

Depressive illness delayed Hamlet's revenge

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J Med Ethics: Medical Humanities 2002;28:92-96

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Revised version received
7 January 2002
Accepted for publication
1 February 2002

If Hamlet had not delayed his revenge there would have been no play. Many explanations of the delay have been offered in the last four centuries. None is convincing. The interpretation which best fits the evidence best is that Hamlet was suffering from an acute depressive illness, with some obsessional features. He could not make a firm resolve to act. In Shakespeare's time there was no concept of acute depressive illness, although melancholy was well known. Melancholy, however, would have been seen as a character defect. In the tragic model the hero brings himself and others to ruin because of a character defect. Thus, at the time, the play conformed to the tragic model. With today's knowledge, it does not. This analysis adds to, but does not replace, other insights into the play.

In the third scene of the play the ghost of his father tells Hamlet to avenge his murder. In the very last scene he does it. His delay causes seven unnecessary deaths. They are his own, his mother's and that of the girl he loves: her father and her brother, and two fellow students also die. Without the delay there would be no play. But it is reasonable to assume that Shakespeare would have made a delay, which was dramatically necessary, psychologically credible as well. Critics have suggested many explanations of the delay in the last four centuries. None has gained universal acceptance.

I suggest that the explanation most consistent with the evidence is that Shakespeare has depicted a man with an acute depressive illness with obsessional features, unable to cope with a heavy responsibility. At the time, there was no concept of depressive illness and Shakespeare would have seen Hamlet's melancholy as a character defect.

The great critic Bradley, almost a century ago, thought his irresolution was due to profound melancholy and advised readers to understand the play by reading an account of melancholia in a work on mental diseases.¹

EVIDENCE FOR DEPRESSION

Hamlet is a creature of Shakespeare's imagination, probably drawn from several sources. He is not an actual patient. Therefore clinical diagnosis must be tentative, but there is good evidence in the play for depressive illness. Depressive illness is characterised by low mood, anhedonia, negative beliefs, and reduced energy.² Hamlet actually calls himself melancholic (II.ii.597)³ and the very first speech he makes in the play is devoted to a public statement of his melancholy.

But I have that within which passes show,

These but the trappings and the suits of woe. (I.ii.85-6)

He speaks of his anhedonia at length to Rosencrantz and Guildenstern, saying that he has lost all his mirth and that man does not delight him. (II.ii.295-309).

How weary, stale, flat and unprofitable

Seem to me all the uses of this world! (I.ii.133-4)

He frequently expresses negative beliefs and pessimism. He calls Denmark a prison. (II.ii.243) His comments on women to Ophelia are bitter. (III.i.111-51) In the gravedigger scene he dwells on human mortality. He alludes to sleep disturbance "were it not that I have bad dreams". (II.ii.255) According to Ophelia he neglects his appearance. (II.i.78-80) From the first he dwells on death and suicide. He wishes "that the Everlasting had not fix'd his canon 'gainst self-slaughter". (I.ii.131-2)

He returns to the theme at length in the famous "To be, or not to be" soliloquy. (III.i.56-82) He shows a sense of inadequacy, when he quickly feels overwhelmed by the task imposed by his father's ghost, after first boasting that his revenge would be swift.

The time is out of joint: O cursed spite

That ever I was born to set it right. (I.v.196-7)

More than once he expresses guilt at his failure to act. "Do you not come your tardy son to chide?" (III.iv.106-9) and "How all occasions do inform against me ..." (IV.iv.32) He denigrates himself comprehensively in another soliloquy "O what a rogue and peasant slave am I!" (II.ii.545-583)

All these are depressive symptoms and he has experienced events likely to precipitate depression: his father's sudden death, his mother's hasty marriage, and his disappointment in the succession.⁴

Hamlet is not just a typical Elizabethan melancholy man. The first scene makes very clear that he has changed since the death of his father. The transformation in Hamlet is attested by Claudius, Ophelia ("what a noble mind is here o'erthrown") and by Gertrude ("my too much changed son"). This is acute depressive illness, not chronic melancholy. Hamlet's self diagnosis is that he is "thinking too precisely on th'event" (IV.iv.41) and that "the native hue of resolution is sicklied o'er with the pale cast of thought". (III.i.84-5) Indecision is a feature of both depressive and obsessional illness.⁵ Obsessional traits are aggravated by depression.⁷ His obsessional rumination in his soliloquies is therefore, I suggest, caused or aggravated by depression. He ruminates on his failure to do the right thing, however, not on what the right thing might be. Thus the suggestion that obsessional patients can make reasoned decisions, yet lack conviction about their conclusions, could be relevant.⁸ He can make a decision but he cannot resolve to put the decision into effect.

EVIDENCE AGAINST DEPRESSION

Shakespeare wrote a play, not a case report. The needs of the drama preclude a perfect description of depression. Thus Hamlet is unaffected by the motor retardation associated with depression, either in speech or in action. His wit is quick and his actions are precipitate. Shakespeare's audience would have received badly a central character slow in speech and slower in action.

However, the apparent inconsistency with depression is actually not so great: his depression was severe but not

psychotic. Irritability and hostility rather than apathetic despair are frequently noted in depression.⁴⁻⁹ Agitation and restless overactivity may also occur.¹⁰ Uncharacteristic antisocial or delinquent behaviour can occur in depressed adolescents.¹¹ Possibly, at times, Shakespeare saw his hero as being not much older.¹² There is a suggestion that depressive illness which is associated with obsessional symptoms can be characterised by agitation and overactivity, yet with less retardation than in the case of depression without obsessional symptoms.¹³

There is, however, a second problem. How could depressive illness inhibit him from action, to which he felt especially obligated, but not from other actions? The answer is that he can react impulsively to an event but depression has robbed him of the power to resolve to act and follow it through. Two key observations suggest this.

Hamlet makes two attempts to kill Claudius. The first time, on hearing a cry for help, he immediately "kebab" Polonius through the curtain, thinking him to be Claudius. "I took thee for thy better" (III.iv.32) He also makes the second, successful attempt impulsively, with the sword he is holding, when he is told it is poisoned. However, when he has the chance to kill Claudius at his prayers, he says: "Now might I do it" (III.iii.73) and then finds a reason not to do it. Once "might" enters his mind, he starts to ruminate on action and he is lost. The reason he finds to spare Claudius is that Claudius's soul might not go to Hell if he died at prayer, and that would lessen the revenge. This would be consistent with contemporary belief. The dramatic irony is that Claudius is unable to pray or repent. It is rather more probable that Hamlet is rationalising his inability to act.

Gertrude makes the second key observation at the grave of Ophelia.

And thus awhile the fit will work on him.

Anon, as patient as the female dove

When that her golden couplets are disclos'd

His silence will sit drooping. (Vi.280-4)

Thus Hamlet is capable of an immediate irritable reaction to a stimulus, but once he starts to think about killing Claudius, his resolution fails. In contrast Claudius is worried but not depressed, and he makes resolute attempts to kill Hamlet.

Two incidents appear to argue against this interpretation. His arrangement of the execution of Rosencrantz and Guildenstern seems to be planned. It is essentially, however, a swift reaction to the discovery of their treachery. He says: "or I could make a prologue to my brains, they had begun the play". (V.ii.30-1) By this he means that before he had time to work out what to do, he had already started to do it.¹⁴

His one planned action is the organisation of the play within the play. It occurs when the strolling players arrive. His depression lifts then, and for a while he acts in a normally cheerful way. The players can gladden the heart of the most melancholy man. His ability to undertake an enjoyable activity, when his depression lifts, is consistent with his inability to kill resolutely, with premeditation, when it returns. He is not psychotic and he can still respond to circumstances.

ALTERNATIVE HYPOTHESES

Over the years many explanations for the delayed revenge have been suggested. All are less consistent with the evidence than is depression.

A simplistic explanation is that the revenge is delayed by practical difficulty. Hamlet's own words of self reproach indicate that this is not the case: "Sith I have cause, and will, and strength, and means to do't" (IV.iv.45)

The play is sometimes seen as an exploration of moral doubt. It is not. Hamlet's persistent theme is guilt about his inaction, not doubt about the guilt of Claudius. The ghost crystallises a vague suspicion about Claudius, which he already entertains: "O my prophetic soul: my uncle!" (I.v.40-

41) The chance arrival of the players just gives him an opportunity to confirm the guilt of Claudius, and demonstrate it to Horatio. He does raise the possibility that the ghost might really be the devil, using his melancholy to deceive him, but it is an afterthought, following a long denunciation of himself for inaction. (II.ii.521-79) When the reaction of Claudius in the play scene settles any momentary doubt, he still fails to kill him and embarks for England.

The morality of private revenge is not in question. Hamlet never expresses moral scruples against it.¹⁵ Few, at the time, would have done so. He specifically states that the deaths of Rosencrantz and Guildenstern do not touch his conscience. (V.ii.58)

A common view is that he is an unhappy, sensitive, indecisive intellectual, incapable of killing. But he is more than just unhappy. His grief is seen as abnormally deep and prolonged and he already has suicidal thoughts, before he learns that his father was murdered. Simple unhappiness would not stop him doing his duty. He is also perfectly capable of killing. He is repeatedly violent, callous, and crude. He kills twice with his sword and sends two former friends to their deaths. He boards a pirate ship and jumps into a fresh grave. He offers the girl he loves crude sexual taunts and he treats the body of her father with contempt. He knows very well what he should do and knows that he has the cause, will, strength, and means to do it. It is not a study of indecision. It is a study of a man unable to make himself do what he knows he must do.

Some like to see the play today in an existential light. We are condemned to freedom of choice, without guidance about making those choices. But it is not a play about choice and Elizabethans would have found existential ideas incomprehensible.

Another possibility is that Hamlet is irrational due to psychotic illness. He really is mad and not just pretending. Certainly Shakespeare depicted madness in Lear and madness was often shown on the Elizabethan stage.¹⁶ But Hamlet's madness is feigned. From the first he tells his companions that he will put on "an antic disposition" and asks them not to give him away. (I.v.177-88) He warns Guildenstern not to assume he is always mad. (II.ii.357-8) He insists to Gertrude on his sanity when the ghost reappears. A depressed man would find a continuous pretence of madness difficult. But Hamlet feigns madness episodically, as shown by the warning to Guildenstern and the comment of Claudius. (III.i.163-4) Sudden outbursts are typical of Hamlet and consistent with depression.

Shakespeare does not explain why he pretended to be mad. It might have been a flight from an intolerable situation. Perhaps it was prompted by the fear of a depressed man that he was losing his reason. Madness also gave him an excuse to relieve his tension in antisocial ways. Only (apparent) madness could excuse his obscene remarks to Ophelia. (III.ii) In earlier versions of the story it is a plan to further revenge, and perhaps Shakespeare simply adopted that part of the story.

Ernest Jones gave an interesting psychoanalytic interpretation, namely that Hamlet's problem was an Oedipus complex: that is, the suppression of the childhood wish to kill his father, and to supplant him, now inhibited him from killing the man who had actually done it, and who had become his mother's husband.¹⁷ Marriage to a brother's widow was forbidden as incestuous in Elizabethan times and incest would have been in the public mind. The Pope's refusal to invalidate the dispensation, which his predecessor gave to Henry VIII to marry his brother's widow, precipitated the English Reformation two generations earlier.¹⁸ However, Hamlet's attitude to his father is throughout one of love and admiration, not rivalry. His horror at his mother's hasty remarriage savours not of Oedipus but of adolescent resentment of a stepfather, and disgust at the idea of his mother doing rude things in bed. His disgust at sexuality extends to poor Ophelia.

These other insights are all valuable. The play raises many issues. Everyone has nightmare doubts before taking a serious

step. There is a difference between private revenge and public justice. Emotional distress can unbalance the mind. Young men can have problems accepting that their mothers have sexual desires. But in my view only depressive illness can adequately explain the plot.

IS THE PLAY A TRAGEDY?

A further argument against some of the explanations listed above is that they are not consistent with the tragic model. Shakespeare wrote the play as a revenge tragedy. In a Shakespearean tragedy a great man brings himself and others to ruin, because of a defect in his character. With Lear it was lack of wisdom, with Othello suspicion, and with Macbeth it was excessive ambition. Hamlet had melancholic irresolution, as Bradley noted.¹ The tragic hero has qualities we can admire and a defect we can understand, so his fate engages our emotions.

Hamlet was not really a great man. Certainly Ophelia and Fortinbras both pay tribute to his qualities. His sharp mind is obvious and the dogged loyalty of Horatio implies something there to inspire it. But as Fortinbras says in the final speech, he was a potential, not an actual, great man. Othello he was not. The play does not quite conform to the tragic model in that respect.

Neither is his ruin due to a defect of character. Illness caused his ruin. It would not have been a classical tragedy if glandular fever or measles had struck him down and delayed his revenge. The hero's ruin is never due to simple bad luck. We would now see his depression as an acute illness, even though it was a mental not a physical illness.

However, Shakespeare and his contemporaries would have regarded melancholy as a character defect, not an illness. The concept of melancholy has been familiar since ancient times and grief reactions have obviously been equally familiar. But the concept of acute depressive illness is relatively recent. Elizabethans would not have distinguished depressive illness from an excess of melancholic humour. Like Claudius, they would have told him to pull himself together. To them he was a tragic figure in the classical sense.

The play is most accurately seen as a study of a young man, with a moderately severe acute depressive illness, placed under a severe stress, rather than a tragedy in the strict sense. This interpretation of the play takes nothing from its poetry, from its profundity or from the value of other insights. A mark of its greatness is that successive generations have new insights into it and draw new inspirations from it.

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COMMENTARY

Why Hamlet delayed his revenge is a problem which has been at the heart of much discussion of *Hamlet*, to the extent that, in his introduction to the Arden edition, Harold Jenkins detects “a critical weariness” with the question, for example in the suggestion that it is less significant than it has been made to seem.¹ But, as is frequently said, Hamlet himself draws our attention to the issue (II.ii.543–583; plausibly in III.i.56–88; III.iv.107–110, and IV.iv.32–66—these include three of the great soliloquies). In addition, in the scene where he comes across Claudius praying (III.iii), we see him spurning an opportunity to kill his uncle. All this despite the fact that he originally told the ghost of his murdered father that he would act “with wings as swift/ As meditation or the thoughts of love” (I.v.29–30). As Jenkins notes, the problem is real enough, however wearisome to some critics.

Shaw's account of this delay is that Hamlet is ill.² The Hamlet character shows a pattern of behaviour we can today recognise as symptomatic of an acute depressive illness. This, Shaw argues, accounts for why, despite knowing what he should do, and not being otherwise hindered, Hamlet none the less fails to get on with it. Facing up to the obvious criticism that in connections other than that of carrying out the revenge, Hamlet seems well capable of action—for example, concocting the “mouse trap” to establish Claudius's guilt—Shaw suggests that these illustrate either temporary liftings of his illness, or almost reflex responses to immediate circumstances.

What are we to make of Shaw's account? It is, I think, capable of two interpretations, from which weaker and stronger theses emerge. The first, weaker, thesis holds that these facts about Hamlet's psychological state need not lead to any reinterpretation of the play, but are simply an observation. To the criticism that the account is anachronistic (an argument Shaw uses against existential approaches), Shaw can reply that Shakespeare was acute enough to observe the behavioural phenomena of depressive illness, even though he would not have categorised or explained them the way we do. I shall say no more about this weaker thesis in this response.

The second, stronger, thesis is that these facts about Hamlet do force us into some reinterpretation of the play. There are a number of indicators that Shaw intends to make this stronger thesis. For one thing, he claims that his account explains the plot of the play, and prevents it being seen as “a tragedy in the strict sense”. Tragedy, in the classical tradition, involves a protagonist who has a character flaw which, in part, accounts for the disasters which befall him or her and others. With Hamlet, Shaw argues, it is as if revenge for his father's murder at the hands of his uncle were delayed by a bout of measles. The matter is quite out of Hamlet's hands: he cannot help himself. Shaw clearly intends his account to replace others, such as the Freudian and existential accounts. My response will concentrate on this stronger thesis.

My objection, briefly stated, is that it is beside the point. To understand Hamlet, and *Hamlet*, I shall suggest, it is necessary to see the interrelations between them. Hamlet is an artefact of the play, to be understood in the light of the drama as a whole. And *Hamlet* takes meaning and drama from, amongst other things, the understanding we develop of the play's chief protagonist. Shaw's approach is in danger of being inimical to the development of these understandings. I'll conclude by

making some slightly broader comments about Shaw's approach and the medical humanities in general.

Hamlet as an artefact of the play

Shaw himself comments that *Hamlet* is not a case study, and that Hamlet is a figment of Shakespeare's imagination and not an actual patient, but believes his approach does not commit him to treating the play, or the character, as if they were. I think there is still a fundamental problem for him.

Shaw argues that Shakespeare would surely have wanted the character to have psychological credibility. He rejects the idea that the delay in his revenge may be imposed upon Hamlet by his circumstances—for example, being unable to get access to his uncle to carry it out. He concludes that the delay must be related to Hamlet's characteristics. The implication, which seems at least on the surface of it reasonable, appears to be that Hamlet will then be understandable in terms appropriate to individual psychology.

If, however, we are to present an understanding of what Hamlet's characteristics are, we will need to develop a sense of how these relate to other aspects of the play. That is to say, there is a strong relation between understanding *Hamlet* and understanding Hamlet. Understanding *Hamlet* is in part a matter of making an interpretation of a large, many faceted text, which does not determine the way we are to take it. If a stage director wishes to emphasise politics and intrigue as major themes of *Hamlet*, then our understanding of Hamlet's words and actions will be developed in part in terms of their contribution to that emphasis. In general, what Hamlet does and says needs to be interpreted in the context of some attempt to grasp the play as whole.

Shaw's account has a contrary tendency, I think: to interpret Hamlet in isolation. The wider possibilities of the play as a whole—that is as a unified interpretation or a coherent performance—are minimised, playing virtually no role at all in Shaw's understanding of Hamlet's character. This is, plausibly, a problem for any psychologically based account of Hamlet, and not only for Shaw's. For example, the Freudian interpretation, which Shaw mentions, may also be accused of concentrating on Hamlet in isolation.³ In its defence, however, there is no doubt that father-child relations are a central dramatic emblem of the play: not only is there Hamlet's relation with his father, but Laertes's and Ophelia's with theirs, and Fortinbras's with his. Whatever the failings of a Freudian account, it takes a theme widely explored in the play as a note to Hamlet's character. The same cannot be said of Shaw's approach.

A related point, relevant outside the context of the understanding of drama, is perhaps to be found here. Shaw likens acute depressive illness to measles. He may be suggesting implicitly that a person with a disorder of this kind can be understood as an isolated individual. Measles prevents one going about one's ordinary life because one doesn't feel physically up to it: measles forces upon us a withdrawal from the duties and developing issues of our lives. While we are ill with measles, other things are put on hold. But our understanding of mental disorder may be hamstrung by this approach. Derek Russell Davis argues that:

A proper and useful approach towards explaining behaviour, whether mad or sane, is to define its context or, especially, the part it plays in exchanges between one person and another or others within a system of relationships.⁴

Davis is contrasting his approach to those which see in behaviour only clues to something more "fundamental" going on at the biochemical or metabolic level. Davis's argument is that in the theatre we are presented with a context: we should seek to understand any illness Hamlet may have at least in part in

terms of its impact upon his personal relations with individuals and his role at the Danish court. Davis thinks drama may serve as a reminder to the psychiatrist of the significance of this context.

Shaw's approach to Hamlet's character and the drama of Hamlet

I have suggested that Shaw's approach tends to isolate Hamlet. If Shaw is offering his account of Hamlet's character as an element in an account of the play, however, then we are owed something about the interpretation of the play to which this contributes. I shall argue that this interpretation is unlikely to be all that interesting.

Shaw admits that his account of Hamlet is at odds with the Tragic, at least in the classical sense (though it's not clear why Shaw thinks *Hamlet* should have to keep to the classical strictures in order to be a tragedy). Yet, if one removes all sense of the dramatic—of the play of human lives—then very little is left. *Hamlet* is threatened with a loss of dramatic tension, or meaning, if Hamlet's revenge is delayed because he has, as it were, a sick-note.

This is not to deny the utility in some contexts of the accidental or contingent, such as being suddenly struck down by disease. The conventions of Shakespeare's theatre allow for events to turn on such contingencies as undelivered messages (*Romeo and Juliet*). Nor can it be said that illness is not a fit subject for drama. Ibsen's *Ghosts* makes drama in part out of illness. But that illness is clearly part of the meaning of the play. It has an explicit structural role. Fully to comprehend the play requires us to comprehend the existence of the illness. Shaw's claim that acute depressive illness explains the plot of *Hamlet* would seem to demand for it a similar sort of role.

For the supposed illness to play a role in *Hamlet*, it would need to be more than an explanation of any delay in Hamlet's revenge. It would need to be the kind of explanation that finds echoes in the rest of the text. The model here might be Hamlet's feigned madness (though I don't put this forward as an explanation of Hamlet's delay). It is a matter of discussion among the other characters, and can be linked, for example, to themes of appearance and reality: ("Seems, madam? Nay, it is. I know not 'seems'" I.ii.76). In contrast, it is difficult to see what route to the enrichment of our appreciation of the meaning of, or deepening of our response to, *Hamlet* is going to come from the idea that Hamlet delays because he is indisposed.

To sum up: the idea that the plot may somehow be the product of an illness seems altogether beside the point. It's difficult to see how to do anything with Shaw's insight, which could plausibly add to our sense of what *Hamlet* can be, or what we are to make of Hamlet. Though Shaw is anxious to say that his interpretation "takes nothing from its poetry, its profundity or from the value of other insights", the real issue is that it adds nothing to any of these either.

Shaw's account and the medical humanities

I should now like to widen the scope of this response, and comment on the implications of Shaw's account for the medical humanities. Where does Shaw's approach stand in relation to the medical humanities? I raise this, because it may be thought that my response to Shaw is that his contribution is inimical to this field of study; but I do not believe this.

The medical humanities takes as its foundation the simple but profoundly important fact that human ills are the subjects of medicine. Because of this, those disciplines which seek to understand the human—various as they are—all have something to say about the medical response to those ills. One thing the medical humanities may ask is what medical explanation amounts to; what its nature can be. It can ask what limits there are to its power to increase our understanding of human lives.

It might be thought that medical humanities must, or should, assume an answer to these questions. That is to say, that to “do” medical humanities, or contribute to it, requires one to start from the idea that the power of medical explanation is limited in certain ways. The strong thesis I identify in Shaw’s article implicitly attributes to medicine an insight in understanding drama, and through that insight (or perhaps additionally to it) a further insight in understanding behaviour. Since I have strenuously argued that this stronger thesis misses the point of drama, I may seem to have ruled Shaw’s medicine-centred approach out of court as far as literature is concerned.

This is not, however, my intention. Whatever else Shaw is doing, in the stronger version of his thesis, he is taking a position on the power of medicine, even in the theatre. This may be controversial, but it is a contribution to an important debate within the medical humanities.

CONCLUSION

Nonetheless, I doubt the sense of the stronger version of Shaw’s account as an approach to *Hamlet*. The principal underlying thought of the foregoing response to Shaw has

been that the kind of explanation that he utilises is quite alien to what is required to understand drama, as drama. There are more things to Hamlet and to *Hamlet* than are dreamt of in Shaw’s psychiatry.

ACKNOWLEDGEMENT

I’d like to thank Lynley Anderson, Veronica Bruckmoser, and Martyn Evans for their many creative comments on this response, and Dr Shaw for allowing me to respond.

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