

The Hamlet Syndrome

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Abstract

Bringing together legal, literary, and cultural studies, this article builds from a close reading of madness in William Shakespeare's play *Hamlet* to some psycho-social theories of malingering and the insanity defense in the modern United States. The basis of these theories is the notion that feigned madness – whether purposeful malingering or a failed insanity defense – often signifies actual madness of a lesser sort. When someone is found to be “faking it,” however, that discovery can result in a widespread assumption of mental health in the person on trial, an assumption that often turns out to be wrong.

Keywords

law and literature, crime, Shakespeare, Hamlet, madness, mental illness, insanity defense, forensic psychiatry, diminished capacity, malingering

In the United States, whenever a person accused of some horrific crime enters an insanity plea, the public becomes highly suspect for reasons that relate to “a series of myths and misperceptions about the defense, muddles arising from a small number of highly-publicized cases that are not representative of the way this defense is used.”¹ People fear

1. Robert Schug and Henry F. Fradella, *Mental Illness and Crime* (Thousand Oaks, CA: Sage, 2015), pp. 448–9. See Tarika Daftary-Kapur et al., “Measuring Knowledge of the Insanity Defense: Scale Construction and Validation,” *Behavioral Sciences and the Law* 29 (2011), 40–63.

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the accused will avoid criminal responsibility by exploiting a legal system in which guilt requires not only a consciousness of one's actions (i.e., knowing what one is doing), but also some level of intentionality regarding the wrongfulness or criminality of one's acts (often referred to as *mens rea*, "a guilty mind"). When these high-profile insanity defenses occur, newspapers and magazines often start running articles written by legal and psychological experts explaining that insanity is a legal concept meaning that someone did not understand that what he or she was doing was wrong, not a psychological or medical concept meaning that someone has a disturbed mind. The experts explain that mental illness is therefore not the same as insanity, and that the criteria for establishing insanity are actually quite strict.² They review how psychologists have extensive measures for detecting *malingering*, the term for feigning madness in an attempt to avoid criminal responsibility (or gain some other benefit).³ These articles are necessary because there is a tendency, when an insanity defense fails, as they usually do, for the public to assume that the criminal who is ruled to be sane is therefore mentally healthy and thus to view that person's actions, including the attempt to (sometimes literally) "get away with murder" through an insanity defense, as the wicked actions of a wicked person.⁴

This transaction is part of what we call "the Hamlet Syndrome" because it also occurs in the text and critical reception of William Shakespeare's famous play.⁵ In both *Hamlet* criticism and public discourse, fine distinctions between varying degrees of mental disorder are overlooked, resulting in the belief that "madness" is something someone either has or doesn't have. Moreover, when someone is found to be faking madness – as Shakespeare's Hamlet is, as the modern malingerer is, and as the legal team in a failed insanity defense might be – then this discovery can result in a widespread assumption of mental health in the person on trial, an assumption that often turns out to be wrong. Bringing Shakespeare's play into dialog with this modern social phenomenon can help us unpack the complex relationship between acting mad and being mad, and how and why feigned madness is mistakenly read as mental health.

To be clear, we are not trying to definitively diagnose Hamlet by matching up his actions with the specific diagnostic criteria of a particular disorder in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5).⁶ Instead, what follows mentions some

2. Most U.S. jurisdictions use some variation of the M'Naghten test for insanity, which was first announced by the House of Lords in 1843. See *M'Naghten*, 8 Eng. Rep. 718 (H.L. 1843).

3. See Schug and Fradella, *Mental Illness and Crime*.

4. It should be noted that only about 15 percent of insanity defense cases involve homicide charges, yet such cases garner the most media attention and corresponding public outcry. See Carmen Cirincione, Henry J. Steadman, and Margaret A. McGreevy, "Rates of Insanity Acquittals and the Factors Associated with Successful Insanity Pleas," *Bulletin of the American Academy of Psychiatry and Law* 23(3) (1995), 399–409.

5. Clearly, we are after something quite different than what Adrienne Miller and Andrew Goldblatt described in their book *The Hamlet Syndrome: Overthinkers Who Underachieve* (New York: William Morrow and Co., 1989).

6. See American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders* (5th edn) (Washington, DC: APA Press, 2013). For a sampling of some of the attempts to diagnose Hamlet, see W.F. Bynum and Michael Neve, "Hamlet on the Couch," *American*

DSM-5 disorders and their associated diagnostic criteria simply to demonstrate that Hamlet exhibits several characteristics of what we now call “mental illness” (a very broad category). More importantly, we suggest that the set of actions Shakespeare attributed to Hamlet, and our responses to them, can help us theorize a new psycho-social concept that can contribute to our understanding of a tricky quirk in some modern cases involving malingering and the insanity defense.

I. An Overview of the Insanity Defense

Like *Hamlet*, modern insanity defense statutes conflate questions of sanity and questions of mental health. In the courts, *insanity* is a legal term – not a psychological or medical one – that is concerned with a criminally accused person’s state of mind at the time of the alleged offense.⁷ The insanity defense has a long history with roots in Muslim, Hebrew, Greek, and Roman law.⁸ According to the English courts that first conceptualized insanity in the eighteenth century, someone is insane if he is “totally deprived of his understanding and memory, and doth not know what he is doing, no more than an infant, than a brute, or a wild beast.”⁹ Shakespeare himself approximated an insanity defense in *Hamlet* (ca. 1599) when the title character, speaking with Laertes (whose father Hamlet has just killed), tries to acquit himself of murder by saying his madness left him with no agency over his actions and therefore no responsibility for them:

Give me your pardon, sir. I have done you wrong,
 But pardon't, as you are a gentleman.
 This presence knows, and you must needs have heard,
 How I am punished with a sore distraction.
 What I have done
 That might your nature, honor, and exception
 Roughly awake, I here proclaim was madness.
 Was't Hamlet wrong'd Laertes? Never Hamlet.
 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.

Scientist 74(4) (1986), 390–96; Andrew J. Power, “Broken Machines and Tainted Minds: Mental Health and *Hamlet*,” in *On Literature and Science: Essays, Reflections, Provocations* (Philip Coleman ed.) (Dublin: Four Courts Press, 2007), pp. 77–95; and Nicolas Brémauda, “Hamlet and Madness: A Historical Review,” *L'Évolution Psychiatrique* 80(1) (2015), 164–86.

7. See Schug and Fradella, *Mental Illness and Crime*; and Henry F. Fradella, *From Insanity to Diminished Capacity: Mental Illness and Criminal Excuse in Contemporary American Law* (Bethesda, MD: Academica Press, 2007).
8. See Michael S. Moore, *Law and Psychiatry: Rethinking the Relationship* (Cambridge: Cambridge University Press, 1984).
9. Michael L. Perlin, “Unpacking the Myths: The Symbolism Mythology of Insanity Defense Jurisprudence,” *Case Western Reserve Law Review* 40 (1990), 632, quoting *Rex v. Arnold*, Y.B. 10 Geo. 1 (1724).

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.
 Sir, in this audience,
 Let my disclaiming from a purposed evil
 Free me so far in your most generous thoughts,
 That I have shot mine arrow o'er the house,
 And hurt my brother.¹⁰

Not guilty by reason of madness – don't blame "Hamlet" for what "madness" did, he pleads, repositioning himself as a victim rather than a criminal. Indeed, madness can make someone both guilty as well as innocent – guilty of an *actus reus* ("guilty act"), but without any corresponding *mens rea* ("guilty mind"). It is precisely this tension that makes the play *Hamlet* so gripping on the one hand and the modern insanity defense so vexing on the other.¹¹

In 1843, the trial of Daniel M'Naghten – who murdered Edward Drummond, the secretary to the British Prime Minister, as a result of persecutory delusions – set the standard for insanity still used to this day. Under the M'Naghten test for insanity, someone is not responsible for criminal conduct if, as a result of a qualifying "mental disease or defect," that person is either cognitively incapacitated (i.e., unable to know the nature and quality of the act committed) or morally incapacitated (i.e., unable to know that the act committed was wrong).¹² The latter type of incapacity is far more common and, therefore, is often at the center of insanity defense cases. Significantly, it was shortly after the M'Naghten trial that the question of Hamlet's madness was first laid out in formal terms in an 1867 book titled *The Hamlet Controversy: Was Hamlet Mad?*¹³

In the United States, contrary to popular belief, insanity is pled in fewer than one percent of all felony cases; moreover, when asserted, the defense is unsuccessful roughly three-quarters of the time.¹⁴ In practice, the insanity defense also differs vastly from

10. William Shakespeare, *Hamlet* (A.R. Braunmuller (New York: Penguin Group, 2001), 5.2.204–22. All quotations of *Hamlet* refer to this edition and will be noted parenthetically in the text.

11. On the ambiguous quality and narrative function of madness in Renaissance revenge tragedy beyond *Hamlet*, see Lindsey Row-Heyveld, "Antic Dispositions: Mental and Intellectual Disabilities in Early Modern Revenge Tragedy," in *Recovering Disability in Early Modern England* (Allison P. Hobgood and David Houston Wood, eds) (Columbus, OH: The Ohio State University Press, 2013), pp. 73–87.

12. *M'Naghten*, 8 Eng. Rep. 718 (H.L. 1843); see also *Clark v. Arizona*, 548 U.S. 735 (2006).

13. *The Hamlet Controversy. Was Hamlet Mad? Or, The Lucubrations of Messrs. Smith, Brown, Jones, and Robinson* (Melbourne, Australia: H.T. Dwight, 1867). See also Peter Melville Logan, "Imitations of Insanity and Victorian Medical Aesthetics," *Interdisciplinarity and the Body*, ed. Pamela K. Gilbert, spec. issue of *Romanticism and Victorianism on the Net* 49 (February 2008), <http://id.erudit.org/iderudit/017855ar>; and Abigail Heiniger, "Reviving Sympathy for the Insane: *Hamlet* in Nineteenth-Century America," *Journal of Kentucky Studies* 25 (2008), 118–26.

14. See Lisa A. Callahan et al., "The Volume and Characteristics of Insanity Defense Pleas: An Eight-State Study," *Bulletin of the American Academy of Psychiatry and Law* 19(4) (1991),

popular public fears that defendants with minor or even feigned disorders will be able to assert the insanity defense successfully to escape criminal liability. The actual operation of the insanity defense is much less sensational. Juries sometimes see right through malingering, as in 1942 when the “Mad Dog” Esposito brothers attempted to avoid murder convictions by acting like deranged animals in the courtroom; the jury returned a guilty verdict after only one minute of deliberation.¹⁵ More frequently, however, malingering is detected long before trial. According to one estimate, “Diagnostic instruments and procedures allow clinicians to distinguish correctly those who are truly mentally ill and those who are faking between 92% and 95% of the time.”¹⁶ Consider the case of the so-called “Hillside Strangler.” In the late 1970s, Angelo Buono and his cousin Kenneth Bianchi raped, tortured, and murdered ten young women in the metropolitan Los Angeles area. Once they were arrested, Bianchi attempted to avoid criminal responsibility by faking a severe mental illness. Having seen movies like *Sybil* and *The Three Faces of Eve*, Bianchi pretended to have multiple personalities and blamed the crimes on one of his alter personalities.¹⁷ The ruse fell apart, however, when Bianchi tried to shake the hand of a person he claimed to see during a psychiatric interview. He did not know that genuinely psychotic people never attempt to touch their hallucinations.¹⁸

Sometimes malingering is simple immorality and deceit, as with the Esposito brothers or Bianchi. Usually, however, the opposition of sane and insane needs a third term to address a criminal’s mental condition. This became obvious in the United States after the trial of John Hinckley Jr., who tried to assassinate President Ronald Reagan in 1981, thinking it would impress the actress Jodie Foster, with whom he was obsessed. There was conflicting testimony at Hinckley’s trial as to whether he was psychotic (schizophrenic)

331–8; and Stuart M. Kirschner and Gary J. Galperin, “Psychiatric Defenses in New York County: Pleas and Results,” *The Journal of the American Academy of Psychiatry and the Law* 29(2) (2001), 194–201.

15. See *People v. Esposito*, 39 N.E.2d 925, 928 (N.Y. 1942).
16. Schug and Fradella, *Mental Illness and Crime*, p. 449, citing Dewey G. Cornell and Gary L. Hawk, “Clinical Presentation of Malingerers Diagnosed by Experienced Forensic Psychologists,” *Law and Human Behavior* 13(4) (1989), 375–83. On the methods for detecting malingering, see Phillip J. Resnick and James L. Knoll, “Malingered Psychosis,” in *Clinical Assessment of Malingering and Deception* (Richard Rogers, ed., 3rd edn) (New York: Guilford Publications, 2008), pp. 51–68.
17. While it was once known as “Multiple Personality Disorder,” the DSM-5 now classifies people with multiple personalities as having “Dissociative Identity Disorder.” For a discussion of how this rare mental illness presents vexing questions of criminal responsibility, see Elyn R. Saks, “Multiple Personality Disorder and Criminal Responsibility,” *University of California, Davis, Law Review* 25 (1991–1992), 383–461.
18. For other examples of how malingering criminal defendants are often caught, see Michaela C. Heinze, “Developing Sensitivity to Distortion: Utility of Psychological Tests in Differentiating Malingering and Psychopathology in Criminal Defendants,” *The Journal of Forensic Psychiatry & Psychology* 14(1) (2003), 151–77; and Phillip J. Resnick, “Retrospective Assessment of Malingering in Insanity Defense Cases,” in *Retrospective Assessment of Mental States in Litigation: Predicting the Past* (Robert I. Simon and Daniel W. Shuman, eds) (Washington, DC: American Psychiatric Associate Press, 2008), pp. 101–34.

or suffered from a range of serious personality disorders (including schizotypal, borderline, narcissistic, and schizoid). In the end, Hinckley was found “not guilty by reason of insanity,” partially because the law in effect at the time required the prosecution to prove that Hinckley was sane. Public outcry over the verdict led Congress to enact the Insanity Defense Reform Act of 1984. That law shifted the burden of proof on the question of insanity to the defense and narrowed the scope of qualifying mental disease or defects for insanity defense purposes in federal trials to “severe” ones (i.e., psychoses, effectively disqualifying most personality disorders).¹⁹ Many states followed suit. Some went even further. Twelve states replaced their insanity defenses with some variant of the “guilty, but mentally ill” verdict, a compromise verdict first adopted by Michigan in 1975 which allows a criminal conviction for those who know their acts are wrong, but who are nonetheless mentally ill and in need of treatment.²⁰ And four states – Utah, Montana, Idaho, and Kansas – abolished the insanity defense altogether.²¹

In attempting to articulate a perceived corrective, however, the Insanity Defense Reform Act exacerbated a complex problem that led directly to the subject of our study. At the core of our concern is what we are calling “the Hamlet Syndrome”: someone can be sane – knowing right from wrong – but still mentally ill; that is, the decision to commit a crime can emerge from a mind that is neither fully incapacitated nor fully functional. Consider the research reporting that in 75 to 92 percent of insanity defense cases, the prosecution, the defense, and the psychiatric experts on both sides of the aisle agree that the accused has a major psychotic disorder.²² But not all such criminal defendants are so cognitively impaired

19. See Schug and Fradella, *Mental Illness and Crime*. See also *United States v. Hinckley*, 525 F. Supp. 1342 (D.D.C. 1981), 529 F. Supp. 520 (D.D.C.), 672 F.2d 115 (D.C. Cir. 1982).

20. See Callahan et al., “Volume and Characteristics”; Perlin, “Borderline Which Separated.”

21. See Schug and Fradella, *Mental Illness and Crime*. The fact that four U.S. states have abolished the insanity defense strongly suggests that some people reject the notion that even the most serious forms of mental illness can excuse criminal liability. Indeed, a case study in Idaho – the first state to abolish the insanity defense in the wake of the Hinckley verdict – reported that a majority of Idaho residents supported the abolition of the insanity defense because they believed that people should not be able to avoid punishment for criminal acts on the basis of “either a real or a faked plea of insanity.” See Gilbert Geis and Robert F. Meier, “Abolition of the Insanity Plea in Idaho: A Case Study,” *The Annals of the American Academy of Political and Social Science* 477(1) (1985), 72–83, esp. 73. In the minds of people who reject the notion of criminal excuse on the basis of serious mental illness, the question of whether someone (the fictional Hamlet, in our current analysis) is legitimately mentally ill or faking it would be irrelevant. But outside of Idaho, Utah, Montana, and Kansas, the distinction between bona-fide mental illness and malingering is one of consequence since it is supposed to translate into the difference between an insanity-based acquittal (warranting treatment) and a criminal conviction (warranting punishment).

22. Callahan et al., “Volume and Characteristics”; Jeffrey L. Rogers, Joseph D. Bloom, and Spero M. Manson, “Insanity Defenses: Contested or Conceded?” *American Journal of Psychiatry* 141 (1984), 885–8; Kenneth K. Fukunaga, Richard A. Pasewark, Michael Hawkins, and Howard Gudeman, “Insanity Plea: Interexaminer Agreement and Concordance of Psychiatric Opinion and Court Verdict,” *Law and Human Behavior* 5(4) (1981), 325–8.

Importantly, statistics regarding high concordance rates are not new. In his influential *Treatise on the Medical Jurisprudence of Insanity* (Boston, MA: Little, Brown, 1838), Isaac Ray

that they are rendered incapable of conforming their conduct to the requirements of the law. Even if someone can distinguish right from wrong, that person can nonetheless suffer from a serious mental illness which increases the likelihood of committing an illegal act.²³ The Insanity Defense Reform Act and the state law modeled after it declare such a person legally sane. In doing so, modern insanity statutes problematize the public tendency to judge legally sane men and women who commit criminal acts to be evil because these laws stack the deck against people who have a mental illness and, therefore, cannot comport their actions to the requirements of law as easily as those who are mentally healthy. This, in turn, leads some people to think of the insanity defense as a sham.²⁴

II. The Hamlet Syndrome

The tendency to view someone who is legally sane as someone who is mentally healthy has a fascinating literary precedent in Shakespeare's *Hamlet*. The most common psychological question asked of Shakespeare's famous play is, of course, *Is the ghost real, or is it a figment of Hamlet's imagination?*²⁵ Shakespeare clearly wanted us to ask this question: Barnardo, Marcellus, and Horatio all see the ghost in Act I, leading the audience to believe that, in the world of the play, the ghost must be real. But Gertrude does not see the ghost in Act III when Hamlet does, suggesting that this appearance of the ghost is a hallucination. Given these contradictory moments, the question of whether the ghost is real or not is probably inconclusive.²⁶ In any event, determining the reality of the ghost does not settle the ethical question of whether Hamlet's revenge is just or not and, moreover, determining the reality of the ghost won't tell us any more about Shakespeare's metaphysical beliefs than the giant Stay Puft Marshmallow Man in the film *Ghostbusters* tells us about Bill Murray's. Meanwhile, the question of the reality of the ghost in *Hamlet* covers over a different question of psychology that is more central to the text and more relevant to our lives today: *Why does Hamlet feign madness?* The question is not, *Is*

argued against an insanity test based on the ability to distinguish right from wrong because such a test was too narrow. In support of his argument, he explained that there is often little disagreement that people who plead insane suffer from serious mental illness. The disagreement stems from what degree of impairment renders them suitable for criminal excuse. Thus, Ray argued in favor of a broader approach to insanity than knowing right from wrong. See W.R. Cornish and G. de N. Clark, *Law and Society in England 1750–1950* (London: Sweet & Maxwell, 1989), pp. 603–4.

23. Schug and Fradella, *Mental Illness and Crime*.

24. See Scott O. Lilienfeld and Hal Arkowitz, "The Insanity Verdict on Trial," *Scientific American Mind* 21(6) (2011), 64–5; and Eric Silver, Carmen Cirincione, and Henry J. Steadman, "Demythologizing Inaccurate Perceptions of the Insanity Defense," *Law and Human Behavior* 18(1) (1994), 63–70.

25. See, for example, Robert H. West, "King Hamlet's Ambiguous Ghost," *PMLA* 70(5) (Dec. 1955), 1107–17.

26. The most authoritative study of King Hamlet's ghost, Stephen Greenblatt's *Hamlet in Purgatory* (Princeton, NJ: Princeton University Press, 2001), reviews the critical debates about the reality and meaning of the ghost and concludes that these "intricate arguments . . . are not completely evacuated by the fact that they are almost certainly doomed to inconclusiveness" (239).

Hamlet mad or just feigning?, because Hamlet clearly says at the end of Act I that he is going to fake it, that he is going “to put an antic disposition on” (1.5.175). Rather, the question is, *Why does Hamlet do it?* Historically speaking, madness was a central motif in the Renaissance genre of revenge tragedy.²⁷ Maybe Hamlet feigns madness simply because that was the convention. As we argue in the pages that follow, however, Shakespeare made Hamlet mad *before* the prince was charged with revenge, a significant departure from the revenge tragedy tradition. Dramatically speaking, therefore, the most likely answer to our central question, though perhaps improbable on first blush, is that Hamlet feigns madness because he is already mad.

If that answer sounds circuitous or improbable, it is only because we tend to think that someone must have his wits about him in order to feign madness. We know for a fact that Hamlet is faking and, given this knowledge, assume that he therefore isn't mad. Even great literary critics tend to extrapolate from a knowledge of Hamlet's feigning to the image of a Hamlet who is not only totally in control of his mind but also a conniving and ingenious hero smarter than anyone around him many times over. For example, in one of the best books on *Hamlet* from the twentieth century, Eleanor Prosser's *Hamlet and Revenge* (1967), the author deigns to enter into “the endless debate about Hamlet's ‘antic disposition’” and concludes: “Hamlet is not mad. He never is.... [He] never loses touch with reality ... He always knows what he is doing.”²⁸ The problem with Prosser's statement is that it conflates the fact that Hamlet is not psychotic (“[He] never loses touch with reality”) and the fact that he is legally sane (“He always knows what he is doing”) with a claim for mental health (“Hamlet is not mad”). Someone can be mad and still be connected to reality; someone can be legally sane but nonetheless mentally ill.²⁹

Clearly, part of the problem with “the endless debate about Hamlet's ‘antic disposition’” is that, during the Renaissance, there was only this one word, *madness*, to describe a set of behaviors and conditions that today we use a vast and specialized psychological and legal vocabulary to describe.³⁰ According to the *Oxford English Dictionary* (*OED*), the word *mad* originally referred to a rabid dog; the *OED* dates the meaning of *mad* as “uncontrolled by reason or judgement; foolish, unwise” to around 1300; as “carried away by or filled with enthusiasm or desire; wildly excited; infatuated” to around 1325; as “insane, crazy; mentally unbalanced or deranged; subject to delusions or hallucinations; (in later use esp.) psychotic” to around 1330; as “angry, irate, cross” to around 1400.³¹ By the beginning of the seventeenth century, to quote

27. See Charles A. Hallett and Elaine S. Hallett, *The Revenger's Madness: A Study of Revenge Tragedy Motifs* (Lincoln, NE: University of Nebraska Press, 1980).

28. Eleanor Prosser, *Hamlet and Revenge* (Stanford, CA: Stanford University Press, 1967), p. 149.

29. See Norman J. Finkel, “Achilles Fuming, Odysseus Stewing, and Hamlet Brooding: On the Story of the Murder/Manslaughter Distinction,” *Nebraska Law Review* 74 (1995), 742–803.

30. See Charles A. Hallett and Elaine S. Hallett, *The Revenger's Madness: A Study of Revenge Tragedy Motifs* (Lincoln, NE: University of Nebraska Press, 1980).

31. “mad, adj.” in *The Oxford English Dictionary* (<http://www.oed.com/view/Entry/112000>), def. 1, 2, 3a, 4a, 6b.

Shakespeare's Polonius, "To define true madness, / What is't but to be nothing else but mad?" (2.2.93–4). Given the flexibility of the term *madness* in Shakespeare's time, we argue here that Hamlet is already mad at the end of Act I, but not in the way that he says he is going to act in the future. In modern medical terms, Hamlet is mentally ill, but not psychotic – or at least not psychotic enough to be legally insane. But his decision to pretend to be severely psychotic is not merely a case of malingering. It is part-and-parcel of his mental illness. When someone like Hamlet pretends to be "crazier" than he actually is, however, our knowledge of his pretended craziness dissuades us from acknowledging any actual mental illness he may have, resulting in the situation we are calling "the Hamlet Syndrome."

III. Hamlet's Mental Illness

The basis of the Hamlet Syndrome is the idea that malingering – feigning madness – can be both a cause and an effect of an actual mental disorder. Consider that Shakespeare's Hamlet is, in modern psychological terms, mentally ill when we first meet him. His father's death two months ago and his mother's remarriage to his uncle one month later have so upset Hamlet that he soliloquizes in a manner that we today could easily associate with suicidal depression:

O that this too too sullied flesh would melt,
 Thaw, and resolve itself into a dew,
 Or that the Everlasting had not fixed
 His canon 'gainst self-slaughter. O God, God,
 How weary, stale, flat, and unprofitable
 Seem to me all the uses of this world!
 Fie on't, ah, fie, 'tis an unweeded garden
 That grows to seed. Things rank and gross in nature
 Possess it merely.³²

Hamlet is not simply sad – grieving in the way that anyone would grieve after the death of a father, upset in the way that anyone would be upset if his mother remarried his uncle only one month after his father's death. Hamlet's depression surfaces as an exhaustion, a

32. Shakespeare, *Hamlet*, 1.2.129–37. Notably, earlier versions of the *DSM* contained a "bereavement exclusion" for major depressive episodes for the first two months following a loved one's death. The *DSM-5* removed this exclusion largely because research demonstrates that "the death of a loved one can precipitate major depression"; see American Psychiatric Association, "Major Depressive Disorder and the 'Bereavement Exclusion,'" 2013, <http://www.dsm5.org/Documents/Bereavement%20Exclusion%20Fact%20Sheet.pdf>. To be clear, we are not necessarily advocating that Hamlet meets all of the diagnostic criteria for major depression. Rather, we note that such a diagnosis is no longer categorically excluded from consideration. And, for the reasons we set forth in this section, it seems to us that depression better explains Hamlet's mental state (arguably in combination with episodes of mania that might qualify Hamlet for a bipolar disorder diagnosis), than does routine grief.

motivelessness, and a certain deadening of sensation. The world is grey to him, tiring, tasteless, joyless, pointless, and rotten. This listlessness affects Hamlet's behavior (he starts wearing all black), his relationships (his mourning embarrasses his mother and step-father), and both his mental and his physical health. Indeed, later in the above soliloquy, when Hamlet contrasts himself to Hercules (1.2.153), it suggests a physical feebleness in Hamlet, and he even worries that his troubles will "break [his] heart" (1.2.159). Hamlet's depression is taking a physical toll on his body, as evident later in the play when he refers to "[his] weakness and [his] melancholy" (2.2.540). Hamlet literally feels shitty, the word "melancholy" coming from the Latin *melas*, "black," and the Greek *khole*, "bile."³³ When we first meet him, Hamlet's melancholy manifests as misogyny against his mother – "Frailty, thy name is woman," he famously fumes (1.2.146) – and a certain pessimism and paranoia holding that his situation "is not nor it cannot come to good" (1.2.158). If Hamlet is depressed, however, his expression of suicidal thoughts indicates at least some attachment to the world and a hope for a better future – expressing suicidal thoughts is more optimistic than committing suicide – and Hamlet remains mentally and physically stable enough to be polite and even jovial when his friends Horatio, Marcellus, and Barnardo arrive.

They visit him to tell him that they have seen a spirit in the image of his dead father, but Hamlet beats them to the punch: "Methinks I see my father," he says distractedly (1.2.184). From a literary perspective, Hamlet's vision of his father is an echo of the appearance of the ghost in the first scene of the play as well as a foreshadowing of the ghost's appearance to Hamlet himself later in Act I. From a psychological perspective, it might seem to be evidence in support of the idea that Hamlet only hallucinates his father's ghost, but it is actually evidence that he doesn't insofar as Hamlet clearly understands that he only sees his father, as he clarifies, "in [his] mind's eye" (1.2.185). Here Hamlet understands the difference between thought and reality, Shakespeare appears to take special care to mark a distinction between two concepts that come into tension throughout the first act of the play: *imagination*, the recollection of past experiences in the formation of new ideas in the mind, and *hallucination*, the perception of something not actually present.

IV. "Imagination" as Mental Process

Later in Act I, when Hamlet sees his father's ghost, follows him, and says he will kill anyone who stands in his way, Horatio frets, "He waxes desperate with imagination" (1.4.87). Insofar as Horatio has seen the ghost for himself (1.1.56–8), he is not suggesting that Hamlet is hallucinating, even though Horatio was himself initially skeptical of the reality of the ghost (1.1.23). Instead, when Horatio worries about Hamlet's "imagination,"

33. See Gerold Sedlmayr, "'What Madnesse Ghosts Us All': Melancholy Madness in Burton's *Anatomy* and Shakespeare's *Hamlet*," in *Shakespearean Culture – Cultural Shakespeare* (Jurgen Kamm and Bernd Lenz, eds) (Passau, Germany: Stutz, 2009): 27–45. On melancholy more generally, see Angus Gowland, *The Worlds of Renaissance Melancholy: Robert Burton in Context* (Cambridge: Cambridge University Press, 2006).

he worries that Hamlet is not able to process information and experiences rationally. That is what “imagination” means in *Hamlet*, not the belief in something that is not real, but the ability to think clearly.³⁴ For example, when Hamlet later describes himself to Ophelia – “I ... with more offenses at my beck than I have thoughts to put them in, imagination to give them shape” (3.1.124–7) – *imagination* signifies a general mental processing and picturing of past experience, a piecing together of recollections. Likewise, when Hamlet says that Yorick’s skull has made his beloved jester “abhorred in [his] imagination” (5.1.177), he is referring to the processing of memories. Moments later, when he asks, “Why may not imagination trace the noble dust of Alexander till he find it stopping a bung-hole” (5.1.193–4), he is referring to the creative reinterpretation of a previously settled idea. But what about when Hamlet avers that, if Claudius is not guilty, then “[His] imaginations are as foul / As Vulcan’s stithy” (3.2.82–3)? It seems here that Hamlet is saying that he may have hallucinated his father’s spirit but, if we understand “imagination” as recollection and cognition – as, in a word, *thought* – then Hamlet is simply considering the possibility that his thought processes are compromised. Rather than being concerned about hallucinating, he is worried that his mind is not properly processing the information given to him by the ghost (whose reality never comes into question). Or, in the parlance of modern psychology, Hamlet is worried that he is mentally ill.

As in the case of a criminal who can discern the difference between right and wrong yet commits a crime, Hamlet’s mental illness is not one of full-blown psychosis causing him to believe that things only happening in his head are actually real. But it is a condition that impacts his mood, his behavior, his relationships, and – most importantly – his ability to process information in a sensible way. A modern psychologist might say Hamlet is suffering from a mood disorder (such as type I bipolar disorder or schizoaffective disorder, bipolar type).³⁵ Hamlet may instead be said to suffer from one or more personality

34. For the context of this understanding of “imagination” in the Renaissance and the specifics of the faculty psychology involved, see Todd Butler, “Bacon and the Politics of the Prudential Imagination,” *SEL Studies in English Literature 1500–1900* 46(1) (Winter, 2006), 93–112.

35. U.S. Supreme Court Justice Anthony Kennedy has presided over a number of mock trials designed to assess Hamlet’s sanity and criminal liability. See “Mock Trial of Shakespeare’s Hamlet for Murder,” *YouTube* (March 17, 1994), <https://www.youtube.com/watch?v=VFasMwE9h44>; “Insanity Trial of Hamlet,” *C-Span* (March 11, 1996), <http://www.c-span.org/video/?70842-1/insanity-trial-hamlet>; “Supreme Court Justice Puts Hamlet on Trial,” *PBS Newshour* (March 29, 2007), http://www.pbs.org/newshour/bb/entertainment-jan-june07-hamlet_03-29/. In the 1994 and 1996 versions of the trial, Dr. Thomas Gutheil, professor of general and forensic psychiatry at Harvard University, diagnosed Hamlet with bipolar disorder (exhibiting rapid cycling between mania and depression). In the 2007 trial, Columbia University psychiatry professor Jeffrey Lieberman diagnosed Hamlet with schizoaffective disorder, bipolar type. In all three of these mock trials, Dr. Alan Stone, professor of law and psychiatry at Harvard University, pointed out that even with those who rapidly cycle between mania and depression, such changes in mood do not occur from minute-to-minute. Thus, Dr. Stone concluded that Hamlet was simply so upset that he sought revenge. He opined that Hamlet was a thoughtful, deliberate philosopher who appreciated the significance of taking one’s life or the life of others. Hamlet was both legally sane and mentally healthy, Dr. Stone opined, concluding that Hamlet was malingering his symptoms of madness.

disorders (borderline personality disorder seems particularly apt). The character has even been placed on the autistic disorders spectrum.³⁶ For our purposes, a specific diagnosis is not as important as the observation that Shakespeare wrote Hamlet into the same space that is described by the modern notion of mental illness, a middle ground between mental health and mental illness of such severity that it could qualify as the basis for legal insanity.

V. Acting Mad Before Acting Mad

If Hamlet is mentally ill during his exchange with the spirit of his father, he is also already mentally ill earlier during his exchange with Horatio, Marcellus, and Barnardo in the second scene of the play. These two episodes – Hamlet’s response to Horatio in Scene ii, and Hamlet’s response to the Ghost in Scene v – follow remarkably similar progressions: a narrative reveals hitherto unknown information, it is readily accepted, and then Hamlet expresses concerns about his own mental well-being.

The first instance begins with Horatio’s story of the appearance of the ghost. In response to this story, Hamlet does not express skepticism and doubt, as any mentally healthy person would do and as his foil Horatio initially did. In contrast to Horatio, Hamlet responds with follow-up questions, whole-hearted belief, and a wish that he had been there to see the ghost – a response Hamlet has *because* he is mentally ill. “This troubles me,” says Hamlet in response to Horatio’s story (1.2.224), and in our reading it is Hamlet’s troubled mind that causes him to greet Horatio’s improbable story with uncritical acceptance. If Hamlet weren’t so troubled, he wouldn’t believe Horatio’s story so readily. Howsoever much the ghost is real according to the dramatic world of *Hamlet*, the prince has no reason to think that it would be and, insofar as he and Horatio received the same skeptical education in Wittenberg – home of the Protestant Reformation that disputed the doctrine of purgatory and the hyperactive spirituality of Catholicism – Hamlet has every reason to doubt the reality of the ghost.³⁷ The fact that he doesn’t suggests that something is off-kilter. From our perspective, Shakespeare put Horatio in this play, in part, to show how someone coming from where Hamlet is coming from should react to the story of a ghost and, effectively, how bizarre Hamlet’s actual reaction is. This discrepancy between the way we would expect a scholar such as Hamlet to respond to a ghost story and the way Hamlet actually responds is roughly analogous to the way a person with a mental illness does not process information in a sensible and logical fashion.

In response to the story of his father’s spirit, Hamlet exhibits other symptoms of mental illness as well: he becomes anxious and secretive – asking Horatio, Marcellus, and Barnardo not to tell anyone else their story – and he exhibits paranoia: “All is not well. / I doubt some

36. See Sonya Freeman Loftis and Lisa Ulevich, “Obsession/Rationality/Agency: Autistic Shakespeare,” in *Disability, Health, and Happiness in the Shakespearean Body* (Sujata Iyengar, ed.) (New York, NY: Routledge, 2015), pp. 58–75.

37. On Hamlet’s association with religious skepticism (i.e., Protestantism), see Greenblatt, *Hamlet in Purgatory*; on Hamlet’s association with philosophical skepticism (i.e., Montaigne), see Millicent Bell, *Shakespeare’s Tragic Skepticism* (New Haven, CT: Yale University Press, 2002), pp. 29–79.

foul play,” he frets (1.2.255–6). Hamlet’s paranoia here is a callback to the paranoia in his first soliloquy, but it is also an anticipation of the paranoia he later expresses after the appearance of his father’s ghost. Like Hamlet’s exchange with his friends in Scene ii, his later exchange with his father’s ghost in Scene v centers upon the telling of a story that reveals unknown, yet anticipated, information. In the earlier episode, as discussed, Hamlet sees his father “in [his] mind’s eye” before Horatio tells his story of seeing King Hamlet’s spirit. In this later episode, Hamlet responds to the Ghost’s revelation that Claudius killed King Hamlet by saying that he knew it all along: “O my prophetic soul!” he gasps upon hearing that his uncle killed his father (1.5.40). For Hamlet to have already suspected exactly what the ghost says to him lends some weight to the idea that Hamlet is hallucinating his father’s spirit, projecting his anxiety out into a visible form, but that idea is of course problematized by the simple fact that Horatio and Marcellus also see the ghost.

In response to the earlier story from Horatio, the Prince Hamlet who was already worried that his troubles would “break [his] heart” said “This troubles me,” suggesting a weakened body and a disturbed mind. In response to the later story from the ghost, Hamlet fears for his heart again and becomes physically impaired: “O fie! Hold, hold, my heart, / And you, my sinews, grow not instant old, / But bear me up stiffly” (1.5.93–5). Then he says he will remember the ghost “while memory holds a seat / In this distracted globe” (1.5.96–7). This line is a clever allusion to the Globe theatre where *Hamlet* was first performed, and in that sense it is a dig at a distractible audience, but it is also an allusion to Hamlet’s mental illness, to a mind that has been overloaded, is preoccupied, is not able to attend to the events Hamlet is experiencing, and is not processing information rationally.

Underscoring his lack of balance in both examples – Horatio’s story of the ghost, and the ghost’s story of King Hamlet’s murder – Hamlet swears his friends to secrecy and expresses paranoia. Nevertheless, Hamlet is jovial in the earlier episode, and he becomes downright goofy in the later, causing Horatio to remark upon Hamlet’s “wild and whiling words” (1.5.133). Hamlet’s chaotic, dissociative speech is even more significant in light of the fact that, even before Hamlet has said that he will “put an antic disposition on,” he acts exactly as he acts later in the play when he is deliberately acting mad. There is no discernible difference in Hamlet’s demeanor, for example, in Act I when he jokingly calls his father’s ghost “old mole” (1.5.165) and in Act II when he mockingly calls Polonius “old Jephthah” (2.2.352). Indeed, there are some startlingly consistent qualities to Hamlet’s behavior (1) before he sees his father’s ghost, (2) after he sees his father’s ghost but before he has started pretending to be crazy, and (3) after he starts feigning madness. If, before he puts on his antic disposition, Hamlet acts precisely how he does after doing so, then it stands to reason that Hamlet before he feigns madness might be mad without any feigning. If so, then Hamlet is already mad when he says he will start feigning madness. He could even be feigning madness *because* he is already mad. As the Romantic critic Samuel Taylor Coleridge remarked, “Hamlet’s wildness is but half false; he plays that subtle trick of pretending to act only when he is very near really being what he acts.”³⁸ One kind of madness manifests paradoxically as the feigning of another, more severe kind of madness.

38. Samuel Taylor Coleridge, *Shakespeare, with Introductory Matter on Poetry, the Drama, and the Stage*, in vol. 4 of *The Complete Works of Samuel Taylor Coleridge* (W.T.G. Sheed, ed.) (New York, NY: Harper & Brothers, 1853), p. 156.

VI. Being Mad and Acting Mad

In our reading, then, Hamlet's decision to feign madness is both an effect and a sign of his mental illness. We say this, in part, because it is completely irrational for Hamlet to feign madness given his needs and goals, which is a very different situation from the one we find in Shakespeare's main source. In Saxo Grammaticus's *Historiae Danicae*, an adolescent Amleth discovers that his uncle killed his father and then decides to act not crazy but stupid and weak-minded because he does not want his uncle to view him as a threat.³⁹ Saxo's Amleth feigns stupidity to conceal his knowledge of his uncle's misdeeds as he bides his time to mature but, as T.S. Eliot observed in his famous essay "Hamlet and his Problems" (1920), Hamlet has no good reason to delay – he already suspected his uncle, he totally believes the ghost, and he is perfectly capable of walking right into the Castle of Elsinore and killing Claudius.⁴⁰ Hamlet has even less cause to delay his revenge by *feigning madness*. If we want to insist upon a logical rationale for Hamlet's feigned madness – which we think it is a mistake to do – the most likely explanation is the one Hamlet alludes to at the end of Act II when he considers the possibility that the spirit of his father was actually the devil in disguise lying to him to trick him into some sinful action. Even if, at the end of Act I, Hamlet – devoted skeptic that he is – already senses a need to confirm his uncle's guilt, despite saying that he will focus his entire life on the ghost's revelation (1.5.98–104), feigning madness does not serve his needs in the way it did Amleth's. Saxo's Amleth wanted to conceal his plans for revenge, but Shakespeare's Hamlet has no good reason to act mad. Hamlet's feigned madness does not make him an evil genius. It makes him deficient in judgement because it is irrational to think that feigning madness might help his plight in any way. It does not shield his intelligence, as it did for Amleth, nor does it lull his uncle into a false sense of security. Instead, it actually excites his uncle's suspicion.

So we return to the driving question of our article: *Why does Hamlet feign madness?* Because he is mentally ill. Absent a more compelling explanation, that is the most convincing answer, one that is more borne out by the rest of the text than any treatment of Hamlet as a mastermind who feigns madness in some sort of epic plan to investigate his uncle. Hamlet decides to act mad because he is already mad – already suffering from a distracted mind that is not fully functional. Thus, when Hamlet states his plan to start acting mad, he is not malingering in an effort to secure time and space to investigate his uncle. Rather, he is feigning madness because his mental illness has led him to believe, quite wrongly, that this is a good idea.

VII. Acting Mad and Becoming Mad

As we have argued, the question of Hamlet's sanity can be distinguished from the question of his mental health: whether he is attached to reality or seeing things that are not

39. See Saxo Grammaticus, *Historiae Danicae* (Oliver Elton, trans.) in vol. 7 of *Narrative and Dramatic Sources* (Geoffrey Bullough, ed.) (London: Kegan Paul, 1973), pp. 60–79.

40. T.S. Eliot, "Hamlet and His Problems," in *The Sacred Wood: Essays on Poetry and Criticism* (London: Methuen, 1920), pp. 95–103.

there is one question, and whether or not he is able to think rationally and function in society is another. Insofar as the ghost is real, at least in Act I, Hamlet evidences neither delusions nor hallucinations, the hallmarks of any psychotic disorder. At the same time, he is clearly not mentally healthy. His mental illness leads him to respond to the revelation of his father's murder with the irrational decision to act completely psychotic. One kind of madness surfaces as the purposeful malingering of another, more severe kind of madness. But what are the effects of malingering on an already mentally ill person?

In the discourse about Hamlet's madness, there has always been a contingency of readers who feel that Hamlet both acts mad and actually becomes mad. At first Hamlet is only acting, they say, but then he truly becomes crazy. These readers point to Hamlet's inconsistent attitudes toward Ophelia (saying he doesn't love her in Act III, saying he loved her deeply in Act V); him saying about her duplicity, "It hath made me mad" (3.1.142–7); his hallucination of his father's spirit in his mother's bedchamber, which she describes as "the very coinage of [his] brain" (3.4.137); his glib and unremorseful behavior after killing Polonius; and his claim at the end of the play that it was not he but his "madness" that killed Polonius (5.1.208–17). Significantly, Michel de Montaigne's *Essays*, which Shakespeare started reading around the time he wrote *Hamlet*, included an essay, "On Not Pretending to Be Ill," about people developing the illnesses they pretended to have.⁴¹ Much more recently, there has been some empirical research that could support this line of thought. A study by psychologist Harald Merckelbach and colleagues at Maastricht University in the Netherlands, for example, found that people who fake symptoms of mental illness can come to convince themselves that they are actually mentally ill.⁴² Interestingly, Merckelbach was inspired to conduct this study by the Russian playwright Leonid Andreyev's *A Dilemma* (1910), in which a character malingers the symptoms of a disease only to actually develop that disease.⁴³ Andreyev was himself inspired by Shakespeare's *Hamlet*, but he was also inspired by what he saw everyday as a court reporter. As such, the writings of Andreyev and Merckelbach are both substantively and procedurally related to what we have called the Hamlet Syndrome: these writings, one a play and another a psychological study, both show how literary works and academic research can develop in response to each other.

41. Michel de Montaigne, "On Not Pretending To Be Ill," in *The Complete Essays* (M.A. Screech, trans.) (Harmondsworth: Penguin, 1991), pp. 781–4. On the possibility that Montaigne's *Essays* was a source for Shakespeare's *Hamlet*, see Stephen Greenblatt, "Shakespeare's Montaigne," in *Shakespeare's Montaigne: The Florio Translation of the Essays, A Selection* (Stephen Greenblatt and Peter G. Platt, eds) (New York: New York Review Books Classics, 2014), xxxi–ii.

42. See Harald Merckelbach et al., "Exaggerating Psychopathology Produces Residual Effects That Are Resistant to Corrective Feedback: An Experimental Demonstration," in *Applied Neuropsychology: Adult* 22(1) (2015), 16–22; and Harald Merckelbach and Thomas Merten, "A Note on Cognitive Dissonance and Malingering," in *The Clinical Neuropsychologist* 26(7) (2012), 1217–29.

43. See Leonid Andreyev, *A Dilemma: A Story of Mental Perplexity* (John Cournos, trans.) (Philadelphia, PA: Brown Brothers, 1910).

For the Hamlet Syndrome, however, we would map out a slightly different progression of events than the one given by Andreyev and Merckelbach. Acting mad did not cause Hamlet to go mad in the sense that it created a madness that wasn't there. Instead, acting mad, which was itself the result of an already existing mental illness, only made Hamlet go a little bit madder than he already was. Acting mad was both an effect and a cause of mental illness, the effect of an earlier, slighter form and the cause of a later, more severe form.

VIII. Malingering as Cause and Effect

As we start to return from Shakespeare to modern life, let's consider what happens in the Canadian television show *Slings and Arrows*, which tells the story of a modern Shakespearean acting company. Playing the role of Hamlet – acting mad – leads a character named Geoffrey Tenant (a nod to the real Hamletean actor David Tennant) to actually go mad in the midst of a performance.⁴⁴ He jumps into Ophelia's grave and never comes back out, leaving the other actors stranded on stage. In this case, acting mad (by playing the part of Hamlet) caused someone to become mad, a transaction modeled on Shakespeare's original play, but the script for *Slings and Arrows* was not entirely fictional.

It was based in part on the real example of Daniel Day-Lewis, an actor famous for the rigor in his method approach to roles. In 1989, at London's National Theatre, Day-Lewis had a nervous breakdown while playing Hamlet, claiming to see the ghost of his own deceased father, the poet Cecil Day-Lewis, on stage staring at him. Upon hallucinating his father, the younger Day-Lewis walked off the stage mid-performance and has not returned to the theatre since. Here again, playing the role of Hamlet – acting mad – appears to have either caused or manifested a psychotic symptom in Day-Lewis. Several decades later, however, after this story had become the stuff of legend in drama circles, Day-Lewis revealed that he did not actually see his father and that he was speaking more metaphorically than literally. He was really just totally exhausted and felt uninspired and inadequate.⁴⁵ In other words, Day-Lewis claimed to be experiencing a psychotic hallucination when really he was only suffering from a lesser form of mental stress. He pretended to be mad, but the fact that he was faking it does not mean that he was mentally healthy. In all likelihood, Day-Lewis's decision to feign madness was closely connected with the acute mental turmoil he was experiencing. In this case, therefore, mental illness caused someone to act mad. Malingering a severe form of psychosis was a cover for a less severe mental disorder, as in the case of Hamlet himself.

IX. The Hamlet Syndrome and the Psychology of Faking

As this last example indicates, the Hamlet Syndrome has implications for our understanding of the psychology of feigned or grossly exaggerated symptoms of mental

44. See Susan Coyne, Bob Martin, and Mark McKinney, *Slings and Arrows* (Acorn Media, 2008), Season 1, Episode 6.

45. See Matt Trueman, "Did Daniel Day-Lewis see his father's ghost as Hamlet? That is the question ..." *The Guardian* (October 29, 2012).

illness. Specifically, the case of Hamlet allows us to ponder a gray area between two psychological constructs: malingering and the DSM-5 diagnosis of factitious disorder. Both involve either feigning illness, including mental illness, or grossly exaggerating disabilities that exist. But malingering and factitious disorder are differentiated by both motivation for the behaviors and consciousness of that motivation. Malingering describes someone who purposefully fakes or grossly exaggerates a physical or mental illness in an effort to receive some sort of external reward, such as avoiding imprisonment or receiving a financial settlement. Factitious disorder also involves faking or exaggerating an illness but, unlike true malingering, someone with factitious disorder has no external reward in mind. With factitious disorder, someone is consciously aware of faking it, but not consciously aware of why; there is simply a felt desire to be seen as ill. Importantly, “a diagnosis of factitious disorder implies the presence of psychological problems, while malingering does not.”⁴⁶ People with factitious disorder often experience other significant emotional difficulties, particularly personality disorders.⁴⁷ Notably, the psychological literature reports that patients with factitious disorder are frequently diagnosed with the two illnesses that Hamlet is most frequently said to have: borderline personality disorder⁴⁸ and bipolar disorder.⁴⁹

The example of Hamlet blurs the lines between malingering and factitious disorder because he clearly makes a conscious effort to secure some sort of external reward by feigning madness, and yet that effort is completely irrational to us. In this reading, what *causes* Hamlet to act mad is a mind that is not working properly. As such, we offer the Hamlet Syndrome as a subtype of factitious disorder to explain faked or grossly exaggerated symptoms of psychosis. Even though Hamlet is malingering, he is still mentally ill. A malingerer like Hamlet can have one or more other mental illnesses (e.g., factitious disorder, borderline personality disorder, bipolar disorder) that manifest in the feigning of a more severe madness than he actually suffers from.

In contrast to factitious disorder, which is a diagnosis in the DSM-5, malingering is not a DSM-5 mental illness. It is listed under “Other Conditions That May Be a Focus of Clinical Attention,” but this categorization is problematic.⁵⁰ Malingering is not a mental disorder, most obviously, because it is a description of behavior, not the description of a condition. Instead of saying that malingering “is not a mental disorder,” however, it would be better to say that, based on the example of Hamlet, malingering could be considered a diagnostic criterion for some forms of mental illness such as factitious disorder. Not all malingering is caused by mental illness, of course, and not all mental illness

46. James C. Overholser, “Differential Diagnosis of Malingering and Factitious Disorder with Physical Symptoms,” *Behavioral Sciences & the Law* 8(1) (1990), 55–65, 56.

47. Cleveland Clinic, “Diseases & Conditions: Factitious Disorders”: https://my.clevelandclinic.org/health/diseases_conditions/hic_An_Overview_of_Factitious_Disorders.

48. Dwayne K. Gordon and Randy A. Sansone, “A Relationship Between Factitious Disorder and Borderline Personality Disorder,” *Innovations in Clinical Neuroscience* 10(11–12) (2013), 11.

49. Antonio Del Casale et al., “Factitious Disorder Comorbid with Bipolar I Disorder. A Case Report,” *Forensic Science International* 219(1–3) (2012), e37–e40.

50. See David T.R. Berry and Nathaniel W. Nelson, “DSM-5 and Malingering: A Modest Proposal,” *Psychological Injury and Law* 3 (2010), 295–303.

manifests in malingering. The decision to malingering can be an entirely rational choice when faced with a death penalty, for example, but it can also be an irrational choice brought on by a dysfunctional mind. The paradox is that malingering is not a mental disorder, but it can be a form of the lying that is listed as one of the diagnostic criteria for a mental illness such as antisocial personality disorder. The danger is that, if detected, malingering (because it is explicitly not a mental disorder) could throw experts, courts, and the public off the scent of a bona-fide mental illness that calls into question moral blameworthiness, at minimum, and potentially even criminal responsibility.⁵¹

X. The Hamlet Syndrome and the Sociology of Insanity

The Hamlet Syndrome also has implications for our understanding of the sociology of insanity. There is a difference, of course, between faking or grossly exaggerating mental illness and an unsuccessful insanity defense (in which a lawyer tries and fails to convince a jury that his or her client is insane). High-profile offenders such as Jeffrey Dahmer, Andrew Goldstein, Jared Loughner, James Holmes, Edwin Alemany, and Eddie Routh did not malingering, but the unsuccessful insanity defenses in their criminal trials left many people feeling as if they had. This is the crux of the problem with most modern formulations of insanity. Failed insanity defenses often leave the public with the perception that someone was feigning madness – if not the criminal defendant himself, then at least his defense team was feigning their belief in the defendant’s insanity. Either way, when the public learns about a failed insanity defense, many conclude something akin to the following: (1) the defendant tried and failed “to get away with” a crime by claiming insanity; (2) the rejection of the insanity defense means the trier-of-fact (usually a jury) saw through the charade and found the defendant guilty; (3) because the defendant was not acquitted on the grounds of insanity, the defendant is mentally stable; and (4) the defendant is evil not only because he or she committed some crime, but also because he or she sought to avoid responsibility for the crimes by unjustifiably claiming insanity.⁵²

In truth, however, failed insanity defenses often involve very serious mental illnesses. Serial killer Jeffrey Dahmer was diagnosed with a range of psychological illness including alcohol dependency, a host of paraphilic disorders, and a variety of personality disorders.⁵³

51. Trying to ascertain when the Hamlet Syndrome is in effect presents problems similar to the detection of malingering: both demand that observers judge whether the person is simply acting. The Hamlet Syndrome, however, complicates the task: acting mentally ill is a part of its symptomatology.

52. See Michael L. Perlin, “‘The Borderline Which Separated You From Me’: The Insanity Defense, the Authoritarian Spirit, the Fear of Faking, and the Culture of Punishment,” *Iowa Law Review* 82 (1997), 1375–426.

53. See Joseph A. Davis, “Profile of a Sexual Predator: A Psychological Autopsy of an American Serial Killer,” *The Forensic Examiner* 7(1–2) (Jan-Feb 1998), 28–33; George B. Palermo and Richard D. Knudten, “The Insanity Plea in the Case of a Serial Killer,” *International Journal of Offender Therapy and Comparative Criminology* 38(1) (1994), 3–16; and David S. Nichols, “Tell Me a Story: MMPI Responses and Personal Biography in the Case of a Serial Killer,” *Journal of Personality Assessment* 86(3) (2006), 242–62.

Andrew Goldstein, who pushed a woman to her death in the New York City subway system, had been diagnosed with schizophrenia at least ten years before the incident.⁵⁴ Experts disagreed on whether James Holmes, who opened fire in a Colorado movie theater, suffered from schizotypal personality disorder, schizoaffective disorder, or full-blown schizophrenia.⁵⁵ Eddie Routh was likely in active psychosis when he killed former Navy SEAL Chris Kyle, although experts disagreed whether his proper diagnosis was paranoid schizophrenia or post-traumatic stress disorder.⁵⁶ And Edwin Alemany, who kidnapped and killed a woman in Massachusetts, had been hospitalized nearly a dozen times for major depression with psychotic features, as well as a variety of other psychiatric conditions; at his trial, testimony suggested he also suffered from dissociative disorder and borderline personality disorder.⁵⁷

Despite the serious psychiatric conditions from which all of these criminal defendants suffered (even though their insanity defenses failed), there is a tendency for the general public to conflate the relationships between criminal responsibility and mental health and to view someone ruled fit to stand trial and legally sane as someone who is 100 percent in control of his or her actions.⁵⁸ A legal judgment (“competent” or “sane”) can be confused for a psychological diagnosis (“mentally healthy”), and then the case becomes a matter of pure ethics. Someone is seen as not only wicked for committing a horrible crime, but doubly wicked for trying to excuse his or her criminal conduct by pleading insanity. Such unsuccessful insanity defenses are inevitably viewed as someone trying to “get away with it” by abusing the legal system.⁵⁹ What the example of *Hamlet* suggests is that, when an insanity defense fails, onlookers tend to use their knowledge of a feigned madness as the basis for a belief that someone is mentally healthy when really he or she might be ill. In this regard, the Hamlet Syndrome is not simply a psychological phenomenon that describes an individual’s mental transactions. It is also a sociological phenomenon that describes our responses to that individual.

XI. Conclusion

In brief, the Hamlet Syndrome involves two central observations, one psychological and one sociological. The psychological observation is that mental illness can manifest

54. See Anemona Hartocollis, “Nearly 8 Years Later, Guilty Plea in Subway Killing,” *The New York Times* (October 11, 2006): http://www.nytimes.com/2006/10/11/nyregion/11kendra.html?_r=0. See also *People v. Goldstein*, 843 N.E.2d 727 (N.Y. 2005).

55. John Ingold and Jordan Steffen, “Psychiatrist: Theater Gunman Suffers from Personality Disorder,” *The Denver Post* (June 4, 2015): http://www.denverpost.com/theater-shooting-trial/ci_28250910/aurora-theater-shooting-gunman-i-think-its-wrong?source=infinite.

56. Dianna Hunt, “Doctor: Delusions Convinced Routh That Killing ‘American Sniper’ Wasn’t Wrong,” *The Dallas Morning News* (February 19, 2015): <http://www.dallasnews.com/news/crime/headlines/20150219-doctor-says-delusions-led-routh-to-believe-killings-werent-wrong.ecc>.

57. Shira Schoenberg, “Edwin Alemany Hospitalized as a Teenager with Suicidal, Homicidal Thoughts and Hallucinations, Amy Lord Murder Trial Jury Told,” *MassLive.com* (June 3, 2015): http://www.masslive.com/news/boston/index.ssf/2015/06/edwin_alemany_hospitalized_as.html.

58. See Perlin, “Borderline Which Separated.”

59. See Perlin, “Borderline Which Separated.”

as malingering. The sociological observation is that a failed insanity defense can be misread as mental health. These discrete phenomena need not be both present in order for one or the other to be at work. Thus, in the future, it may become necessary to draw a distinction between “the Hamlet Syndrome” (referring to the character and the psychological observation about the etiology of malingering) and “the *Hamlet Syndrome*” (referring to the play and the sociological observation about the interpretation of failed insanity defenses). For now, it suffices to say that the Hamlet Syndrome involves five main points:

1. When we can detect that someone is faking or exaggerating symptoms of serious mental illness, we often assume the person is malingering (for personal gain or reward), rather than considering how his or her behavior may be a symptom of a less obvious mental disorder.
2. Having certain mental disorders can heighten the likelihood that an individual might feign or exaggerate symptoms such that, to use the vernacular, he or she pretends to be crazy – or *crazier*. Factitious disorder spurred by underlying personality disorders (e.g., histrionic, narcissistic, borderline) certainly fits this bill.
3. Pretending to be “mad” or “crazy” or “psychotic” can be an intentional, self-serving action for personal gain, but it can also be a symptom of an actual mental disorder.
4. When someone with a mental disorder pretends to be more severely mentally ill – *crazier* – than he or she really is, that performance can aggravate and transform the underlying mental disorder, thereby exacerbating the underlying mental illness and its symptomology, as well as leading the individual to irrational or even illegal actions, in spite of his or her knowledge of what is right and what is wrong.
5. Thus, acting mad can manifest in various ways and combinations, being the sign, cause, and/or effect of being mentally ill.

Although empirical research would prove useful here, this was not our intent. Rather, we hope to spark discussion in various fora, discussion that could stimulate the gathering of data from psychological research about the correlation of feigned illnesses – vis-à-vis malingering and factitious disorder – and other forms of mental illness (mood disorders, anxiety disorders, and personality disorders, in particular). It would be useful as well to define criteria that would map out relationships between the nature of mental illness (medical and psychological constructs) and insanity (a legal construct), especially concerning public responses to cases of malingering and failed insanity defenses. If the Hamlet Syndrome were to be verified with empirical research, it would provide us with a new way of thinking about both the actor and the audience in cases of feigned madness – which is, of course, a performance – as well as an important opportunity to think about the value of dramatic concepts such as “actor,” “audience,” and “performance” in the context of slippery mental and social problems.

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