that the apparition is pure

fancy, but it is a long way from that to the belief that it is supernatural" (410). Evidently there is something about the appearance of the phenomenon which "confirm[s] the belief that it is the dead King in a mind in which the suggestion is already present." But we don't know if this belief "originally arose. . . from an actually convincing resemblance, or. . . through the opportune congress of some chance phenomenon with a preoccupation in the minds of . . . Marcellus and Barnardo" (410). Hamlet speaks freely and comfortably in the sentinels' presence; we may assume their loyalty to the late King. The "events of the last few weeks must have given rise to speculation and suspicion in the minds of others than the Prince" (410). We don't know if the sentinels were "personally familiar" with Old Hamlet's appearance, but "from them the suggestion passes to Hamlet" (410). In all of this, "there is the appearance of mutual suggestion; the characters encourage one another to trace the likeness of the King" (410). Yet each has intermittent doubts--Hamlet plainly states that the ghost may be a devil.

In summary:

There is, it seems to me, a good deal here to shake our confidence in the supernatural character of the apparition. But it falls far short of disproof. If we please to accept the ghost as genuine we may; at the same time Shakespeare seems clearly to leave the way open for an alternative, to hint that we may, if we will, regard it as a freak of collective suggestion, and explain it away as we would any other spook. (410)

Greg gives us much to consider in light of our thesis that Hamlet is about manic depression and that Denmark itself is hallucinating on a

metaphoric level. Greg's argument has its weak points; he admits to knowing nothing of Elizabethan spiritualism, and does not consider the possibility that the ghost could be a demon. When he makes the distinction between a genuine supernatural manifestation and "a chance phenomenon" (410) we are tempted to ask if he thinks the sentinels saw the Elizabethan equivalent of a weather balloon.

However, Greg's feel for psychiatry has proven prophetic, as has Shakespeare's; it may be that what Shakespeare was depicting dramatically, and Greg struggling to explain, is what the DSM IV describes as Shared Psychotic Disorder, or Folie a Deux. The diagnostic criteria for this disorder are

- A. A delusion develops in an individual in the context of a close relationship with another person(s), who has an already established delusion.
- B. The delusion is similar in content to that of the person who already has the established delusion (the primary case).
- C. The disturbance is not better accounted for by another Psychotic Disorder (e.g. schizophrenia) or a Mood Disorder with Psychotic Features. . . (substance abuse). . . or a General Medical Condition. (305)

The DSM tells us that that "schizophrenia is probably the most common diagnosis of the primary case, although other diagnoses may include Delusional Disorder or Mood Disorder with Psychotic Features," and that "usually the primary case in Shared Psychotic Disorder is dominant in the relationship and gradually imposes the delusional system on the more passive and initially healthy second person" (305). Furthermore,

Individuals who come to share delusional beliefs are often related by blood or marriage and have lived together for a long time, sometimes in relative social isolation. If the relationship with the primary case is interrupted, the delusional beliefs of the other individual usually diminish or disappear. (305)

And, of particular interest to us,

Although most commonly seen in relationships of only two people, Shared Psychotic Disorder can occur among a larger number of individuals, especially in family situations in which the parent is the primary case and the children, sometimes to varying degrees, adopt the parent's delusional belief. (305)

One can, admittedly, carry this sort of thing too far. We could say that Denmark itself is the primary case, suffering from Mood Disorder with Psychotic Features, and that Francisco, Barnardo, Marcellus, Horatio, Hamlet and Claudius all share its psychotic disorder. Artistically speaking, this is what we have been trying to say. Shakespeare set out to give manic depression an artistic treatment, and so he did; this is evident, for instance, in his technique of externalizing a delusion--making it into a hallucination because this is more dramatic--when, in fact, visual hallucinations are rare in manic depressives and unknown in Shared Psychotic Disorder except in the primary case.

If we want to give documentary support to Greg, we might begin with his own observation that Marcellus and Barnardo already believe the ghost is Old Hamlet when the play begins (and add to this our

observation that Francisco is somehow affected). Could Marcellus be the primary case who convinces Francisco, Barnardo and Horatio to share his delusion? Which dynamic coincides with the Prince's readiness to be deluded? Marcellus is a forceful personality, and he outranks the other soldiers; he is something like a father, and the guard is something like a family; presumably, too, these men are isolated together for long periods. We have seen, too, that Marcellus's theology insists upon a dead King's spirit; the alternative is melancholic hallucination, and all the characters prefer any objective reality to a fantasy of their own sick minds.

The critic and the clinician move us closer to the poet; but Hamlet is neither longitudinal case study only (such as the DSM makes possible) nor a mere set of witnesses for cross-examination (as Dover Wilson accuses Greg of doing with Horatio and the sentinels). A brief glance at the artistic, literary manner in which Shakespeare introduces the theme of manic depression into Hamlet will conclude our discussion of its first scene, and prepare us to look at the Prince and his Uncle.

"This Presence Knows":

Hamlet Diagnosed

"That Hamlet was not far from insanity is very probable," Bradley observed. "His adoption of the pretense of madness may well have been due in part to fear of the reality" (96). As we have seen, the Elizabethan era would have provided anyone desiring to play mad with enough information to do so. As Carol Thomas Neely more recently observed, "It has long been recognized that England in the period from 1580 to 1640 was fascinated with madness" (316). High school students who emerge from their English classes recalling little else remember that Hamlet is in some way crazy; mock hearings routinely make the papers, involving judicial and academic luminaries, which seek to determine if the Prince is certifiable (Verdict. . .). Bradley, who started it all, observed:

. . .if the pathologist calls (Hamlet's) state melancholia, and even proceeds to determine its species, I see nothing to object to in that; I am grateful to him for emphasizing the fact that Hamlet's melancholy was no mere common depression of spirits; and I have no doubt that many readers of the play would understand it better if they read an account of melancholia in a work on mental diseases. If we like to use the word 'disease' loosely, Hamlet's condition may truly be called diseased. No exertion of will could have dispelled

it.(96-97)

Our ultimate concern is to demonstrate that Claudius suffers from the same disease as Hamlet. But to get at the King we must work through his nephew; this is how Shakespeare unfolds his subject of melancholy to us. With this in mind, we will work in particular thought, with the modern terminology available to us in the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders, to establish as concretely as possible the nature of Hamlet's disease. Before doing this, however, it will be necessary to establish that Hamlet hallucinated the information he thinks he received from his father's spirit. To do this, we will return a final time to Walter Wilson Greg's article "Hamlet's Hallucination".

We have seen that the ghost itself may be regarded as a freak of collective suggestion--at least its identification with the late King may be--and that such a thing may be accounted for in contemporary diagnostic terminology as Shared Psychotic Disorder. We have heard an argument that, real or imagined, the ghost is untrustworthy in its dispensation of information: Claudius did not react to the dumb-show, and he broke up the play because it insulted the Queen and because Hamlet's behavior was menacing and disturbing. We made a distinction between the ghost's words to Hamlet and its appearance to the rest of the characters; to the former of these considerations we now turn.

Greg notes that the "ghost" leads Hamlet a great distance from the others, and that it is essentially a monologist, with few interruptions from Hamlet. The situation is momentous, and should summon great poetry from our greatest poet; instead, Greg says, the ghost's speeches are

"frigid. . .academic declamation" (412). The horror is of an unconvincing, cartoonish kind; the only sympathetic note is the ghost's concern for the Queen. After the ghost's appearance, Hamlet behaves crazily; it is not unreasonable to suppose that the whole business is a product of Hamlet's mental condition. The ghost's revelation may be seen as a product of Hamlet's suspicions. When the ghost names its murderer, Hamlet admits he already suspected as much; "O my prophetic soul! My uncle!" (1.5.41). The ghost's speeches are similar to Hamlet's as are its reasons for sparing Gertrude. The only new piece of information the ghost gives Hamlet is the murder method. But Hamlet picked this detail up from The Murder of Gonzago. The play was known to Hamlet. He asks the players for it and he knows it fits his need. He knows the names of the characters and seems to know the script in its original Italian. The evidence all adds up: the ghost's story did not suggest The Murder of Gonzago; rather, the play suggested the ghost's story. As we have seen, Hamlet alters only the language of the play, not its plot or its action.

The "swear" scene, with its "true-penny," "old mole," and "this fellow in the cellerage" (1.5. 150; 151; 162) is simply ludicrous. (Greg fails to note, moreover, that nothing in the script indicates that Marcellus and Horatio can hear the ghost's repeated intonation).

Hamlet comes close to self-diagnosis when he observes:

The spirit that I have seen
May be a devil, and the devil hath power
T' assume a pleasing shape, yea, and perhaps,
Out of my weakness and my melancholy,
As he is very potent with such spirits

Abuses me to damn me. (3.1. 573-578)

The Queen cannot see or hear the ghost, further support for the hallucination theory. The psychology of the closet scene complements that of the previous ghost scene; in each, Hamlet rises to a fever pitch, and the ghost acts as a catharsis. The ghost says nothing new in this scene, only echoing Hamlet's words, "Do you not come your tardy son to chide?" (3.4.106). Hamlet has just killed Polonius and is at his most violent, vengeful and bloodthirsty. The ghost's stated purpose for appearing is pointless.

Greg concludes his discussion by suggesting that Shakespeare intended the ghost to be taken at face value by most audience members, "but. . .for himself, as for other humaner minds among his contemporaries. . .he would appear to have designed an alternative explanation" (420). He speculates:

. . .are we not perhaps justified, in the case of Hamlet, in looking for subtleties we do not meet elsewhere (in Shakespeare) or need we be surprised at finding literary devices employed in that play that would miss their effect under the conditions of the Elizabethan stage? Hamlet stands more or less alone among its author's works. In writing it Shakespeare built upon the foundation of an earlier work. . . .rewriting and revising probably more than once. . .and allowed his work to burst the bounds of its theatrical limitations. . .In composition Shakespeare must have had in mind readers as well as spectators. . . (420)

We need not accept Greg's thesis to diagnose Hamlet. We need only agree to the idea that the ghost artistically suggests a manic hallucination.

However, for our purposes, it will be convenient to refer to it as a hallucination and to think of it as such. With this in mind we are at last able to work in particular thought; specifically, we may demonstrate that Prince Hamlet suffers from what today is called BiPolar I Disorder, most recent episode manic; severe with mood congruent psychotic features, in partial remission.

To support this diagnosis we will create a "patient history" for the Prince, as if he were a real person. First we must construct a time frame so that we may determine the duration of episodes. On the night Polonius is stabbed Old Hamlet has been dead four months (3.2.126). When Hamlet first encounters Horatio (1.1.147-56;176-179) he indicates the passage of three months between Acts I and II. Thus throughout Act I Old Hamlet has been dead one month.

Hamlet first appears in a state of clinical depression which is a cause of concern and comment to his mother and his uncle. We learn that this depression appears to lift somewhat by the end of Act I scene 2; we learn in 1.3 that Hamlet has to some extent courted Ophelia during this month. While this courtship does not go unremarked, it is not in and of itself remarkable (1.3. 91-93; 110-111).

Scene 4 presents us with an evidently unaffected Prince; but with the appearance of the hallucination Hamlet rapidly enters a manic state. What we regard as a visual hallucination becomes aural as well; the words of Hamlet's friends clearly indicate that Hamlet may, at the end of Act I, be described as manic psychotic. Thus, in the space of a month, the Prince has experienced the extremes of mania and depression, including, in these respective extremes, aural and visual hallucinations (mood congruent with his delusional paranoia) and suicidal ideation.

Three months pass. The manic psychosis in which we left Hamlet must have abated without incident; no character makes reference to outstanding behavior on Hamlet's part at that time, nor does anyone refer to subsequent depression. Evidently, after his first episode of mania, Hamlet enjoyed a brief prodromal period, that is, a period of normalcy. However, at the beginning of Act 2, Hypermania if not Hypomania is suggested.

Hamlet appears in Ophelia's closet enacting a parody of madness. Polonius is fooled; he begins to display the unshakable belief that lovesickness affects the Prince. The family dynamic which appears in many documented cases of mental illness is present in Denmark: everyone seeks to attribute the Prince's behavior to external causes. Gertrude thinks he is mad in response to her late husband's death and her remarriage. Meanwhile, we learn that Hamlet has bombarded Ophelia with love-letters. The inferior quality of these letters indicate haste of composition; their large number indicates Hypomania. (Modern manics present with a symptom called "excessive telephoning.") A series of planned and unplanned observation sessions ensue during which Hamlet interacts with Polonius, Rosencrantz and Guildenstern, Ophelia, Gertrude and Claudius, Horatio and an actor. During these interviews and by means of exposition the symptoms of mania are evident in the Prince in a degree of severity which suggests Hypomania: elevated, expansive mood, intermittent irritability, both exceeding four days' duration, talkativeness and pressure to keep talking; flight of ideas, racing thoughts, distractibility, increase in goal-directed activity, involvement in sexual and political activity with a high potential for painful consequences; unequivocal change in functioning observable by

others; no psychotic features.

The foregoing brings us to the evening of the play and of Polonius's death. All of the above symptoms are present in Hamlet but with an increase in severity which suggests a true manic episode. In addition to these symptoms we may add psychomotor agitation as evidenced by the Prince's inability to sit still or be still during the play; his behavior causes its abrupt termination. During the play scene we are reminded of Fieve's description of the manic gambler; preternaturally alert, aware of the games going on behind the games, confident and relentless--but ever in danger of going too high, of losing control. And this description fits Hamlet.

In the scene with Gertrude we need only remark that Hamlet has entered into a manic frenzy which includes a visual and aural hallucination. Hamlet murders, is utterly unaware of what he is about (either he thinks Claudius is behind the arras when he has just left him praying or he doesn't care who he kills); after a roaring and only semi-comprehensible diatribe he drags off a dead body. Soon, and in roughly the same state, Hamlet is dispatched to England. The Hamlet who returns some time later, though still believed to be mad by his family, is in fact quite sane.

We begin the diagnostic process by observing that Hamlet experiences a period of normalcy between disordered episodes and returns to normal when the cycle is over. Thus we eliminate schizophrenia as a possible diagnosis, because it is incremental and progressive. Hamlet's disorder is obviously BiPolar since he experiences a kind of mania and a kind of depression; we must determine the severity and duration of these episodes. We eliminate Bereavement as a diagnosis, incidentally,

because Hamlet experiences mania; the death of Old Hamlet almost certainly triggers this initial onset, however, since loss can be a precipitant of affective or mood disorder in a genetically predisposed individual.

We first attempt to define Hamlet's depression: the suicidal ideation eliminates such lesser categories as dysthymia, and the length of the episode suggests a Major Depressive Episode; not surprisingly, Hamlet meets all the criteria for this definition.

The presence of a Major Depressive Episode followed by a Manic Episode allows us to do away with such diagnoses as cyclothymic and rapid cycler; we may conclude that Hamlet's diagnosis is BiPolar I Disorder, Most Recent Episode Manic, severe, with Mood Congruent Psychotic Features, in partial Remission. Hamlet's psychotic features are said to be mood congruent because his hallucination reinforces his delusion that Claudius poured poison into the late King's ears; he is said to be in partial remission because his symptoms have disappeared, but we cannot determine for how long.

Now that we know "in what particular thought to work," (1.1.67), let us question more in particular" (2.2.236). We turn at last to Claudius, King of Denmark.

"All May Be Well":

Claudius Diagnosed

The critics have had little to say about Claudius's relationship to melancholy, although they have occasionally observed that he is an interesting and even sympathetic character. G. Wilson Knight noted in 1930 that "Claudius, as he appears in the play, is not a criminal. He is--strange as it may seem--a good and gentle King, emeshed by the chain of casualty linking him with his crime" (35). Knight says that whatever Claudius may have done before the action of the play, his behavior during the course of Hamlet may be justified as that of a ruler with intelligence and a sense of responsibility. Hamlet becomes, after all, not only a murderer but a threat to crown and country.

In 1924 Kittredge said that "almost everything that has been written about this drama is out of focus, for Claudius is either belittled or disregarded" (Shakespeare, 40); in a preface to Hamlet he warned that "to neglect or undervalue Claudius destroys the balance of the tragedy" (1046). He explained:

Claudius is a superb figure--almost as great a dramatic creation as Hamlet himself. His intellectual powers are of the highest order. He is eloquent--formal when formality is appropriate (as in the speech from the throne), graciously familiar when familiarity is in place (as in his treatment of the family of Polonius). . . always and everywhere a model

of royal dignity. His courage is manifested, under the most terrifying circumstances, when the mob breaks into the palace. (1046)

Even Bradley caught the curious ambivalence we feel toward Claudius. Distinguishing Julius Caesar and Hamlet from the later tragedies, he remarked:

Moral evil is not so intensely scrutinized (in Hamlet and Julius Caesar). In Julius Caesar, we may almost say, everybody means well. In Hamlet, though we have a villain, he is a small one. The murder which gives rise to the action lies outside the play, and the centre of attention within the play lies in the hero's efforts to do his duty.

(64)

Bradley says that in the later tragedies "human nature assumes shapes which inspire. . . horror and dismay. . . in Timon (for example) we. . . watch ingratitude and selfishness so blank that they provoke a loathing we never felt for Claudius" (64).

Bradley, Kittredge and Knight unintentionally point to an apparent inconsistency in Claudius's character, and thus in Shakespeare's characterization of him, which they leave unresolved and which subsequent critics have ignored. How could so exemplary a man commit the crime we know Claudius committed? It is out of character for him to have done so; the man so keenly moral, so rational, as the one we meet in Claudius's soliloquy is incapable of this monstrous fratricide. Neither love nor ambition can account for the murder Claudius, as we know him, has committed.

Bradley looked at the problem of Hamlet's delay and resolved it by

establishing that the Prince suffers from a mental illness. A similar diagnosis of Claudius would resolve the apparent inconsistency in his characterization and deepen our appreciation of the play. Hamlet becomes clearer and more logical if we can say that Claudius killed the late King and married the Queen during a manic fit, much like the one in which the Prince stabs Polonius. But can we say this? Is it not an arbitrary assumption, a convenient excuse?

Indeed it is not. There is evidence within the play that Claudius knows he suffers from a genetic, biochemical, heritable mood disorder. He recognizes it in Hamlet and from personal experience he knows its destructive potential. We have seen that Hamlet was written and acted in an age sophisticated in its recognition of mood disorders, and fascinated by them. It is not unreasonable to suppose that Shakespeare intended his audience to recognize in Claudius the same kind of manic-depressive as Hamlet.

From the perspective of modern psychiatry, too, Claudius belongs to a high-risk group. Targum and Shultz found in 1982 that families with bipolar probands manifest twice the cases of affective (mood) disorder as families with unipolar index cases. Schlessler Altshuler determined in 1983 that between eighty and ninety percent of bipolar patients will have a first-degree relative with some kind of mood disorder. Tsaung and Faraone established in 1990 that bipolar probands and only bipolar probands increase the risk of mood disorders in their second-degree relatives and only for bipolar--not unipolar--disorders. The Human Genome Initiative announced in 1995 that it believes the gene for manic-depression is transmitted on chromosome 18 through the father. (News. . .)

Hamlet--our proband, or index case--we have determined to suffer from a bipolar mood disorder. If Claudius--his second-degree relative--suffers from a mood disorder, it is statistically probable that it is bipolar. It is likely that Hamlet's grandfather passed the gene for manic-depression down to Claudius and to the late King, who passed it down to the Prince. But we need not rely on statistics alone to support this view of Claudius.

The text of Hamlet provides abundant support for this view, beginning with the character's very name. Shakespeare selected the name "Claudius" for the King; it is used in the character's first entry direction and first speech heading only. Jenkins tells us that the name evokes the Roman emperor who married Agrippina, cited by Erasmus as one of the types of the bad ruler (163). No one has observed, however, that it could refer to Galen of Pergamon, who "first established melancholia as a chronic and recurrent condition" (Goodwin and Jamison 58) and whose refinement of the humoral theory informed the Renaissance understanding of manic-depression. The name Galen is an Anglicization of that second-century philosopher's name, Claudius Galenus. It will be seen that of all the characters in Hamlet, only Claudius understands melancholia in terms of its chronic and recurrent nature. Claudius thinks like a scientist, in terms of the longitudinal presentation of symptoms. This concern, as well as clues about what Claudius himself has experienced, is evident in his first speech.

Images of parity--extremes of mood--fill the King's privy council address; while he and Denmark "bear (their) hearts in grief" (1.2.3.) and the whole Kingdom is "contracted in one brow of woe" (1.2.4), in Claudius "hath discretion fought with nature" (1.2.6)--this indicative

of Claudius's struggle with depression--so that he is able to marry

Gertrude: . . .as 'twere with a defeated joy,

With an auspicious and a dropping eye,

With mirth in funeral and dirge in marriage,

In equal scale weighing delight and dole (1.2. 10-13)

Claudius is very deliberate and decisive (his careful delineations, for example, of the new relationships between himself, Gertrude and Hamlet) and wants to appear so. He attributes Fortinbras's impetuosity to the latter's belief that Denmark is "disjoint and out of frame" (1.2.20); Claudius's use of the royal plural ". . .young Fortinbras / Holding a weak supposal of our worth, / Or thinking by our late dear brother's death, / Our state. . ." (1.2.17-19), etc., is very slippery here, and refers to Claudius himself as well as Denmark.

Here and throughout the play, Claudius is exhibiting behavior familiar to manic depressive patients and students of the disorder. He has experienced mania and done something horrible; now he is battling shame, fears of recurrence, fears of inheritance (should the disease worsen in Hamlet). As King he must constantly exercise judgment, yet Claudius ultimately cannot trust his own judgment. It has already betrayed him. Goodwin and Jamison report:

Common themes appear repeatedly in patients' descriptions of their illness. They are fearful of recurrence, they are concerned about transmitting it to their offspring, they feel shame and humiliation, they suffer the havoc wrought by each episode on their relationships with others, they confront disturbing psychological issues, and they reflect on the long-term meaning of the illness in their lives. (18)

Such individuals "experience acute shame and humiliation for many reasons," Goodwin and Jamison tell us; "because of psychosis (particularly manic), . . .bizarre and inappropriate behavior, violence. . .and sexual indiscretions. . ." (19).

Goodwin and Jamison remind us:

Subtle features pervade this illness, including a fundamental, if usually transitory, inability to perceive reality with accuracy and to judge a course of action with prudence. Once an acute episode is over, the person is left with palpably shaken self-confidence. For a considerable period following a manic or depressive episode, many patients continue to question their judgment, their ability to assess situations, and their capacity to understand their relationships with other people. (18)

No wonder, then, that Claudius does everything so slowly and thoughtfully. He is desperate to establish in his own mind and for others who might be watching that he is judicious and responsible--rational. No wonder that, when dealing with Laertes, Claudius makes a point of his own rationality: "You cannot speak of reason to the Dane/ And lose your voice" (1.2. 44-45). Claudius wishes to indicate that his will be an administrations in which intellect and deliberation inform every decision.

Because Claudius knows first-hand how destructive manic-depression can be, he is especially concerned about Hamlet. He knows that this disorder made him kill the last King; it could make Hamlet kill him. He feels his responsibility to Denmark; at the moment he knows he is Denmark's only hope. He loves and pities Hamlet no less for this.

Hamlet also confirms Claudius's suspicion that the disorder they share is hereditary, and this suspicion is evident in the march of generations he evokes during his attempt to console his nephew:

. . .you must know your father lost a father,
 That father lost, lost his--and the survivor bound
 In filial obligation for some term
 To do obsequious sorrow. (1.2. 89-92)

Claudius seems also to sense the inevitability of the impending destruction and the futility of trying to outmaneuver a biological imperative--yet to understand that he as well as Hamlet must try--when he continues:

For what we know must be, and is as common
 As any the most vulgar thing to sense--
 Why should we in our peevish opposition
 Take it to heart? Fie, 'tis a fault to Heaven,
 A fault against the dead, a fault to nature,
 To reason most absurd, whose common theme
 Is death of fathers, and who still hath cried
 From the first corse till he that died today,
 "This must be so." (1.2. 98-106)

And, as we will see, Claudius is sincere and in perfect empathy when he tells Hamlet:

You are the most immediate to our throne,
 And with no less nobility of love
 Than that which dearest father bears his son
 Do I impart to you. . . .
 Our chiefest courtier, cousin, and our son.

(1.2. 109-112;117)

Claudius himself provides a fitting segue into our next section when he concludes his first interview with Hamlet by proclaiming:

No jocund health that Denmark drinks today
 But the great cannon to the clouds shall tell,
 And the King's rouse the heaven shall bruit again
 Re-speaking earthly thunder. Come away.

(1.2. 125-128)

Johnson observed: "The King's intemperance is very strongly impressed; everything that happens to him gives him occasion to drink" (Jenkins 187). This behavior, of course, is alcoholic in nature; the privy council address takes place in the morning, yet already Claudius is thinking about alcohol. Evidently his drinking is a by-word in court circles; Hamlet plays upon this common knowledge when Guildenstern tells him that the King is "in his retirement marvellous distempered", and Hamlet jokes, "With drink, sir?" (3.2. 293-294). Shakespeare seems only to connect Claudius with alcohol per se; there is never an indication that his drinking interferes with Claudius's ability to govern.

The King's carousing--his self-mandating, as psychiatry terms it--is an important clue in our diagnosis of him as a bipolar manic-depressive. As we have seen, alcoholism and affective disorder run together in families, often appearing in the same individual. It is easy to see why: alcohol helps blunt the frightening high of mania and it softens the crash of depression. Naturally, affected individuals become addicted. It is of interest to us that Claudius is associated with alcohol abuse, because we only see him during his depressed state. To establish that, like Hamlet, he suffers from a bipolar form of this

illness, we must look for evidence that he has experienced mania. The uncharacteristic monstrosity of his crime is our most important clue that Claudius has experienced a manic episode that was probably delusional and psychotic. Another such clue is his alcoholism. As we have seen;

A large study. . .in five major American population centers. . .found an exceedingly high lifetime prevalence rate, 46%, for alcohol abuse and dependence in patients with manic-depressive illness; the figures for unipolar depressed patients and the general population were 21 and 13 percent respectively. (Jamison 38)

Claudius, then, may be said to be satisfying an addiction during a depressed phase which began during a manic one. His confusion, guilt and fear of recurrence probably contribute to his need for daily self-medication as well. Hamlet is very aware of Claudius's drinking, yet he is oddly forgiving of it. His meditation on Denmark's alcoholism leads to a very modern assessment both of alcoholism and of mental illness, hinting at the biochemical, genetic component of each:

So, oft it chances in particular men
That for some vicious mole of nature in them,
As in their birth, wherein they are not guilty
(since nature cannot choose his origin),
By their o'ergrowth of some complexion,
Oft breaking down the pales and forts of reason,
Or by some habit that too much o'erleavens
The form of plausible manners--that these men,
Carrying, I say, the stamp of one defect,

Being Nature's livery or Fortune's star
 His virtues else, be they as pure as grace,
 As infinite as man may undergo,
 Shall in the general censure take corruption
 From that particular fault. The dram of evil
 Doth all the noble substance often doubt
 To his own scandal.

(1.4.23-38)

It is evident that Hamlet is discussing melancholy as well as alcoholism in this passage. He not only alludes to the humoral system by which the Renaissance explained the disorder but echoes Bright's Treatise.

Jenkins explains that by "complexion" (1.4.27), Hamlet means the proper balance of the four humors. Wilson demonstrates that 1.4.28 evokes Bright: "There keepe the straightest hand, where the lists of reason are most like to be broken through" (311; Bright, 250).

If we wish to go so far as to ask what Shakespeare thought about madness--which is as much as to ask what does Hamlet mean?--I would offer the above passage as the first half of his argument: for biochemical, genetic reasons, good people may do monstrous things. The second half of Shakespeare's argument--a simple but unassailable insanity defense--is expressed by Hamlet at the end of the tragedy:

If Hamlet from himself be ta'en away
 And when he's not himself does wrong Laertes,
 Then Hamlet does it not, Hamlet denies it.
 Who does it then? His madness. If't be so,
 Hamlet is of the faction that is wrong'd;
 His madness is poor Hamlet's enemy.

(5.2. 230-235)

This applies to Claudius as much as to the Prince; but Claudius will not apply this logic to himself. However, where others are concerned, he shows great tolerance, understanding, and a curiosity that can only be described as self-interested to the extent that Claudius is Denmark. He is conscious of his role as King much as he is concerned about the biochemical, genetic, heritable facets of manic-depression, as we will see.

Claudius's motives are benevolent when he asks Rosencrantz and Guildenstern to sound Hamlet out. He tells them:

Something you have heard
Of Hamlet's transformation--so I call it,
Sith nor' th' exterior nor the inward man
Resembles what it was. What it should be,
More than his father's death that thus hath put him
So much from th' understanding of himself
I cannot dream of.

(2.2. 5-10)

He asks Hamlet's schoolfellows to try and glean from the Prince:

Whether aught unknown to us afflict him thus
That, open'd, lies within our remedy.

(2.2. 17-18)

Many people assume that Claudius begins to scheme against his nephew here. But if this were so, would he involve two of Hamlet's best friends with the approval and participation of the Prince's mother? It is true that Claudius has mixed motives, but they are all benign. First, he truly wants to help Hamlet, but the Prince has demonstrated a

hostility toward him which makes his direct intervention impossible. Second, Hamlet's condition offers Claudius an opportunity to objectively observe the disorder which he himself has subjectively experienced. Manic depressives usually cannot remember the details of their manic phases. While Claudius knows that ambition and love overwhelmed him and prompted his murder of the late King, he probably cannot reimagine the intensity of the emotions he experienced during his manic state. He does know, unlike Gertrude and Polonius, that the kind of behavior Hamlet is exhibiting requires no external precipitant such as a loss or a disappointment. Claudius is sincere when Polonius announces that Hamlet's problem is explainable: "O speak of that: that do I long to hear" (2.2. 50). We hear his excitement and see the family dynamic at work during this exchange between Claudius and Gertrude:

King. He tells me, my dear Gertrude, he hath found
 The head and source of all your son's distemper.
 Queen. I doubt it is no other but the main,
 His father's death and our o'er-hasty marriage.

(2.2. 54-57)

Of the family dynamic, Papolos writes:

Many factors influence the family's initial response to the onset of (manic depressive illness): some members need to protect themselves with the cloak of denial; almost all invent theories or take responsibility in an attempt to explain the changes in behavior. When the symptoms are mild, and if they are interspersed with periods of functioning well, it is not difficult to attribute them to external events, personal circumstances or personality

quirks. (250)

Gertrude thinks Old Hamlet's death and her hasty remarriage brought about the Prince's condition while Polonius attributes it to lovesickness. Claudius is not so sure. Polonius tells him that Hamlet, rejected by Ophelia:

Fell into a madness, then into a fast,
Thence to a watch, thence into a weakness
Thence to a lightness, and by this declension,
Into the madness wherein now he raves.

(2.2. 147-150)

Claudius, reserving judgment, asks Gertrude: "Do you think 'tis this?" (2.2. 152); the Queen, eager to attribute Hamlet's behavior to any external cause, replies: "It may be; very like" (2.2. 153). Claudius remains unconvinced, but he wants to weigh all the evidence and hear all the theories. Much about Claudius--his deliberation, his essential decency and his constant thoughts of self-medication--is revealed earlier in the scene when Voltemand and Cornelius give him the document from Fortinbras:

It likes me well;

At our more considered time we'll read,
Answer and think upon this business
Meantime we thank you for your well-took labor.
Go to your rest, at night we'll feast together.
Most welcome home.

(2.2. 80-85)

Claudius would be the happiest man in Denmark if Hamlet's distemper could be attributed with certainty to an external--that is, non-

biological--cause. This diagnosis would mean that Hamlet's melancholy could be of a different kind than Claudius's own, and thus less potentially destructive. Hamlet might recover without attempting to harm anyone. He would pose no threat to Claudius, Denmark or to himself. Claudius's personal experience of manic-depression and his suspicions about its heritable nature suggest otherwise, but he hopes against hope. Imagine, then, his frustration with the failure of the Rosencrantz-Guildenstern probe:

King. And can you by no drift of conference

Get from him why he puts on this confusion

Grating so harshly all his days of quiet

With turbulent and dangerous lunacy?

Ros. He does confess he feels himself distracted

But from what cause, a will by no means speak.

(3.1.1-6)

When Claudius learns from Rosencrantz, Guildenstern and Polonius that Hamlet is delighted by the arrival of an acting troupe in Denmark, it is ironic and poignant that he interprets the news as cause for optimism:

With all my heart; and it doth much content me

To hear him so inclin'd.

Good gentlemen, give him a further edge,

And drive his purpose into these delights.

(3.1.24-27)

A modern parent might say, "Thank goodness he's taking an interest in something."

Still, Claudius wants to be certain. He explains to Gertrude that by secretly observing Hamlet's manner of interacting with Ophelia, he

and Polonius

. . . may of their encounter frankly judge,
 And gather by him, as he is behav'd,
 If't be th'affliction of his love or no
 That thus he suffers for.

(3.1. 34-37)

Polonius finds support for his lovesickness theory in Hamlet's behavior toward Ophelia. But Claudius is too shrewd and too experienced to accept this simple theory. His response is important to our study:

Love? His affections do not that way tend.
 Nor what he spake, though it lacked form a little,
 Was not like madness. There's something in his soul
 O'er which his melancholy sits on brood,
 And I do doubt the hatch and the disclose
 Will be some danger; which for to prevent
 I have in quick determination
 Thus set it down: He shall with speed to England
 For the demand of our neglected tribute.
 Haply the seas and countries different,
 With variable objects shall expell
 This something settled matter in his heart,
 Whereon his brains still beating puts him thus
 From fashion of himself. What think you on't?

(3.2. 164-177)

Polonius replies:

It shall do well. But yet do I believe
 The origin and commencement of his grief

Sprung from neglected love.

(3.2. 178-180)

Polonius proposes that he monitor Hamlet during an interview with Gertrude:

If she find him not,
To England send him; or confine him where
Your wisdom best shall think.

(3.2.187-189)

Claudius's lines conclude the scene: "It shall be so./Madness in great ones must not unwatched go" (3.2.189-190). And he is the man that knows.

The above tells us a lot about how Claudius thinks. Obviously, as the two men enter, Polonius has claimed victory for his lovesickness theory. Claudius knows better. Hamlet's behavior is not lovesickness, or any other fashionable (that is, Elizabethan) form of melancholy. It is something subtler, less understood and more dangerous. In Hamlet, Claudius detects symptoms he recalls from the initial stage of his own breakdown: energy, irritability, pressure of speech, flight of ideas, and so on. He senses, too that Hamlet is withholding something, the inclination of an unspoken obsession or a delusion. Claudius has experienced something similar.

Claudius speaks in terms of heredity when distinguishing Hamlet's behavior from that of a merely lovesick melancholic. In Hamlet, he says, melancholy sits like a bird on an egg from which danger may break out. Claudius senses the heritable nature of manic-depression, and he understands the disease as progressive. Claudius is defining an episodic symptom presentation as a step toward diagnosis. Polonius sees

only Hamlet's present hypomania. It doesn't occur to him that Hamlet could become worse. But Claudius, working intuitively and from personal experience, realizes that Hamlet's hypomania might escalate into a delusional and psychotic mania, as it did in him.

Again, the King makes a point of his rationality. He states the reasons for his "quick determination" (3.2.170). But just as he would not appear rash, Claudius does not want to appear indecisive. Indecision is just as much a hallmark of depression as rashness is of mania. Far from attempting to appear to be something he is not--to "smile, and smile and be a villain" (1.5.109)--Claudius wishes to be what he would appear: judicious and decisive.

Gertrude's plan to send Hamlet to England tells us two things about the King. First, he is eager to involve Hamlet in affairs of state, to place his "chiefest courtier" (1.2.117) in a position of diplomatic responsibility. Secondly, Claudius has studied melancholy. Going to sea was a recognized cure for the disorder, as in The Winters' Tale: "He is gone aboard a new ship to purge melancholy" (WT 4.4.752; Jenkins 286).

Polonius gives us a third insight into Claudius when he says that the King may send Hamlet to England, ". . . or confine him where/ Your wisdom best shall think" (3.2.189-190). Claudius now has a legal right, an obligation, perhaps, to imprison Hamlet, and this alternative is approved by his chief counselor. And yet the King does not pursue this course.

Claudius continues to treat Hamlet with courtesy and sympathy in spite of the Prince's rudeness. Consider their exchange before The Murder of Gonzago:

King. How fares our cousin Hamlet?

Ham. Excellent, i'faith, of the chameleon's dish.

I eat the air, promise-crammed. You cannot
feed capons so.

King. I have nothing with this answer, Hamlet.

These words are not mine.

(2.2. 92-96)

The King's greeting is cordial and sincere; Hamlet's reply is disrespectful. His pun on "fares" (2.2.92) Claudius recognizes as characteristic of Hamlet's manic state. The King neither overlooks nor rebukes the Prince's rudeness. He merely responds in a way which allows both men to maintain the appearance of mutual good will.

Any study of Claudius must account for the manner in which he breaks up The Murder of Gonzago. His cry for light, followed by his abrupt retirement to his room, are the only moments in Hamlet when Claudius loses control of himself. We have seen, through Greg, that Claudius has reason enough to interrupt the performance: it is an insult to the Queen, and Hamlet behaves like a dangerous lunatic throughout it. But this does not explain the King's explosive and uncharacteristic interruption of the entertainment.

The answer lies in Claudius's manic-depression, specifically his fears of recurrence. We have seen that people who have experienced mania often distrust their perceptions of reality long after the manic episode is over. A manic-depressive who fears the recurrence of delusion and hallucinations is in a confused and vulnerable state. Not only will he constantly examine his thoughts, action and responses to external stimuli--the very stimuli themselves are suspect.

Goodwin and Jamison write that hallucinations

. . . occupy a portion of the continuum of dream-state-illusory- hallucinatory phenomena that ranges from distortions and misperceptions...to the total conjuring of fully developed images. . .These illusions and hallucinations can vary on a wide variety of aspects, such as their extent (frequency and duration), locations, constancy, intensity, effect on overt behavior, affect produced, content, and casual attributions. (262)

In 1969 the Winoker group determined that,

. . .manic hallucinations [tend] to be brief, grandiose, often part of a delusional idea, usually religious ("the face of God," "Heaven in all its glory"), and frequently in the form of a command from God. Manic and depressive hallucinations [share] in common a fragmented and fleeting quality and usually [occur] in the most severely disturbed patients. (263)

If we accept Greg's ghost-as-hallucination theory, it is easy to see how the above applies to Hamlet. But we must remember that if Claudius killed Old Hamlet during a manic- psychotic fit, then he has certainly experienced a delusion and possibly hallucinations. In 1971 Goodwin and a team of researchers concluded that,

(1) The modality of hallucinations (e.g. auditory or visual) was not constant from one affective episode to another. (2) Patients with affective illness were far more likely than those with schizophrenia to hallucinate only when no other person was there, (3) color was usually normal, (4)

hallucinated people were usually of normal size and appearance, (5) the hallucinations were intermittent, [and] (6) they were often in several sensory modalities. . .

(263)

A 1971 study by Lowe reported that manic-depressive patients experienced mainly auditory and visual hallucinations, that these were less frequent and briefer than hallucinations occurring in other neuropsychiatric conditions, that, in retrospect, the hallucinations were believed by patients to be "less real" but were also perceived to be less controllable. . . and finally, that the hallucinations were always considered by the patients to be experienced only by themselves. (Goodwin and Jamison 263-264)

We have seen that when a hallucination is constant with a delusion, it is said to be mood congruent. Goodwin and Jamison write that in 1969 the Winoker group determined that

. . . religious themes were the most common manic delusions in both men and women. Political themes were more common in men than women, and sexual and financial themes were about equally common. . . .

Depressive delusion tend to focus on fixed ideas of guilt and sinfulness, poverty. . .and feeling of persecution. . . .

(265)

We will learn from Claudius's soliloquy that "fixed ideas of guilt and sinfulness" is an exact description of his mental state. The belief is not delusional; Claudius is guilty and sinful. Nevertheless, we may describe his condition as depressed because of his fixation on his guilt

and sinfulness. This fixation is Denmark's undoing, as we will see. But what of the King's abrupt termination of The Murder of Gonzago?

Claudius is clinically depressed. He is fixated on his guilt and sinfulness and fears a recurrence of his mania. He is, moreover, an alcoholic--Claudius never seems drunk, but he is probably never entirely sober. Once we understand the King's mental condition, it is clear why he breaks up The Murder of Gonzago and flees to the privacy of room: it is momentarily unclear to Claudius whether or not he himself is hallucinating. Greg wrote:

The play begins. It is strange stuff, with its childish crudity and directness, strange in its passionate rhetoric, strangest of all in its harping on the idea of remarriage. It is such a play as Hamlet might have dreamed. The protests of the lady are certainly too much: they are extravagant, irrational. The effect on the audience may be imagined. (405)

Greg argues only that because the play is an insult to the Queen, and because Hamlet is behaving "like a madman; there is no telling what he may say or do next" (405), Claudius naturally halts the performance. But Greg ignores the uncharacteristic abruptness with which Claudius does this, and his equally uncharacteristic retreat to his chambers.

If Claudius were going to experience a mood congruent hallucination, Shakespeare could not have written him a better one than The Murder of Gonzago. The bizarre tableau rises up before him in the dark hall, paralleling his own affairs so closely; he must ask himself if it is a hallucination. Is he going crazy again? Is he seeing a production of his mind while the rest of the court sees something else?

Unnerved, he loses his self control. He can do nothing until he takes stock of himself. If he is hallucinating, he would betray his mental condition to everyone if he took action against Hamlet's tastelessness over nothing. Claudius knows, too, that if he is entering into a manic psychosis he had best do so in private. Finally, he probably wants a drink.

By the beginning of the third act, Claudius has regained his composure. Presumably he has sounded Rosencrantz and Guildenstern about the content of The Murder of Gonzago and determined that he is not reentering a manic-psychotic state. The play was a tasteless joke and the Prince is acting like a dangerous madman. And Claudius has decided that it is time to act like a King. He tells Rosencrantz and Guildenstern that, with regard to Hamlet:

I like him not, nor stands it safe with us
To let his madness range. Therefore prepare you.
I your commission will forthwith dispatch,
And he to England shall along with you.
The terms of our estate may not endure
Hazard so near us as doth hourly grow
Out of his brows.

(3.3.1-7)

As yet there is no talk of arranging Hamlet's death. It might be objected that Claudius never reveals this intention to Rosencrantz and Guildenstern, but Claudius says nothing of such a design in his soliloquy, roughly thirty lines away. Indeed, he is revealed to be consumed with guilt over the murder he has already committed. The idea of committing another murder would surely horrify Claudius. The King

still hopes a sea voyage will cure Hamlet of his melancholy, or that (what in fact happens) the disease will simply run its course.

At the moment, Claudius is most concerned with "the terms of [his] estate" (3.3.5), that is, his position as King of Denmark. Shakespeare emphasizes Claudius's obligations as monarch through the two schoolfellows. Guildenstern points up Claudius's theological responsibility:

Most holy and religious fear it is
To keep those many bodies safe
That live and feed upon your majesty.

(3.3.9-10)

Rosencrantz picks up the theme:

The single and peculiar life is bound
With all the strength and armour of the mind
To keep itself from 'noyance; but much more
That spirit upon whose weal depends and rests
The lives of many. The cress of majesty
Dies not alone, but like a gulf doth draw
What's near it with it. Or it is like a massy wheel
Fix'd on the summit of the highest mount,
To whose huge spokes ten thousand lesser things
Are mortis'd and adjoin'd, which when it falls
Each small annexment, petty consequence,
Attends the boist'rous ruin. Never alone
Did the King sigh but with a general groan.

(3.2.11-23)

If something happens to Claudius, what will happen to Denmark? Is

Hamlet capable of ruling? Not in his present condition. But the King would still like to see Hamlet regain his mental health and stand most immediate to the throne.

Claudius's soliloquy contains images of duality which contribute to the idea of him as two men: the manic-psychotic one who murdered the late King; and the depressed one who must rule Denmark. In language reminiscent of his speech from the throne, Claudius explains:

Pray can I not
Though inclination be as sharp as will,
My stronger guilt defeats my strong intent
And like a man to double business bound,
I stand in pause where I shall first begin,
And both neglect.

(3.3.38-43)

Kittredge observed of the soliloquy:

Claudius is often regarded as a moral monster--selfish, calculating, passionless--subtle and cold as a serpent. From such an error we are rescued by one of the supreme passages in all Shakespeare. . . .In this soliloquy Claudius unlocks his soul. It reveals him not only as passionately remorseful--with a heart in no wise cauterized by crime--but so clear-sighted, so pitiless in the analysis of his own offenses and of the motives that actuated them, that he cannot juggle with his conscience. (1046)

Kittredge concluded of Claudius that "his was a crime of passion;" and of Hamlet that "the play is a contest of two great opposites" (1046). This generous view of the King prompts some observations which

will clarify our own view of him. Kittredge says Claudius killed Old Hamlet out of passion for Gertrude (1046), but is there evidence in the play that this passion still exists? We will soon examine strong evidence that it does not, but already we may observe that Claudius and Gertrude, throughout Hamlet, interact as brother and sister-in-law. There is never a hint of the steaming sexual relationship which Hamlet insists they enjoy. If it existed, would not Shakespeare have given us some hint of it? Indeed, he all but indicates that they do not share a room; Claudius after The Murder of Gonzago is described as being in "his" retirement, "marvelous distempered" (3.2.193); every reference to Gertrude's closet makes it clear that is a private chamber. The text strongly indicates separate quarters for the King and Queen.

In his soliloquy Claudius is indeed passionate in his remorse, but he is not specific about why he killed the late King. he states his position, and asks a rhetorical question:

I am still possess'd
Of those effects for which I did the murder--
My crown, mine own ambition and my Queen.
May one be pardoned and retain th' offence?
(3.3.53-55)

To use Hamlet's own reasoning, the answer is yes: Claudius's madness is Old Hamlet's enemy, and Claudius is of the faction that is wronged (5.2.225-230). Claudius seems not really to remember why he did the murder. He seems more to consider possible reasons, as if he works backward but arrives at a gap in his memory. Was it the crown alone that he wanted, or his ambition--that is, his vision of Denmark's destiny-- or did he conceive a passion for Gertrude and the other "effects" are merely

incidental to winning her? One of these possibilities must have been primary, but Claudius does not seem to know which one.

The entire soliloquy suggests depression and the confused state that follows mania. Claudius laments:

O wretched state! O bosom black as death!
 O limed soul that, struggling to be free
 Art more engaged!

(3.3. 67-69)

Elizabethan audiences would have recognized Claudius's reference to his black bosom as an indication that he is depressed; depression was understood to result from an excess of black bile, mania from an excess of yellow bile. Melancholy, as we have seen, literally means "black bile."

That Hamlet and Claudius are mighty opposites is only true in the strictest sense. As we will next see, the moment Hamlet kills Polonius, the Prince and the King become circumstantially identical.

When Claudius learns that Hamlet has killed Polonius during a manic fit, his response,:

O heavy deed!
 It had been so with us had we been there.

(4.1.13-14)

is ironic. We assume that Claudius means if he had been behind the arras, Hamlet would have stabbed him. But he could also mean that if he had been in Hamlet's position and condition then he might have murdered. Claudius has already killed under the influence of mania. From the circumstances of Polonius's death we are meant to infer something about the murder of Old Hamlet. Claudius continues:

His liberty is full of threats to all--
 To you yourself, to us, to everyone.
 Alas, how shall this bloody deed be answered?
 It will be laid to us, whose providence
 Should have kept short, restrain'd and out of haunt
 This mad young man. But so much was our love,
 We would not understand what was most fit,
 But like the owner of a foul disease,
 To keep it from divulging let it feed
 Even on the pith of life.

(4.1.15-23)

We have no reason to question Claudius's sincerity here, or at the end of this scene, when he tells Gertrude: "O come away,/ My soul is full of discord and dismay" (4.2.44-45). But Hamlet is now a murderer; Claudius knows he must arrange the Prince's death. At the beginning of scene three, Claudius tells his advisors of Hamlet:

How dangerous is it that this man goes loose!
 Yet must not we put the strong law on him:
 He's loved of the distracted multitude,
 Who like not in their judgement but their eyes,
 And where 'tis so, th' offender's scourge is weigh'd
 But never the offence. To bear all smooth and even,
 This sudden sending him away must seem
 Deliberate pause. Diseases desperate grown
 By desperate appliance are relieved,
 Or not at all.

(4.2.1-11)

In both the above passages, disease imagery describes Hamlet and

Denmark, as it does in the following:

Do it, England;

For like the hectic in my blood he rages,
And thou must cure me. Till I know 'tis done,
Howe'er my haps, my joys were ne'er begun.

(4.4.68-71)

In this scene Claudius resolves to destroy Hamlet. He has every reason to do so. Hamlet has committed a capital offence (4.7.7). He is in a manic state and might kill Claudius or any one else at any moment. Yet if Hamlet should kill Claudius he would surely become King--Laertes has not yet entered the picture--and Hamlet is in no condition to rule. Claudius, of course, has also committed a capital offence; however, he believes no one knows this. Claudius indeed becomes sly and duplicitous now, but the mob necessitates his cunning. They would not suffer their favorite to be imprisoned, much less tried and executed. Examined from any standpoint, Claudius's decision to kill Hamlet and the means by which he attempts to do so are justified.

When Hamlet returns to Denmark, and is no longer manic, Shakespeare achieves a brilliant and subtle symmetry with the Prince and the King. Claudius and Hamlet are now circumstantially identical. Each man is the victim of a mental illness under the influence of which he has committed murder. Each man is now in a relatively normal state. Yet each man is responsible for actions taken during a fit. And each man now has a moral obligation to commit another murder: that of the other man. Hamlet must kill Claudius because Claudius killed the King and took the throne. Claudius must kill Hamlet because Hamlet killed Polonius and would take the throne.

To the end, Claudius remains sympathetic to others. His "Pretty Ophelia" (4.5.55) is paternal and empathetic; ever the diagnostician, his first question to Gertrude about Ophelia's condition is: "How long has she been thus?" (4.5.67). Considering Claudius's experience of madness and its consequences at this stage in Hamlet, his words to Gertrude are poignant. First Claudius correctly distinguishes Ophelia's disorder from his own and Hamlet's by identifying it as what today is called brief psychotic disorder. He says:

O' this is the poison of deep grief: it springs
 All from her father's death. And now behold--
 O, Gertrude, Gertrude
 When sorrows come, they come not single spies,
 But in battalions. First, her father slain;
 Next, your son gone, and he most violent author
 Of his own just remove; the people muddied,
 Thick and unwholesome in their thoughts and whispers
 For good Polonius's death--and we have done but greenly
 In hugger-mugger to inter him; Poor Ophelia
 Divided from herself and her fair judgement,
 Without the which we are pictures or mere beasts. . .

(4.5.74-86)

Again, as to this last, Claudius is the man that knows. Again, Denmark is pictured as diseased: the people are "thick and unwholesome" (4.5.82) like black bile in a body. Finally, Laertes has returned to Denmark, misinformed and bloodthirsty. Nearly breaking down, Claudius sums up for his Queen:

O my dear Gertrude, this

Like to a murd'ring piece, in many places
Gives me superfluous death.

(4.5.94-96)

Now the citizens of Denmark enter a nearly manic-psychotic state. At the beginning of the drama, Horatio paints a verbal picture of Denmark's hypomania; a messenger to Claudius evokes the logical outcome of the citizen's mood at the beginning of the play:

The ocean, overpeering of his list,
Eats not the flats with more impetuous haste
Then young Laertes, in a riotous head,
O'erbears your officers. The rabble call him lord,
And, as the world were now but to begin,
Antiquity forgot, custom not known--
The ratifiers and props of every word--
They cry, "Choose we! Laertes shall be king."
Caps, hands and tongues applaud it to the clouds,
"Laertes shall be king, Laertes king!"

(4.5.99-108)

The doors break, the mob enters. The manic Denmark would kill its King just as the manic Claudius killed Old Hamlet, and just as Hamlet would kill Claudius.

Claudius's most revealing speech occurs just after he learns that Hamlet lives. The King tells Laertes:

Not that I think you did not love your father,
But that I know love is begun by time,
And that I see in passages of proof,
Time qualifies the spark and fire of it.

There lives within the very flame of love
 A kind of wick or snuff that will abate it;
 And nothing is at a like goodness still,
 For goodness, growing to a pleurisy
 Dies in his own too much. That we would do
 We should do when we would: for this "would" changes
 And hath abatements and delays as many
 As there are tongues, are hands, are accidents,
 And then this "should" is like a spendthrift sigh
 That hurts by easing.

(4.7. 109-122)

In this astonishing and uncharacteristic speech, as seemingly gratuitous as Hamlet's on heredity, Claudius stammers out the only conclusion he can draw from his experience of mania and depression. Powerful emotions are transitory and may be false. Of course, Claudius wants to goad Laertes into reasoned and considered action instead of rash and impulsive action. But Claudius's recent history is on his mind. He cannot imagine why he killed the late King. He no longer wants to rule Denmark and he exhibits no sexual passion toward Gertrude.

Claudius is shocked into his revealing speech by the news that Hamlet lives, and the realization that, for the good of Denmark, his death must be reengineered. Claudius sees the agitated Laertes before him and remembers a time when mania overcame him. The consequences of that time Claudius must continue to live with and live through. It is as if he had inherited this set of circumstances rather than brought them about. Will occasions never cease to inform against him?

But Claudius is ready to plod wearily ahead, to fulfill his

obligation to Denmark. It is as if, knowing that his disease could erupt again at any moment, his motto remains: "All may be well."
(3.3.72).

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