Hamlet on the Couch

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The history of disease and disease concepts are aspects of medical history fraught with problems and yet full of possibilities. The history of "consumption" before Robert Koch is only partially continuous with the history of "tuberculosis" after him. In one sense, the history of myocardial infarction begins only about 1900, even though men and women suffered from arteriosclerosis before that date. The history of chlorosis has been conceived in terms of diet, anemia, and other physical categories on the one hand, and in terms of social relations and repressed women on the other. "Hysteria" has been recently written about as largely misdiagnosed epilepsy by one historian, and as a kind of alternative career for women denied adequate avenues of social expression by other historians (1). The fascination with retrospective diagnosis so beloved by practicing doctors who turn their attention to history has been castigated by historians who find the exercise distortive, Whiggish, and historically irrelevant. To ask, for example, what was "really wrong" with Napoleon or Darwin has been seen as asking an unanswerable question, or as encouraging speculation in excess of the evidence. Those who have insisted that it is the historian's proper task to try to understand the diagnostic categories and therapeutic options available to a doctor at any particular time only within the terms of his own society are responding to a real historical problem, for our own knowledge of the afflictions of earlier generations is often limited by what they and their doctors made of it. In the end, we may well be forced to conclude that an eighteenth-century lady suffering from the vapors or a nineteenth-century maniac in a Victorian country asylum were afflicted with precisely those diseases.

But such historical contextualism can be pushed too far. It is, perhaps, inevitable that we judge when we write history. We perceive good diagnosticians, and mediocre ones, in the past, just as we have variable confidence in different doctors—and historians—in our own time. And part of our historical judgment bears directly on the doctor's relationship to the realities with which he was faced. Too few historians of psychiatry have concerned themselves with these realities: with, for instance, the prevalence of neurosyphilis and other organic disorders in Victorian asylums. It is not enough to see psychiatric diagnoses simply in terms of ideologies or social control, just as it is not enough to view psychiatric, or medical, disorders as timeless, ahistorical categories which doctors in the past have gropped for and which we, with the benefit of electroencephalograms and CAT scanners, have at last discovered.

To take a concrete example: the medical world of John Conolly at Hanwell Asylum can be only partially reconstructed. We are forever denied immediate access to the patients he examined, though we can know something—but only something—of their personalities, their physiognomies, their bodies. We can have reasonable access to what he considered significant in his patients' life histories, psychological make-ups, and social relations; we can infer what he did not consider worth noting or eliciting. But we cannot examine his patients ourselves, order an electroencephalogram, do a mental status examination, or ask about their dreams or early childhoods.

The case of Hamlet

There is, however, one psychiatric case about which dozens of psychiatrists have written and to which our own access is just as privileged as theirs: Hamlet, the Dane, about whom more has been written than about any Danish person of real historical substance. Indeed, more has been written of Hamlet than of any doctor who ever lived. He has become part of world culture, and the literature about him knows no ordinary national or linguistic barriers. The French find him fascinating and the Germans seem sometimes to believe that his original utterance was "Sein oder nicht Sein" (2).

It should thus not come as a surprise to learn that Hamlet has fascinated psychiatrists of the past century and a half. The rollcall of nineteenth-century psychiatrists who turned their attention to him reads almost like a Who's Who of British, American, and German psychia-
try; Conolly himself, as well as J. C. Bucknill, Henry Maudsley, and Forbes Winslow in England; Isaac Ray, Amariah Brigham, and A. O. Kellogg in America; and from the Continent, Cesare Lombroso, A. Delbruck, Heinrich Laehr, and H. Turek. Even a Dr. Jekels has contributed to the literature on psychopathology in Shakespeare (3).

In this century, psychoanalysts since Freud himself have been eager to add their solutions, most notably Ernest Jones and Otto Rank, and more recently Kurt Eissler, W. I. D. Scott, Theodore Lidz, Irving Edgar, and Norman Holland. Dr. Eliot Slater, one of the most organically orientated of leading contemporary British psychiatrists, even added his mite, arguing with playfulness but with some interesting textual evidence that Hamlet’s “problem” was the discovery that he and Ophelia had actually committed incest together (4).

The range of other diagnoses has been equally wide. Hamlet has been confidently diagnosed as a melancholic, a maniac, and both—that is, a manic-depressive; he has been seen as a neurotic, most classically as one with unresolved Oedipal conflicts, but with a variety of other compulsions and obsessions; he has been pronounced a neurasthenic, a hyster, a type of human degeneracy, and a classical case of the malingerer. He has been approached as one who was criminally insane and had the extent of his criminal responsibility assessed. Occasionally, psychiatrists have even dared suggest he was sane, although this diagnosis has largely been the province of literary critics; psychiatrists, it seems, are more prone to diagnose mental disturbance in individuals than are lay people. “Hamlet, in particular,” writes the American psychiatrist Theodore Lidz, “attracts the psychiatrist because it is a play that directly challenges his professional acumen” (5). A century ago, Henry Maudsley, Conolly’s son-in-law and the preemi-
nent British psychiatrist of the second half of the nineteenth century, was a bit more modest:

An artist like Shakespeare, penetrating with subtle insight the character of the individual, and the relations between him and his circumstances, discerning the order which there is amidst so much apparent disorder, and revealing the necessary mode of the evolution of the events of life—furnishes, in the work of creative art, more valuable information [about the causes of insanity] than can be obtained from the vague and general statements with which science, in its present defective state, is constrained to content itself. [6]

Given the range of psychiatric and critical comment already offered on Hamlet’s personality and psychology, in short, his “problem,” there would be little point in adding to the pile. Rather, we propose to look at the historical Hamlet, at a character—almost, it would seem, a person—who has in essence been alive these three and a half centuries and more. Analysis terminable and interminable, one might say. But analysis there has been, only a fraction, of course, by psychiatrist, but enough to give a fairly precise flavor of changing psychiatric parameters and perceptions. We can only sketch Hamlet the person and can do only a little more for Hamlet on the couch, but since Hamlet has no existence outside the boundaries of his play, since we can in theory know exactly as much about him as did Dr. Johnson, or John Conolly, or Ernest Jones, we can use him as a kind of touchstone by which to measure changing opinion—psychiatric and otherwise—about normalcy and madness.

Professional psychiatric concern seems almost coincident with the psychiatric profession itself—from the middle decades of the nineteenth century. But what these psychiatrists had inherited was a prince—a person or patient, or what you will—who had undergone a complex metamorphosis over two and a third centuries. Let us mention briefly what this was. Shakespeare’s Hamlet, for historical purposes, was a text: a set of words, stage directions, and implied actions and interactions. But of course Shakespeare’s Hamlet also related to what we know about Shakespeare himself, and to a character and plot which Shakespeare inherited from earlier sources and molded to suit his own particular dramatic purposes. This was undoubtedly important to Shakespeare’s audience, who would have been familiar with Thomas Kyd’s earlier version and who would in any case have reacted in certain ways to Hamlet as a character in a revenge tragedy (7). This earlier plot and this well-established tradition would have satisfactorily explained to Shakespeare’s original audiences two of the central problems which were so much to exercise later critics and psychiatrists: first, was Hamlet really mad, or did he merely feign madness? Unfortunately, Hamlet doesn’t help us much at this point, for he warns Horatio and Marcellus, after his encounter with the ghost, that he may have future occasion to “put an antic disposition on”; whereas, almost at the end, when preparing to fight Laertes, he announces that it was his madness which caused him to wrong Laertes, and by extension, Polonius and Ophelia as well. What to believe, Hamlet’s prediction or Hamlet’s reflection? Hamlet of Act I or Hamlet of Act V? For a century and more, it was the early Hamlet who was believed, one reason at least being that Kyd’s Hamlet unequivocally feigned madness.

The second problem was not unrelated to the first. If Hamlet was sane throughout, is he really the stuff of tragic stature? Can he really be a tragic hero? For he could be said to procrastinate; he ilts his true love and indirectly causes her death; he kills her father and, eventually, her brother; he sends Rosenkranz and Guildenstern to their deaths and generally wreaks havoc wherever he goes. But this is to bring later glosses on the action, for the tragedy of revenge did not require morally blameless heroes, and Shakespeare’s seventeenth-century audiences probably saw Hamlet as a rather bitter, sarcastic, cynical, and often witty malcontent, and if mad, mad rather comically, in the way that all lovers are a little mad (8). But in any case, psychological readings of Hamlet do not appear until the eighteenth century.

Classic and romantic Hamlets

During the eighteenth century, David Garrick brought to Hamlet a new realism and naturalism, attuned to the refinements and sensibilities of the age. His Hamlet was every inch a prince, a tragic character caught in a web of intrigue and circumstance, consonant with the critic William Richardson’s 1784 description of Hamlet’s “virtue and moral beauty” (9). Garrick, said one of his contemporaries, has “drawn this prince of a reserved cautious turn, arising from a melancholy stamped on him by his father’s untimely and some consequent misfortunes” (10). In the eighteenth century, what were increasingly being called “nervous” diseases were fashionable, and to have one was a sign of refinement and sensibility (11). Given such widespread eighteenth-century fascination with the genteel, it is not surprising that Hamlet’s melancholic turn of mind should strike sympathetic chords. Eighteenth-century audiences and critics discovered Hamlet’s psychology, his meditative, thoughtful, contemplative self; in short, they saw melancholy, but they did not medicalize it. Eighteenth-century psychiatric writings often distinguish rather sharply between melancholy and madness, and if, as for King Lear, that way madness lies, Hamlet stayed firmly on this side of the pale.

Of course, the aesthetics of sensibility sometimes jostled uneasily with the purity of Augustan humanism, and in England, Dr. Johnson was certain that Hamlet’s madness was simply pretended, reserving his tears for Ophelia, “the young, the beautiful, the harmless, and the pious” (12). In France, Voltaire was unmoved. Writing in the 1740s, when Garrick was in his prime, Voltaire could insist:

Englishmen believe in ghosts no more than the Romans did, yet they take pleasure in the tragedy of Hamlet, in which the ghost of a king appears on the stage... Far be it from me to justify everything in that tragedy; it is a vulgar and barbarous drama, which would not be tolerated by the vilest populace of France, or Italy. Hamlet becomes crazy in the second act, and his mistress becomes crazy in the third; the prince slays the father of his mistress under the pretense of killing a rat, and the heroine throws herself into the river; a grave is dug on the stage, and the grave-diggers talk quodlibets worthy of themselves, while holding skulls in their hands; Hamlet responds to their nasty vulgarities in silliness no less disgusting. In the meanwhile another of the actors conquers Poland. Hamlet, his
mother, and his father-in-law, carouse on the stage: songs are sung at table; there is quarreling, fighting, killing—one would imagine this piece to be the work of a drunken savage. [13]

In the end, of course, sensibility won out, and Romanticism created its own version of human nature, its own Hamlet. For the Romantics, Hamlet embodied quintessentially the all-too-human dichotomy between thought and action, between exultation and despair. For Samuel Taylor Coleridge, he had “every excellence but the power to act” (14). He was a young Werther before his time, and it is not surprising that the creator of Werther—Goethe—should have left a description of Hamlet which embodied all the Romantic fascination with Shakespeare’s character. Of Hamlet, Goethe wrote:

Tender and nobly descended, this royal flower grew up under the direct influences of majesty; the idea of the right and of princely dignity, the feeling for the good and the graceful, with the consciousness of his high birth, were unfolded in him together. He was a prince, a born prince. Pleasing in figure, polished by nature, courteous from the heart, he was to be the model of youth and the delight of the world.

A beautiful, pure, and most moral nature, without the strength of nerve which makes the hero, sinks beneath a burden which it can neither bear nor throw off; every duty is holy to him—his too hard. The impossible is required of him—not the impossible in itself, but the impossible to him. How he winds, turns, agonizes, advances, and recoils ever reminded, ever reminding himself, and at last almost loses his purpose from his thoughts, without ever again recovering his peace of mind. [15]

The Romantics established once and for all what earlier critics had only hinted at: that Hamlet is Shakespeare’s most personal play, and that Hamlet himself can be seen as an existential, universal Everyman. “Hamlet is a name,” wrote William Hazlitt in 1818, “his speeches and sayings but the idle coinage of the poet’s brain. What then, are they not real? They are as real as our own thoughts. Their reality is in the reader’s mind. It is we who are Hamlet” (16).

We can see, then, that by the early nineteenth century there had been many Hamlets; from the rather bitter and cynical revenger of the seventeenth century, to the psychologically rounded, sympathetic character of Garrick in the eighteenth century, to Hazlitt’s “prince of philosophical speculators.” There had been the occasional suggestion that Hamlet actually goes mad in the play, but no more than suggestions, and for the most part, Hamlet’s contemplative melancholy was simply part of his character. And the balance of theatrical opinion throughout the nineteenth century was that diagnosing madness kills the tragedy. Or as James Russell Lowell put it in the 1860s, if Hamlet were really mad he would be irresponsible, and the whole play a chaos (17). Most of the great nineteenth-century actors, such as Henry Irving or Edwin Booth, refused to interpret a mad Hamlet. Booth was surrounded by tragedy: his brother John Wilkes Booth was Lincoln’s assassin, his wife went mad, he himself was constitutionally melancholic. But he aimed to present Hamlet as consistently sane: “I do not consider Hamlet mad,” he said, “except in craft” (18). Irving’s Hamlet was described as “entirely lovable.”

Thus, nineteenth-century critical and theatrical opinion continued largely to operate within the frame—work established by the Romantics. Of course, Hamlet was an enigma, but that was part of his fascination.

Hamlet in the asylum

Banded against the critical and theatrical views was a body of opinion which insisted that Hamlet was insane. It derived almost entirely from the nascent psychiatric profession in America and Britain, a specialty which in its formative period can be identified with the orderly, moralistic, and initially optimistic world of the asylum. We have mentioned its main protagonists: John Conolly, medical superintendent at Hanwell Asylum, near London, where he introduced the “nonrestraint” system; J. C. Bucknill, resident superintendent of the Devon County Asylum from 1844 to 1862, first editor of the Journal of Mental Science (1853–62) and a cofounder of the neurological journal Brain (1878); Amariah Brigham, Bucknill’s complement as first editor of the American Journal of Insanity (1844), and superintendent of the New York State Lunatic Asylum; Isaac Ray, a key figure in the establishment of legal psychiatry in the United States, like Brigham a founder of the Association of Medical Superintendents of American Institutions for the Insane, and physician in chief of Butler Hospital in Providence, Rhode Island; A. O. Kellogg, assistant physician of the State Hospital for the Insane in Poughkeepsie, New York; and an obscure English doctor, possibly formerly an actor, George Farren, who was described as resident director of the Asylum Foreign and Domestic Life Assurance Company in the 1830s.

There are a few differences in these doctors’ opinions, variously delivered in the half-century between the 1830s and the 1880s, but the differences are as nothing when compared with their points of professional agreement, and they may be treated essentially as a group. All were certain that Hamlet was of unsound mind. The problem with critics, Isaac Ray complained, was that they lacked the medical acumen “to discern the essential distinction between real and feigned insanity” (19). A. O. Kellogg believed it impossible to “unlock the profound mystery with which [Shakespeare] has surrounded the character of his hero, without the true key, which is at once furnished by the supposition of the real madness of Hamlet, which, to the experienced medical psychologist is quite . . . evident” (20). Hamlet’s first soliloquy (“O that this too solid flesh would melt”) already, Conolly insisted, demonstrates his predisposition to unsoundness. Hamlet is “constitutionally deficient in that quality of a healthy brain or mind which may be termed its elasticity, in virtue of which the changes and chances of the mutable world should be sustained without damage, and in various trials steadfastness and trust still preserved” (21).

There were several reasons why these nineteenth-century psychiatrists believed Hamlet to be of unsound mind. One was his suicidal tendencies. In Shakespeare’s day, suicide was a crime, and unless the person who took his own life could be proved to have been mentally deranged, he died a felon and his property was forfeited to the state. Christianity as interpreted by sixteenth- and seventeenth-century churchmen was firm in its prohibition of suicide—as Hamlet himself recognizes: “Or that
the Everlasting had not fixt / His canon ‘gainst self-slaughter.’ Ophelia’s suicide was done after overt distraction had supervened, and her madness was never really in doubt. In general Shakespeare and his fellow Elizabethan and Jacobean dramatists reserved suicide for obvious villains or noble Romans, for whom suicide was in some circumstances the only honorable way out. By the eighteenth century, social attitudes to suicide had relaxed, but the law had not, so coroners’ juries routinely gave a verdict of temporary madness at the time of the act (or of accidental death, if this was a possible interpretation) so that the deceased’s family could inherit his property. In Garrick’s version Hamlet actually dies by running into Laertes’s sword, and then joins Laertes’s (who survives) and Horatio’s hands to pick up the pieces of the rotten state of Denmark. Werther of course dies by his own hand, and Hamlet’s own deliberations were in tune with the cultural preoccupations of the early nineteenth century.

By early Victorian times, when psychiatric comment on Hamlet began, suicide had been more or less completely medicalized, and was seen as evidence either of excessive melancholy or of the same kind of irresistible impulse seen in various forms of mania, such as homicidal or erotic monomania. And Farren added a strongly religious and moral judgment to Hamlet’s “To be or not to be” contemplation of suicide, claiming that he there weighs the pros and cons of living so cold-bloodedly, and irreligiously, that he must already show evidence of his madness (22).

It was not simply Hamlet’s meditations on suicide that gave nineteenth-century psychiatrists the assurance to diagnose insanity. Ironically, it was also his warning to Horatio and the others that he might put on an “antic disposition”: that he might feign madness. Conolly insisted that Hamlet’s curious mixture of feigned and real madness was “generally only known to those who live much among the insane” (23); Farren triumphantly concluded that “feigning madness is a theory with many persons who are subject to mental aberrations” (24). More cautiously Bucknill pointed out that since one of Shakespeare’s sources depicted another prince Hamlet feigning madness to escape the tyranny of his uncle, perhaps not too much should be construed from this twist of the plot (25).

But Bucknill was at one with his psychiatric colleagues in seeing in Hamlet’s incapacity to effect the revenge with which the ghost had charged him—his incapacity to act—the evidence of mental disease. It was a disjunction between desire and will which was construed by Victorian psychiatrists as a common feature of the lunatic. Lunatics had simply lost control. It is in the “nature of insanity to talk but not to act, to resolve but not to execute,” believed Ray (26). The Victorian concept of manliness, urged in dozens of pamphlets, sermons, and tracts aimed at the young, and built into the Victorian public school emphasis on vigorous sports and the fair play they were supposed to engender, viewed excessive introspection and preoccupation with self as a dangerous and vicious habit one step away from frank insanity (27). Hamlet’s early introspective cast of mind, Ray insisted, was but “the precursor of [his] decided insanity.” The Romantic critic Charles Lamb, who described Hamlet as shy, negligent, and retiring, had pointed out that nine-tenths of what Hamlet says and does are “transactions between himself and his moral sense, . . . effusions of his solitary musings” (28). For the High Victorian psychiatrist, this was evidence of a morbid mind. A Hamlet paralyzed to inaction, unable to call up the resources of willpower, unable to do his duty, is a Hamlet who is the victim of disease.

But it is not simply that Hamlet did not conform to the model product of the Victorian public schools. Insanity, for nineteenth-century psychiatrists, was a physical disease, the product of physiological dysfunction or organic changes. Nineteenth-century psychiatrists admitted the general relevance of certain psychological factors in the causation of insanity—jealousy, profound sorrow, and other strong emotions, for instance—but they resisted the impulse to formulate the idea of primary mental disease. There were professional issues at stake here, for if insanity was a physical disease, little different in theory from tuberculosis or typhus, their own claims to being by education, knowledge, and social function obvious experts in looking after the insane logically followed. A considerable amount of recent historical work has examined the professional side of Victorian psychiatry, and it was consistent with these psychiatrists’ more general ideas of insanity, and their professional aspirations, that our nineteenth-century commentators on Hamlet should stress that his insanity was organically grounded. Amariah Brigham summarized this attitude as follows:

An examination of Shakespeare’s writings will show that he believed the following facts, all of which were in advance of the general opinions of the age, and are now deemed correct.

1. That a well-formed brain, a good shaped head, is essential to a good mind.
2. That insanity is a disease of the brain.
3. That there is a general and partial insanity.
4. That it is a disease which can be cured by medical means.
5. That the causes are various, the most common of which he has particularly noticed. [29]

Shakespeare, these nineteenth-century commentators insisted, with his intuitive genius recognized many of the physical indications of insanity. For instance when Hamlet, closeted with his mother, having just killed Polonius and having seen for the last time the ghost of his father, is urging her frantically to abstain from the incestuous bed, and is accused by his terrified mother of distraction, he replies, “Ecstasy? / My pulse as yours doth temperately keep time / And makes as healthful music. It is not madness / That I have uttered; bring me to the test / And I the matter will re-word, which madness / Would gambol from.” A normal pulse and the ability to repeat what has been said without confusion: these, Hamlet insists, are proof of sanity. To this Bucknill replies: “the pulse in mania averages about fifteen beats above that in health; that of the insane generally, including maniacs, only averages nine beats above the healthy standards; the pulse of melancholia and monomania is not above the average” (30). “It is curious to observe,” Conolly added, “that the arguments [Hamlet] adduces to dispove his mother’s supposition [of his madness] are precisely such as certain ingenious madmen delight to employ” (31). Put to the test, both Conolly and Bucknill imply, Hamlet would fail; his earlier bouts of
feigned madness (if feigned they were) are gone, and he is physiologically deranged.

In the end, however, nineteenth-century psychiatrists judged Hamlet mad on moral grounds. They found him sympathetic and moving only if mad. For, after all, in their eyes, he botches just about everything he attempts. Everything he touches turns to dross. He is in turn capricious and obscene with Ophelia; he feels no remorse after killing Polonius; contemplates killing his uncle when the latter is at fitful prayer and declines for fear that his uncle might go to heaven, thereby taking upon himself the right of judgment which God alone should possess; he cold-bloodedly sends Rosenkranz and Guildenstern to their deaths; he causes Ophelia’s distraction and death; his mother and Laertes die as a result of his bungling. He is, within the moral world of Victorian psychiatry, either an unfeeling, egocentric cad or a madman, and it is only if his actions are explained by reference to his madness that our psychiatrists could view his tragedy in sympathetic terms, or could rationalize their own emotional responses to his story.

Nineteenth-century psychiatrists analyzed Hamlet in terms of his actions, and their relation to his expressed states of mind and emotions. They noted, of course, his obsession with his mother’s remarriage but were much more interested in his relationship with Ophelia. They saw his delay as symptomatic of his melancholic disposition, his morbidly introspective personality, and his inappropriate and blunted emotional responses. They assumed his love of Ophelia to be pure and straightforward, and attributed some of his psychological problems to her contradictory behavior towards him.

The psychoanalyzed Hamlet

But Hamlet changed with the coming of psychoanalysis. He acquired a sexual identity, his introspectiveness became part of his fascination instead of a part of his disease, his musings on suicide again, as in Romanticism, became painful evocations of the existential human condition instead of an indication of insanity. Freud was always drawn towards Shakespeare’s plays, and it was he who first proposed what, with variations and endless elaborations, has become a standard psychoanalytic interpretation in the present century. For Freud, Hamlet was simply another version of the universal Oedipal strivings which, unresolved, are the origin of much neurotic behavior in adults. Hamlet was Shakespeare’s unique creation; indeed, Hamlet was Shakespeare, created while mourning the death of his father, and the death of his small son, named Hamnet, and reflecting Shakespeare’s own suicidal longings, his own weariness with this sterile promontory, his own sexual fantasies and conflicts. Symbolically, the ghost—Hamlet’s father—is one of the roles Shakespeare the actor has been thought to play. These biographical implications of Shakespeare naming his son Hamnet, and playing the ghost, were used by James Joyce when, in Ulysses, he wrote:

Is it possible that the player Shakespeare, a ghost by absence, and in the vesture of buried Denmark, a ghost by death, speaking his own words to his own son’s name (had Hamnet Shakespeare lived he would have been Prince Hamlet’s twin), is it possible, I want to know, or probable that he did not foresee the logical conclusion of these premises: You are the dispossessed son, I am the murdered father; your mother is the guilty queen, Ann Shakespeare, born Hathaway.

For Freud, Hamlet cannot kill his uncle because of these Oedipal strivings; because he identifies—unconsciously—with his uncle as having done precisely what every male child fantasizes: killed his father and married his own mother. By this, Freud could explain at once Hamlet’s delay (indeed, even in the final act, he can kill his uncle only after his mother is dead) and Hamlet’s intense emotional reaction to his mother’s remarriage and sexuality. Curiously enough, Freud changed his mind: not about the Oedipal interpretation but about the authorship of the play. He became a keen student of the early twentieth-century suggestions that this untutored actor from Stratford could not possibly have written such great works of art. Freud was attracted by the possibility that England’s national poet was not even English—perhaps it was a corruption of the French name Jacques Pierre? (32) Then, an Englishman with the appropriate name of Thomas Looney published in 1920 a work entitled ‘Shakespeare Identified’, in which Edward de Vere, Earl of Oxford, was confidently asserted as the author of the plays bearing Shakespeare’s name. It is, of course, in the nature of psychoanalysis that it can explain not only Hamlet, but the reasons why Freud could not accept Shakespeare as the author of his own plays: as Norman Holland has written, Freud’s urge to dethrone Shakespeare stemmed from his view of “the artist as a kind of totem whom he both resented and emulated” (33). At any rate, Freud’s final pronouncement was that the name “William Shakespeare” is very probably a pseudonym behind which a great unknown lies concealed. Edward de Vere, Earl of Oxford, a man who has been thought to be identified with the author of Shakespeare’s works, lost a beloved and admired father while he was still a boy and completely repudiated his mother, who contracted a new marriage very soon after her husband’s death. [34]

Freud’s defection was a source of some embarrassment to his biographer, Ernest Jones, who earlier had extended Freud’s initial brief comments on the Oedipal theme in Hamlet into a full essay, entitled “A Psychoanalytic Study of Hamlet”; weaving Shakespeare’s life as it is known or conjectured with the themes from the play, and finally pronouncing Hamlet a cyclothymic hysterical, Jones sums up:

The main theme of [Hamlet] is a highly elaborated and disguised account of a boy’s love for his mother and consequent jealousy of and hatred towards his father. . . . There is . . . reason to believe that the new life which Shakespeare poured into the old story was the outcome of inspirations that took their origin in the deepest and darkest regions of his mind. [35]

Jones’s discussion, couched in the language of psychoanalysis, is concerned with neurosis, not madness. Like other psychiatrists before and since, he used his own peculiar spectacles to view the world of Hamlet. For instance Theodore Lidz, concerned in research with the family dynamics of schizophrenia, has emphasized the complex series of familial and surrogate familial relationships in the play (36); W. I. D. Scott, more interested in psychotic illness and in Jungian typologies, analyzed Hamlet as a manic-depressive with a variable mental and emotional state (a “morally orientated introverted intuitive”) (37); Norman Holland, coming to psychoanalysis

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from literature, used the whole Shakespearean canon to attempt to illuminate many facets of Shakespeare’s personality, insisting, as is common, that Hamlet is a uniquely personal statement by the Bard.

With the triumph of the psychoanalytical interpretation of Hamlet, we return, not necessarily to the character Shakespeare created, but to a Hamlet much closer to that of the Romantics: of Goethe, Schelling, Coleridge, Hazlitt, and Charles Lamb. While psychoanalytical readings have met with a mixed response from critics, they have at least provided a set of more flexible, culturally rooted concepts with which to join the world of art to the world of psychiatry. Any reader of Henri Ellenberger’s Discovery of the Unconscious will already have noted the Romantic roots of dynamic psychiatry (38). And so with psychoanalysis, as he was for the Romantic critics, Hamlet has once again become for us Everyman. But with a difference, perhaps, for the psychoanalytically Everyman has been medicalized, become the modern Oedipal neurotic in need of professional help.

But in conclusion we must give Shakespeare—and Hamlet—the last word. Would Shakespeare have welcomed the coming of psychoanalysis? We cannot of course know, but there is a theme in Hamlet which suggests that, like the High Victorians, there were areas of life about which he knew but about which he might choose to remain silent. For Hamlet is a play not just about madness, real or feigned, but about the intrusive-ness of spying. Rosenkranz and Guildenstern are brought in to spy on Hamlet; Polonius, Gertrude, and Claudius spy on Hamlet and Ophelia; Polonius spies on Hamlet and Gertrude; Polonius sends Reynaldo to spy on Laertes in Paris. In fact, Polonius is the arch spy, mastermind-ing a whole intricate network of intrigue. He is also, as Erik Erikson once noted, a kind of resident psychiatrist (“I have found the very cause of Hamlet’s lunacy”) (39).

But what did Hamlet himself think of it all? Would he have enjoyed being on the couch? After the Player Scene, Hamlet and Rosenkranz and Guildenstern are speaking. Hamlet is fending himself from the persistent questioning and spying of his erstwhile friends. A recorder is brought on, and Hamlet challenges Guildenstern to play upon it:

Hamlet: Will you play upon this pipe?

Guildenstern: My Lord, I cannot.

Hamlet: I pray you.

Guildenstern: Believe me, I cannot.

Hamlet: I do beseech you.

Guildenstern: I know no touch of it, my Lord.

Hamlet: ‘Tis as easy as lying: govern these ventages with your finger and thumb, give it breath with your mouth, and it will discourse most eloquent music. Look you, these are the stops.

Guildenstern: But these cannot I command to any utterance of harmony, I have not the skill.

Hamlet: Why look you now, how unworthy a thing you make of me: you would play upon me; you would seem to know my stops: you would pluck out the heart of my mystery; you would sound me from my lowest note, to the top of my compass: and there is much music, excellent voice, in this little organ, yet cannot you make it speak. Why do you think that I am easier to be played on, than a pipe? Call me what instrument you will, though you can fret me, you cannot play upon me.

References

10. Ref. 8, p. 40.
13. Ref. 2, pp. 18–19.
17. Ref. 2, pp. 90–95.
23. Ref. 21, p. 52.
28. Ref. 2, pp. 41–43.
30. Ref. 25, p. 88.
31. Ref. 21, p. 155.
34. Ref. 32, p. 611.
36. Ref. 5.
39. Ref. 33, p. 175.