

# [Madness in hamlet](https://assignbuster.com/madness-in-hamlet/)

[](https://assignbuster.com/)[Literature](https://assignbuster.com/essay-subjects/literature/), [British Literature](https://assignbuster.com/essay-subjects/literature/british-literature/)

DRAFT- NOT MLA-LACKS FORMATTING/REFERENCESHamlet-Melancholy, Madness and Sanity Hamlet, a play by William Shakespeare, is as much a mystery as a tale aboutdepression, madness and sanity. Shakespeare reveals how the scourge of corruption and decay rapidly spread; and the emotional consequences that follow. Insanity, madness and depression are as intolerable as corruption and deceit; and just as intertwined. The play makes one ponder if it is possible to be sane in an insane world full of treachery, revenge, incest, and moral corruption?

By examining the themes of melancholy, madness and sanity in Hamlet, Shakespeare details his character’s descent from depression to madness. Additionally, Hamlet’s psychological state can be analyzed by utilizing modern psychological diagnoses, in order to understand his mental state. Throughout the story, Hamlet exists in a melancholy state, " essentially not in madness, / But mad in craft" (3. 4. 204-205). Hamlet states to Horatio “ as I perchance hereafter shall think meet/ To put an antic disposition on” in order to deceive the king that he is insane (Act I, Scene V, Line 190).

However, was Hamlet acting or was he already mentally disturbed? Did Hamlet go mad in the end, or was Hamlet insane from the start of the play, and his mental condition only worsened as the play unfolded? The world in which Hamlet existed appears hostile. The king is a murderer; his mother the queen lusts after her deceased husband’s brother; friends spy and deceive one another; and Hamlet’s lover Ophelia literally loses touch with reality. Hamlet believes that onlysuicidecan free him from his misery. Hamlet is not the only person struggling with depression.

From the beginning, Francisco says, “’Tis bitter cold, / And I am sick at heart”. Marcellus states that “ Something is rotten in the state of Denmark” (). Fear is spread by the ghost of King Claudius wandering the city streets. Reoccurring themes of corruption result in Hamlet stating “ The dram of evil / Doth all the noble substance of a doubt / To his own scandal” (Shakespeare 51). One evil person can contaminate an entire kingdom. As the kingdom decays, emotional trauma increases. Hamlet concludes that the world “’Tis an unweeded garden / that grows to seed.

Things rank and gross in nature / Possess it merely ( ). The weeds represent decay in a world of evil and sin. The “ things” are symbolic of man and his temporary dominance over himself, his fellow man and nature. Pessimism permeates the screenplay and the reader is led to connect the dysfunction with the resulting mental states of depression that infect Hamlet. Hamlet’s psychological status can also be analyzed from a modern perspective. Today we have thediagnostictools to identify and treat the disorders that afflicted Hamlet.

Though Hamlet presents as melancholy throughout the play, there are three additional disorders that afflict Hamlet including post-traumaticstressdisorder, schizophrenia, and bipolar depression. Three traumatic events contribute to Hamlet’s descent into madness: the death of his father, the incestuous marriage between his uncle and mother, and the discovery of his father’s murder by Claudius. These emotional traumas contributed to Hamlet suffering from what we would now diagnose as Post-traumatic stress disorder.

Post-traumatic stress disorder (PTSD) is characterized by the inability to properly construct emotional appropriate responses to situations and an emotional blunting. Throughout the play, Hamlet had issues with people in his social circle. Hamlet becomes enraged with Laertes because of his dramatic sorrow over the death of Ophelia (Act V, Scene I). Soon thereafter, Hamlet realizes his reaction to Laertes was inappropriate and later apologizes to Laertes. Hamlet demonstrates impulsive behavior and lashes out at people without considering the ramifications.

In addition to Laertes, Ophelia, Hamlet’s beloved, is also not immune to his rage. Hamlet is susceptible to highly reactive emotional responses, and suicidal ideation is mentioned throughout the play. Symptoms of PTSD often include changes in self-perception, relationship stressors, and frequently revenge fantasies. Hamlet’s emotional state deteriorates over the duration of the play. These changes include increased helplessness and the inability to make decisions as he becomes more ill. Hamlet exhibits other PTSD symptoms. Hamlet feels inferior to Fortinbras and Horatio, and in his attempts to kill Claudius.

Hamlet also isolates himself and becomes more paranoid as the play progresses. Not that being paranoid would be an inappropriate emotional response to theenvironmenthe is in, but his paranoia takes over. Eventually Hamlet becomes obsessed with revenge after he is compelled by his father’s ghost to avenge his death. Symptoms of schizophrenia also present in Hamlet. The symptoms of schizophrenia can include hallucinations, isolation from others, a loss of reality and paranoia. While berating his mother about her rapid remarriage, suddenly Hamlet begins addressing an invisible specter. “ What would your gracious figure? [QUEEN] Alas, he’s mad! ” (Act III, Scene IV, Line 116-117). Hamlet has visions, or hallucinations, of his dead father’s ghost. The ghost was seen once by Horatio and some guards at the start of the play, but not by anyone else. The appearance of the ghost may have been reality or a hallucination. However, the second ghost to appear, that only Hamlet could see and hear, was confirmation of Hamlet’s insanity. Schizophrenia is often symptomatic with visual, but more commonly auditory hallucinations. After the death of Hamlet’s father, Hamlet began to withdraw and became reclusive in nature.

He didn’t combat be forced to leave toboarding school, he spent less time with Ophelia, and he became very isolated. Hamlet appears to have been in the initial stages of schizophrenia where the real and unreal become blurred, but he is not yet incapacitated by his disorder prior to his murder. Perhaps if he didn’t die young the disease would have progressed. Even Polonius questioned Hamlet’s state-of-mind when he said, “ How pregnant sometimes his replies are – ahappinessthat often madness hits on” (Act II, Scene II, Lines 213-215). Throughout the play, evidence of bipolar disorder (also known as manic depression) is identified.

It is hard to distinguish if Hamlet is bipolar or having a schizophrenic break since both diseases have common behavioral features. Bipolar disorder is known for manic or escalated behaviors coupled with severe depression when the mania recedes. Manic behaviors include pressured (or rapid) speech, grandiose beliefs, insomnia, and hyper or frantic behavior, followed by periods of extreme anergic depression that is emotionally and physically debilitating. Hamlet escalates between periods of excitement and kinetic activity to states of absolute misery and unproductivity.

Hamlet procrastinates, but it may be due to the depressive period he cycles in and out of. Hamlet’s soliloquies all contain themes of suicide and hopelessness (depression), but his manic states are more difficult to define. Hamlet creates a plan to prove Claudius’s guilt while justifying his own rage and revenge. When Hamlet discovers that the players are coming to the castle, he rapidly goes from melancholy to a state of over-excitement. He becomes highly focused and implements a detailed plan to kill Claudius. Hamlet quickly abandons his plan and slips back into his depression (sparing Claudius).

If Hamlet was able to execute all of the schemes and plans he devises, the play would be chaotic. Another incident suggests another bipolar episode when Hamlet, on the boat to England, facilitates the execution of Rosencrantz and Guildenstern; and also plans an attack on a pirate ship for revenge. Grandiose thoughts are a common feature while in a manic phase. Hamlet quickly forgets or fails to follow through with his plan and falls back into a depressive state. Hamlet’s manic depression is referred to as rapid cycling because the mania and depressive states change quickly.

Ultimately, Hamlet may not be procrastinating at all like is assumed throughout the play. Hamlet may be incapable of fulfilling his grandiose plans while in a depressive state. In Hamlet’s time people had no concept of mental illness or mood disorders. People believed that behavior was deliberate and labeled unacceptable behaviors as character defects. Hamlet was a deeply disturbed individual. Author Gertrude Morin suggests that a cognitive approach be used to understand Hamlet. Hamlet, Morin says, is “ a portrayal of a tortured, depressed young man who loses his way in the labyrinth of his negative thoughts. He not only suffered from negativity, mania and depression; the environment in which he lived was highly dysfunctional for anyone’s mentalhealth, let alone an ill man. At the beginning of the play, Hamlet is depressed but the events that develop during the play exacerbate his descent into madness. Not many people in the Kingdom of Denmark escape the toxicity of the world in which they lived. Ophelia may have suffered the most, and was also tormented by Hamlet’s illness, and eventually by saw no other option but to end her life. Depression and despair seemingly became as contagious as the small pox- and just as untreatable.

Hamlet’s mental state and the events in his life may have finally drove him to madness. The reader may first believe that Hamlet is faking hisdementia, when in fact, his mental dysfunctions were both organic (of biological origin)and very real. Among the mentally ill it is common to see a mentally vulnerable individual succumb to the pressures of his environment. That person may have been able to keep their illness in check in a stable environment, but when external stressors mount- they may not have the coping behaviors to cope and they escalate out of control.

Suicide, in our modern world, is often a result of life stressors the vulnerable person could no longer manage. Had Hamlet not been murdered, his suicidal impulses may have caused him to self destruct. Psychiatry was just emerging as ascienceduring the time Shakespeare wrote Hamlet. Robert Burton, the most famous author on melancholy from the Renaissance, first published his Anatomy of Melancholy in 1621. Burton, who was afflicted with melancholy himself suggested treatments “ from taking hellebore to boring a hole in the skull to let out the ‘ fuliginous vapours,’” while adding his consolations (Burton ).

Had Hamlet received the services of Burton, it is probable that if the hellebore didn’t work, the hole in the skull would have left Hamlet disabled or dead. In conclusion, the question persists: Is it possible to be sane in an insane world full of treachery, revenge, incest, and moral corruption? It appears that the majority of people is somewhat resilient and can cope withadversityto a certain degree. However, there are people like Ophelia and Hamlet who are vulnerable to chaotic conditions. These people tend to internalize the trauma and don’t have the coping mechanisms to deal with intense emotional situations.

It is fascinating that Shakespeare had the insight to connect intolerable conditions with states of mental vulnerability. ‘ Madness’ was a catch-all term for all mental disorders in Shakespeare’s time, but through his dialogue and scenery, he was able to identify numerous mental states of dysfunction- centuries before we had terminology to describe these illnesses in diagnostic terms. Shakespeare’s acuity in describing a mentally-ill prince is why Hamlet has endured over time. The issues, diseases, desires, fears anddreamsremain constant over time among humanity. To be, or not to be’ will always be relevant in more ways than life and death. Our views on mental illness and physical ailments that relate to Melancholia are endless, and therefore so is our application of each possibility to Shakespeare’s work of Hamlet. Sources: Diagnostic Manual DMV-IV Burton, Robert. The Anatomy of Melancholy. Ed. Floyd Dell and Paul JordanSmith, NewYork: Tudor Publishing Co. , 1941. Morin, Gertrude. " Depression and Negative Thinking: A Cognitive Approach to Hamlet. " Mosaic: A Journal for the Interdisciplinary Study of Literature 25. 1 (1992): 112.