

PERFORMING 'MADNESS' IN MAJOR LONDON AND RSC PRODUCTIONS OF  
*HAMLET*, 1959–2019

by

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A thesis submitted to the  
University of Birmingham  
for the degree of  
DOCTOR OF PHILOSOPHY

The Shakespeare Institute  
Department of English  
College of Arts and Law  
University of Birmingham  
June 2019

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## Abstract

This thesis argues that trends in performances of ‘madness’ in RSC and major London productions of *Hamlet* between 1959 and 2019 were largely shaped by changes in the field of psychiatry and consequent developments in understandings of mental illness. The first chapter considers long-standing theatrical traditions of Hamlet’s and Ophelia’s ‘madness’ alongside the twentieth-century publications of major psychological and psychiatric theory and the beginnings of the process of deinstitutionalisation, discovering whether actors and directors were beginning to engage with the increased exposure to mental illness in society. Chapter Two explores dramatic changes in performances of ‘madness’ in *Hamlet* between 1983 and 2005. Over these years, most psychiatric hospitals in the United Kingdom closed and the system of Community Care developed. This chapter investigates whether the greater presence of people with mental illnesses in communities informed changes, directly and indirectly, in performances of ‘madness’ in *Hamlet*. Chapter Three takes patterns explored in the previous chapters up to 2019 and follows the development of a dialogue between the worlds of psychiatry and theatre. The thesis concludes with the question of how performance trends of Hamlet’s and Ophelia’s ‘madnesses’ may illuminate aspects of the ongoing social conversation around mental illness.

## Acknowledgements

Thank you first and foremost to my supervisor Professor Michael Dobson who provided knowledgeable, encouraging, and generous support throughout this project. Thanks also to Dr Erin Sullivan, Dr Martin Wiggins, Dr Paul Prescott, Professor John Jowett, and Professor Ewan Fernie for their additional support and advice.

Rhiannon Baglole, Dr Jean Helling, Dr Alison Stewart, Michael Pennington, Natalie Simpson, Kelly Hunter, and Tom Chapman agreed to be interviewed by me and provided invaluable insights into the professional worlds of psychiatry and theatre. Special thanks to my mother, Dr Alison Stewart, for her additional input on the history of psychiatry throughout the process of my research, including sending me any relevant books or articles that she found and her willingness to answer all of my questions on mental health care. Thanks also to my father and sister for their continued interest in my research and to my parents for their financial support.

I have benefitted greatly from the advice and friendship of many past and present PhD students at The Shakespeare Institute. Particular thanks to Dr Thea Buckley who has supported me constantly from my PhD proposal to submission with excellent suggestions and encouragement. My thanks also go to Sara Marie Westh, Dr José A. Pérez Díez, Mary Odbert, Hannah Perrin, and Dr Elizabeth Sharrett. Professor Grace Ioppolo also merits thanks for encouraging me to undertake postgraduate study at The Shakespeare Institute.

Julie Wilson gave wonderful mentoring support during the third and fourth years of my PhD course; Juliet Creese, Rebecca White, and Sandy Cross provided excellent administrative assistance; and Karin Brown and Kate Welch were extremely helpful with

tracking down materials. I am also very grateful to the University of Birmingham who provided financial assistance for me to speak at several international conferences.

Lastly, thank you to everybody who has expressed an interest my research. Particular thanks to the actors, directors, psychologists, and psychiatrists who have asked to read my thesis and have shown me that there is interest among professionals in these fields in further crossing the boundaries between theatre, psychiatry, and academia.

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## Abbreviations

BBC - British Broadcasting Corporation

CCTV - Closed-Circuit Television

ECT - Electro-convulsive Therapy

GP - General Practitioner

MHA - Mental Health Act

MS - Manuscript

OCD - Obsessive-Compulsive Disorder

RADA - Royal Academy of Dramatic Art

RSC - Royal Shakespeare Company

V&A - Victoria and Albert Museum

## Introduction

### **Context**

This thesis will examine how closely performances of ‘madness’ in major London and Royal Shakespeare Company (RSC) stage productions of *Hamlet* between 1959 and 2019 reflected, resisted, or ignored the social and medical realities of mental illness as understood by the British public at the times of the productions. It will also ask in which ways theatrical interpretations of Hamlet’s and Ophelia’s ‘madness’ differed, discussing whether one of them engaged more than the other with what we would now call mental illness. In order to investigate this topic, this thesis will examine performance history and discussions around performance by literary theorists and performance critics; this study of discussion about performances of *Hamlet* will particularly focus on changes in expectations of critics regarding how they believed ‘madness’ should be performed in *Hamlet* and on the level of critical engagement with ‘madness’ in *Hamlet* as mental illness. This thesis concentrates on major professional productions of *Hamlet* staged in London and with the Royal Shakespeare Company in Stratford-upon-Avon between 1959 and 2019.

Actors and directors had increasing levels of access to mental health workers, service users, literature, and statistics between 1959 and 2019, which they could use to shape their interpretations of ‘madness’ in *Hamlet* to reflect clinical mental illness. The major question of this thesis is whether performance trends reflected the progression of deinstitutionalisation, a process triggered into action in the United Kingdom by the Mental Health Act 1959. This thesis will follow both the practical and theoretical developments of deinstitutionalisation from the Mental Health Act 1959 until the early twenty-first century when mental health care in Britain was dominated by the Care in the Community system. Over-arching trends may emerge by which we can see with greater

clarity that, although there may not be a straight-forward pattern visible over the course of a few years, the ways in which the theatrical concept of ‘madness’ was most regularly defined, and the attitudes with which critics met specific definitions of Hamlet’s or Ophelia’s ‘madness’, could appear substantially different by (for instance) 2005 as compared with those in 1983. This thesis explores ‘madness’ in *Hamlet* through the lens of the cultural shift which occurred in society because of deinstitutionalisation with an equal interest in productions which directly and deliberately engaged with mental illness and productions where no engagement with mental illness occurred. In the latter category, this thesis aims to discover if explorations of these productions alongside one another demonstrate that there was nevertheless a synergy between trends in theatrical interpretations of ‘madness’ and developments in mental health care because choices of how to stage ‘madness’ may have reflected changes in society unintentionally as well as deliberately.

*Hamlet* is an appropriate play for this study because of its adaptability to the age in which it is performed. It is a story of corrupt politics, a family drama, a murder mystery, and a story of youth attempting to come of age, all of which can be adapted fluidly to different cultures and times. The response from theatre critics that they found a particular production compelling because of how modern it seemed is a familiar compliment. For instance, a review in *The Times* praises Nicholas Hytner’s 2010 National Theatre *Hamlet* by calling it ‘a Hamlet for now’<sup>1</sup> and Robert Gore-Langton suggests in *The Telegraph* of casting the role of Hamlet that ‘any director will tell you that there’s nothing Masonic about it. They are looking for a superb actor with the “now” factor, someone who might

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<sup>1</sup> Performance review, *The Times*, 2010, (no author). Quoted at <<http://ntlive.nationaltheatre.org.uk/productions/15342-hamlet>> [accessed 19 January 2014].

produce the definitive Hamlet for our time'.<sup>2</sup> This is also a familiar theoretical approach; for instance, major mid-twentieth-century theorist Jan Kott avers that 'through Shakespeare's text, we ought to get at our modern experience, anxiety and sensibility'<sup>3</sup> and writes particularly of *Hamlet* that it 'is like a sponge [...] it immediately absorbs all the problems of our time'.<sup>4</sup> Likewise, Stanley Wells argues that 'every production, however "traditional" in style, belongs inescapably to its time. No actor can act, no director can direct, for posterity'.<sup>5</sup> This nowness is an interpretation of *Hamlet* with which actors and directors also agree. Peter Hall argues that '*Hamlet* is one of mankind's great images. It turns a new face to each century, even to each decade. It is a mirror which gives back the reflection of the age that is contemplating it'.<sup>6</sup> Rory Kinnear similarly suggests that 'with each of Shakespeare's plays, the same cast and the same director could sit down again mere months after they've done a production and come up with a totally different production: the readiness is all'.<sup>7</sup> The unusually high level of agreement between theorists, performance critics, and theatre practitioners that Shakespeare's plays in general, and *Hamlet* in particular, change substantially as they reflect the time in which they were performed suggests that there is a lot of social commentary present in the performance history of *Hamlet*, especially because the play is frequently performed. This thesis will discover the extent to which updating *Hamlet* onstage to reflect the age in which the play was performed between 1959 and 2019 included adherence to the rapidly

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<sup>2</sup> Robert Gore-Langton, 'Hamlet: what a piece of work is this prince of roles', *The Telegraph*, 28 September 2010.

<sup>3</sup> Jan Kott, *Shakespeare Our Contemporary*, trans. Boleslaw Taborski, (Anchor Books, 1966), p. 59.

<sup>4</sup> *Ibid.*, p. 64.

<sup>5</sup> Stanley Wells (ed.), *Shakespeare in the Theatre: An Anthology of Criticism*, (Oxford University Press, 1997), p. 15.

<sup>6</sup> Peter Hall, 'Hamlet Today', Lecture, The Shakespeare Institute, May 1965. Quoted in Stanley Wells, *Royal Shakespeare: Four Major Productions at Stratford-upon-Avon*, (Manchester University Press, 1977), p. 24.

<sup>7</sup> Rory Kinnear, 'Character and Conundrum', *Living With Shakespeare*, ed. Susannah Carson, (Vintage Books, 2013), p. 89.

changing clinical realities and social concepts of mental illness when performing Hamlet's and Ophelia's 'madnesses'.

The frequency of productions of *Hamlet* makes it an ideal play for studies of changes in theatrical styles and trends over time, an approach to the play which this thesis will follow. The regularity of productions of *Hamlet* places pressure on directors to limit repetition of performance choices from previous productions in order to advertise their production as different and innovative. Deciding to make the play contemporary through inspiration from recent changes in society has long been a common mechanism by which directors have kept the story fresh and relevant; and 'relevance' is a perpetual selling point of classical theatre. Previous studies in theatrical traditions of *Hamlet* include *Five & Eighty Hamlets* by J. C. Trewin, *Shakespeare in Production: Hamlet* edited by Robert Hapgood, and Hapgood's essay on the recent performance history of *Hamlet* in the 2016 New Cambridge Shakespeare's *Hamlet* edited by Philip Edwards. Other twentieth-century and twenty-first-century texts on this subject include *Murder Most Foul: Hamlet Through the Ages* by David Bevington, *Shakespeare in Performance: Hamlet* by Anthony B. Dawson, and Michael Pennington's book *Hamlet: A User's Guide* which he opens by briefly going through the numerous productions of *Hamlet* in which he has acted.

This thesis crucially differs from previous literature on 'madness' in *Hamlet* and on theatre as a response to social norms and political events. The main gap in this field of study which this thesis addresses is that, although all of the books mentioned above discuss 'madness' in *Hamlet*, they do not distinguish between 'madness' and mental illness. Multiple books examining the performance history of *Hamlet* have been written over the past few decades. J. C. Trewin's *Five & Eighty Hamlets* gives an overview of

his impressions across decades of seeing productions of *Hamlet*.<sup>8</sup> The quantity of productions discussed limits the level of detail he provides about each production and, although he engages with the topic a little, he does not provide any particular focus on the changing ways in which ‘madness’ was performed. In *Murder Most Foul: Hamlet Through the Ages*, David Bevington does not engage at all with the possibility of ‘madness’ played as mental illness apart from one oddly and puzzlingly phrased comment about Mark Rylance’s Hamlet having ‘a delicate mind on the brink of clinical depression or even madness’.<sup>9</sup> Robert Hapgood has written several essays on the recent performance history of *Hamlet* in which he discusses performances of ‘madness’ but does not engage with the subject in clinical terms and does not attempt to distinguish between ‘madness’ and mental illness.<sup>10</sup> In his extensive introduction to the 1999 play edition *Shakespeare in Production: Hamlet* one surprising omission is that, after a lengthy discussion about Hamlet, Hapgood finally reaches only one short paragraph on Ophelia.<sup>11</sup> In Anthony B. Dawson’s highly respected 1995 book *Shakespeare in Performance: Hamlet*, Dawson studies performances of ‘madness’ in depth but only once refers to ‘madness’ in terms of mental illness, when he discusses Ellen Terry’s visit to an asylum before playing Ophelia.<sup>12</sup> In *Drama: Between Poetry and Performance*, W. B. Worthen discusses *Hamlet* in performance in immense detail but he rarely mentions ‘madness’ and he does

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<sup>8</sup> J. C. Trewin, *Five & Eighty Hamlets*.

<sup>9</sup> David Bevington, *Hamlet Through the Ages*, (Oxford University Press, 2011), p. 180.

<sup>10</sup> Robert Hapgood (ed.), *Shakespeare in Production: Hamlet*, (Cambridge University Press, 1999); Robert Hapgood, ‘Recent stage, film, and critical interpretations, by Robert Hapgood’, in *Hamlet, Prince of Denmark*, ed. Philip Edwards, The New Cambridge Shakespeare, (Cambridge University Press, 2016), pp. 72-82.

<sup>11</sup> Robert Hapgood (ed.), *Shakespeare in Production: Hamlet*, p. 91.

<sup>12</sup> Anthony B. Dawson, *Shakespeare in Performance: Hamlet*, 1995, (Manchester University Press, 2000), p. 65.

not explore the ways that ‘madness’ can be played at all,<sup>13</sup> in extension, Worthen does not comment on ‘madness’ at all in *Shakespeare and the Force of Modern Performance*.<sup>14</sup>

The same approach to ‘madness’ is also apparent in literary theory about *Hamlet* written over the past few decades. In *Distracted Subjects: Madness and Gender in Shakespeare and Early Modern Culture*, Carol Thomas Neely writes about Hamlet’s and Ophelia’s ‘madnesses’ and the social and political differences between suicide when it is a contemplated decision or uncontrolled self-destruction: ‘by acting out the madness Hamlet feigns and the suicide that he theorises, the representation of Ophelia absorbs pathological excesses that threaten Hamlet but never overwhelm him’.<sup>15</sup> However, as the book is an exploration of Early Modern ‘madness’ in Shakespeare’s plays, Neely’s discussion of ‘madness’ is based on the historical social context of the play and textual analysis rather than recent understandings of mental illness. As a consequence of this focus, Neely does not engage with mental illness as a separate concept from ‘madness’ and includes no consideration of theatrical interpretations of the characters. In *Emotional Excess on the Shakespearean Stage*, Bridget Escolme writes about Hamlet’s ‘madness’ in performance and comments a little on Early Modern mental illness without distinguishing it from performances of ‘madness’.<sup>16</sup> Elaine Showalter also follows this pattern of discussing ‘madness’ as, in her extensive writing on Ophelia’s ‘madness’ in ‘Representing Ophelia: women, madness, and the responsibilities of feminist criticism’,

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<sup>13</sup> W. B. Worthen, *Drama: Between Poetry and Performance*, (Wiley-Blackwell, 2009).

<sup>14</sup> W. B. Worthen, *Shakespeare and the Force of Modern Performance*, (Cambridge University Press, 2003).

<sup>15</sup> Carol Thomas Neely, *Distracted Subjects: Madness and Gender in Shakespeare and Early Modern Culture*, (Cornell University Press, 2004), p. 55.

<sup>16</sup> Bridget Escolme, *Emotional Excess on the Shakespearean Stage: Passion’s Slaves*, (Bloomsbury, 2014), p. 215.

she made little distinction between the concepts of ‘madness’ and mental illness and did not with medical understandings of mental illness at all.<sup>17</sup>

Some theorists have connected Hamlet’s ‘madness’ with mental illness, but these theories tend to be driven by textual analysis rather than performance history; for instance, in *Shakespeare, Adaptation, Psychoanalysis: Better Than New*, Matthew Bieberman explores *Hamlet* alongside Freudian and Lacanian theory but he does not discuss psychiatry at all or any psychological theory more recent than Lacan.<sup>18</sup> These texts all demonstrate that it is uncommon for literary or performance theory about ‘madness’ in *Hamlet* to engage with clinical ideas of mental illness or to differentiate between ‘madness’ and mental illness. This thesis seeks to fill the gaps left by these previous works, engaging with the distinctions between performances of ‘madness’ and of mental illness in greater depth than previous literature, exploring the ‘madnesses’ of both Hamlet and Ophelia, and discussing trends not only in performance history but also in responses of critics to theatrical representations of ‘madness’ in *Hamlet*.

In her 2018 essay “‘It’s the Opheliac in me’: Ophelia, Emilie Autumn, and the Role of *Hamlet* in Discussing Mental Disability”,<sup>19</sup> Chloe Owen discusses the cultural conversation around mental illness through references to Ophelia in the works of Emilie Autumn, an American singer, songwriter, violinist, and author whose art is inspired by her own experiences of mental illness. Owen’s essay is closer to the study of this thesis than any other published work because, reflecting several focuses of this thesis, she explores depictions of the character from the Victorian images of Ophelia as ‘the face of

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<sup>17</sup> Elaine Showalter, ‘Representing Ophelia: women, madness and the responsibilities of feminist criticism’.

<sup>18</sup> Matthew Bieberman, *Shakespeare, Adaptation, Psychoanalysis: Better Than New*, (Routledge, 2017).

<sup>19</sup> Chloe Owen, “‘It’s the Opheliac in me’: Ophelia, Emilie Autumn, and the Role of *Hamlet* in Discussing Mental Disability”, in *Shakespeare’s Hamlet in an Era of Textual Exhaustion*, eds. Sonya Freeman Loftis, Allison Kellar, and Lisa Ulevich, (Routledge, Taylor & Francis, 2018), pp. 59-72.

glamorised, romantic depictions of suicide’,<sup>20</sup> through the use of ‘Ophelia - both within and without the references that are present in Shakespeare’s text - [... as] a site of sexuality’,<sup>21</sup> to the question of if ‘the struggle of whether “to be or not to be,” the oppressed girl’s descent into madness, and the cultural pervasiveness of the play may be appropriated in order to give those with mental disabilities the chance to be heard’.<sup>22</sup> Owen’s excellent essay is unfortunately only a brief exploration of the connections between Ophelia’s ‘madness’ and mental illness and solely through the works of one artist. She discusses both direct references and apparent unspecified allusions to Ophelia in Autumn’s works, never directly stating that Ophelia was used by Autumn as a representative of a mentally ill young woman or asking why this connection between Autumn and Ophelia exists. Owen briefly mentions the wider twenty-first-century cultural fascination with Ophelia in her first paragraph but she is not given the space in a single chapter to pursue the influence of Ophelia any further than through Autumn’s works. She finishes her essay by stating that it is her ‘hope that this chapter serves as a starting point for further examination of Ophelia’s representation in discussions of mental disability.’<sup>23</sup> This is a hope which my thesis seeks to realise.

Although the philosophical and social concepts of mental illness have developed enormously since the 1950s, the effects of deinstitutionalisation on performances of ‘madness’ in Shakespeare’s plays have been overlooked completely. One of the reasons why it is important to recognise and fill this gap is that it bridges many areas of study: it is an argument of relevance and value to literary theorists, performance critics, social theorists and historians, theatre practitioners, and mental health workers. Recognising

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<sup>20</sup> Ibid., p. 66.

<sup>21</sup> Ibid., p.69.

<sup>22</sup> Ibid., p. 70.

<sup>23</sup> Ibid., p. 70.

theatrical actualisation as well as textual analysis also helps enrich our understandings of Shakespeare's play in framework and reception. As society constantly changes, the attitudes of audiences, actors, and directors towards theatre change; therefore, documenting recent theatre history of frequently performed plays will always illuminate new approaches towards the text. It is important to do this in order to clarify, develop, and modernise our understandings of the play.

Hamlet and Ophelia are appropriate figures for a study of how performance trends change a character through the ages because of their flexibility and fluidity as the characters adapt to a wide variety of performance choices. Terry Eagleton argues of Hamlet that he 'riddles and bamboozles his way out of being definitively known, switching masks and sliding the signifier to protect his inner privacy of being against the power and knowledge of the court'.<sup>24</sup> Eagleton's comment refers to Hamlet's relationship with the other characters in the play, but it is also applicable to Hamlet's relationship with audiences. Although the numerous soliloquies allow audiences to witness the play alongside Hamlet's perspective, it is nevertheless possible for multiple actors to deliver the same lines as Hamlet and yet produce strongly opposing characters. To provide a few examples, recent British theatrical history has given us playful, energetic, laughing Hamlets such as Mark Rylance in 1989; the quiet, graceful, intellectual Hamlet played by Michael Pennington in 1980; Simon Russell Beale's solemn and deeply sad Hamlet from 2000; Ben Whishaw's petulant and childish Hamlet from 2004; Andrew Scott's distraught Hamlet in 2017, struggling to see beyond his grief; and an explosively angry and violent Hamlet played by Ralph Fiennes in 1995. As she has far more limited stage time and fewer lines than Hamlet, Ophelia is arguably a less fleshed-out character in

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<sup>24</sup> Terry Eagleton, *William Shakespeare*, (Blackwell Publishers, 1986), p. 71.

Shakespeare's text; this circumstance can provide opportunities for even greater varieties of performance choices and styles than for Hamlet. There is continuing interest in creating new productions of *Hamlet* because it is a play which opens up an infinite number of creative possibilities for theatre makers; as a consequence, it provides directors with challenges that many find appealing and Hamlet remains a role which popular young actors are desperate to try playing.

As this thesis explores the performance history of 'madness', greater attention will be given to productions that demonstrated interest in the meaning of 'madness' than to those for which the subject was barely relevant to performance decisions. This thesis will acknowledge and discuss the strength and persistence of performance trends of Hamlet's 'madness' as nothing more than a construction created by the character and Ophelia's 'madness' as an unimportant plot point charming audiences with picturesque display, but the limited content for the topic of this thesis to performances of 'madness' in such productions reduces their relevance to this study. *Hamlet* is the most regularly performed play in the world and therefore there is a need for selection when exploring the performance history of the play, otherwise an argument would become too thin. For this reason, this thesis engages only with major London and RSC productions. Future studies exploring the differences between performances of 'madness' in *Hamlet* in a variety of countries or differences between stagings of 'madness' in amateur and professional productions of *Hamlet* would provide valuable developments to this research.

Terminology is an issue in the topic explored in this thesis. The word 'madness' is problematic because, as well as the negative connotations, it lacked clear definition during Shakespeare's lifetime and is no better defined in the twenty-first century. In this thesis there is distinction made between the concepts of 'madness' and 'mental illness' to

better illustrate the instances in which ‘madness’ was discussed in rehearsals and in theatre criticism in terms of mental illnesses. ‘Mental illness’ in this thesis refers to mental disabilities which are clinically recognised in the early twenty-first century. As Shakespeare uses the word ‘mad’ to describe Hamlet and Ophelia, this thesis will treat ‘madness’ as an umbrella term: ‘madness’ describes the characters’ compromised mental states within the textual and Early Modern historical contexts as well as theatrical interpretations of Hamlet’s and Ophelia’s ‘madness’ which do not reflect mental illness. As many people who wrote on *Hamlet* between 1959 and 2019 did not distinguish between ‘madness’ and mental illness, this thesis separates these terms by referring to the characters in Shakespeare’s play text as ‘mad’ and discussing separately as much as possible the extent to which Hamlet or Ophelia appear to be ‘mad’ or ‘mentally ill’ in performance. Hamlet’s or Ophelia’s ‘madness’ becomes ‘mental illness’ if the actors engaged with clinical realities of mental illness to play the roles. When discussing ‘madness’ in sixteenth- and seventeenth-century England, this thesis avoids the term ‘mental illness’ because few details exist of Early Modern case studies of ‘madness’ and the illnesses that the people in question may have had. For this reason, referring to them as ‘mentally ill’ diagnoses the people in question by assumption and only diagnoses them in modern terms. In this case, ‘madness’ is an appropriate broad and generalised word which recognises the impossibility of reasonably diagnosing anyone who died hundreds of years before the concept of psychiatry existed as specifically mentally ill.

To help my distinction between these terms is it notable that, for example, the most famous example in one of Shakespeare’s plays of a medical professional discussing mental illness is in *Macbeth* when the doctor speaks with the gentlewoman as they watch Lady Macbeth sleepwalking and later talks with Macbeth. The presence of the doctor

acknowledges a potential medical problem, but the doctor initially responds by saying that ‘this disease is beyond my practice’.<sup>25</sup> He later describes her as ‘not so sick’<sup>26</sup> and denies knowledge of any medical cause: ‘infected minds to their deaf pillows will discharge their secrets. More needs she the divine than the physician’.<sup>27</sup> The other main definition given of Lady Macbeth’s mental state is Macbeth’s description of her mind as ‘diseas’d’.<sup>28</sup> Following Kenneth Branagh’s interpretation of this word in his 2013 Manchester International Festival production, it could be pronounced ‘dis-eased’.<sup>29</sup> The effect of Branagh’s delivery was that Lady Macbeth’s mental state appeared less likely to be mental illness than a physical manifestation of her unease, an explanation of her apparent ‘madness’ supported by the doctor’s words. Because the doctor does not understand what is wrong with Lady Macbeth, does not know how to cure her, and remains unconvinced that the problem is medical, she gets no diagnosis. Although mental health issues were present during Shakespeare’s lifetime, psychiatry did not exist as a science and Lady Macbeth consequently cannot be textually defined in these terms. As with Hamlet and Ophelia, ‘mad’ would be a more appropriate term to describe Lady Macbeth in Shakespeare’s text than ‘mentally ill’.

The rest of this introduction will further contextualise this field of study. First, with summaries of each of the three chapters of this thesis, clarifying the nature and progression of the argument. Second, this introduction will examine evidence of Early Modern definitions of ‘madness’ and finally this introduction will explore theory

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<sup>25</sup> William Shakespeare, *Macbeth*, ed. Kenneth Muir, (Methuen Drama, Arden Shakespeare, Second Edition, 1984), V.i.55. All further references to this text will be taken from this edition.

<sup>26</sup> William Shakespeare, *Macbeth*, V.iii.37.

<sup>27</sup> William Shakespeare, *Macbeth*, V.i.69-71.

<sup>28</sup> William Shakespeare, *Macbeth*, V.iii.40.

<sup>29</sup> *Macbeth*, by William Shakespeare, Manchester International Festival, dir. Kenneth Branagh and Rob Ashford, Live Performance, 2013.

underpinning the topic of this thesis, pinpointing further gaps in the field which this thesis addresses.

## **Chapters**

The first chapter of this thesis explores stagings of ‘madness’ between 1959 and 1983, years in which two major Mental Health Acts were passed. This chapter begins with a basic description of the changes implemented by this act and then progresses to a discussion of the nature and level of stigma surrounding mental illness during these years. This chapter examines the balance in performance between inspiration drawn from the psychological theories of Freud and Jones and the more recent psychiatric theories of Laing and Cooper.

The first half of Chapter One is a study of trends in performances of Hamlet’s ‘madness’. Here, this thesis examines the tension between the long-standing trend of Hamlet as a noble, heroic figure and the newly developing trend of Hamlet reflecting 1960s politics. Furthermore, this chapter asks if any direct connections can be drawn between Hamlet’s ‘madness’ and psychiatry during these years. Similarly exploring the persistence of long-standing theatrical trends in the performance history of *Hamlet*, the second half of Chapter One begins with a discussion of the continuation of Ophelia’s ‘madness’ as inoffensive and decorous, drawing parallels between this performance style and the treatment of Ophelia in literary theory, performance criticism, and psychological and psychiatric theory. The study of Ophelia in this chapter then progresses to a discussion of the beginnings of a resistance to this trend, focusing on growing connections between Ophelia’s ‘madness’ in performance and mental illness.

As well as determining the overarching trends in performances of Hamlet's and Ophelia's 'madnesses' from 1959 to 1983, Chapter One investigates in greater detail the works of Peter Hall and Jonathan Miller who are of particular importance to this thesis. Hall directed multiple productions of *Hamlet* between 1959 and 1983 and so provides a case study of a single director's progression of thought on the play. When exploring the links between mental illness and theatre, it is imperative to study productions directed by Jonathan Miller because, before establishing a career as an actor, director, and comedian, he trained as a doctor and specialised in the field of neuro-psychiatry. Miller has applied his interest and expertise in psychology and psychiatry to his theatrical works throughout his career and his works contain multiple examples of the direct implementation of clinical realities of mental illness to stagings of 'madness' in Early Modern plays. Chapter One concludes with a brief discussion of the unusual level of protectiveness from critics over theatrical traditions of Ophelia's 'madness'.

Chapter Two explores performances of 'madness' in *Hamlet* during the years when the majority of the process of deinstitutionalisation took place in Britain and into the twenty-first century, beginning in 1983 when another major Mental Health Act was passed and exploring performance history up to 2005 when the Mental Capacity Act came into action. This chapter starts with a concise account of the changes that occurred in society and mental health care as a result of deinstitutionalisation, this chapter compares the stigma of mental illness between 1983 and 2005 to that of previous decades to discover how the development of exposure to mental illness in British society affected attitudes towards mental illness. This first half of this chapter explores changes in performances of Hamlet's 'madness', examining the clash of old and new performance trends. This chapter looks at the prevalence of princely, romantic Hamlets and the use of

Freudian theory in performance alongside direct engagement with mental illness and a more general performance trend of mentally and emotionally unstable Hamlets.

Following the development of attitudes towards Ophelia's 'madness' from shortly before the publication of Showalter's landmark essay on Ophelia and feminism, Chapter Two examines whether Showalter's focus on Ophelia's overlooked significance was reflected in the theatre over the two decades following the publication of her essay. As with the study of performances of Hamlet during the same years, this chapter studies the struggle in major British theatres and in performance criticism between old and new theatrical traditions. Exploring whether there was any growth in prominence given to Ophelia in performance, this study engages with productions which aimed to modernise Ophelia's 'madness' and experimented with new ways to perform the role. This study of modernisations of Ophelia's 'madness' in performance involves an exploration of the use of issues such as abuse and self-harm in performance as well as any direct connections that can be drawn between performances of Ophelia's 'madness' and mental illness. This chapter focuses particularly on differences between the two Ophelias in RSC productions of *Hamlet* directed by Ron Daniels in 1984 and 1989. It also compares two major productions in 1989 and 1995 in which the Ophelias outstripped their Hamlets in received critical attention because of their innovative displays of mental illness. As well as exploring Daniels' evolution as a director, this chapter looks at Mark Rylance's evolution as an actor playing Hamlet for Daniels in 1989 and again in a Shakespeare's Globe production directed by Giles Block in 2000.

The final main chapter of this thesis carries this study of the performance history of 'madness' in major London and RSC productions of *Hamlet* to 2019. The chapter begins with a brief description of the Mental Capacity Act 2005, using data from

psychiatric studies to discover whether performances were affected by the stigma surrounding mental illness and if this has changed since the decades explored in the previous chapters. By 2005, most of the population of the United Kingdom were too young to remember pre-1959 concepts of mental illness and actors within the typical age range to play Hamlet and Ophelia had never lived in a society where the majority of mentally ill people were institutionalised. This chapter discusses developments and continuations of performance trends explored in previous chapters to discover what changes have occurred and to question the reasons for these changes. The growth of social media and increase in the accessibility and expansiveness of the internet have also fostered increased discussion about mental illness. This chapter asks if these changes have influenced any new trends in theatrical representations of ‘madness’ in *Hamlet*. In particular, this chapter focuses on the definitions of ‘madness’ and ‘mental illness’ in performance, asking how and why the demystification of mental illness caused these concepts to merge or to separate. This chapter also engages with panopticism to draw a full circle from the physical presence of psychiatric Panopticons to the presence and nature of mental health panopticism in a society where only a few of the physical institutions remain.

### **Early Modern Definitions of ‘Madness’**

The issues discussed so far in this introduction of whether ‘madness’ in productions of Shakespeare’s plays can sometimes reflect modern psychiatry, and to what extent ‘madness’ can be addressed in the same terms as mental illness, raise the question of what ‘madness’ meant to Shakespeare when he was writing the play and of what it meant to audiences when the play was first staged. Building an understanding of what ‘madness’ may have meant to medical professionals and to the public around 1600 is

relevant to this thesis because it provides a valuable context to the study of ‘madness’ examined through this thesis in the recent London and RSC performance history of the play. Despite the importance of this context in providing a wider picture of this investigation of ‘madness’ in *Hamlet*, it is secondary to this thesis. This contextual study will begin with an exploration of the general public exposure to mental illness (as we would now call it) which was present in British society around 1600 and then will focus on the role of Bethlem Hospital in London society at the time. This investigation of the definitions of ‘madness’ circa 1600 will then draw on legal cases and medical records to explore usage of the word ‘madness’ and to discover professional understandings of the concept.

It is important to this study to consider the differences between past and present-day notions of mental disability because this historical exploration of ‘madness’ allows insight into the original concept of ‘madness’ that theatre practitioners are still interpreting, interpretations which form the central argument of this thesis. Around 1600 in England, the lack of formal treatment for mental health issues meant that there was more exposure to ‘madness’ as either a threat or an otherness in society than there is now. In twenty-first-century deinstitutionalised society, high-security psychiatric hospitals, person-centred care in the community, and a variety of treatments for mental illness limit danger for and from people with mental illnesses. These methods of treatment also help the vast majority of mentally ill people to function well within society. The philosopher, social theorist, and literary critic Michel Foucault believes that ‘in the Renaissance, madness was present everywhere and mingled with every experience by its images or dangers’.<sup>30</sup> Robert Burton approaches this topic with greater specificity than Foucault in

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<sup>30</sup> Michel Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason*, trans. Richard Howard, (Routledge, 1993), p. 70.

his 1621 book *The Anatomy of Melancholy*. Burton suggests that the Early Modern form of ‘madness’ called melancholy could be caused by physical illness or by natural or supernatural causes. Supernatural causes range between God, the devil, witches, magicians, and stars; and natural causes include temperament, poverty, loss of liberty, parents, hereditary, and old age. Burton also suggests many other possible causes of melancholy including diet, exercise, ‘overmuch study’, ‘heat of the sun immoderate’, ‘overmuch use of hot wines’, ‘overmuch waking’, or ‘a blow on the head’.<sup>31</sup> The length of Burton’s lists of causes suggests that melancholy was extremely common in early-seventeenth-century England and that many of the triggers were innocuous.

Shakespeare could have used the high level of exposure his audiences would have had to ‘madness’ in London society either to clarify or to blur the distinctions between feigned and real ‘madness’ in *Hamlet*. Roy Porter argues that the exposure to ‘madness’ meant that people in London during this time would have had little difficulty recognising a ‘mad’ person from the ways they looked, spoke, and behaved: ‘Madness advertised itself in a proliferation of symptoms, in gait, in physiognomy, in weird demeanour and habits. It was synonymous with behaving crazy, looking crazy, talking crazy. Villagers, churchwardens and doctors alike – all could spot “antic disposition”’.<sup>32</sup> Contradicting Porter’s theory, Ophelia’s first reaction to seeing the apparently ‘mad’ Hamlet, exclaiming to her father ‘O my lord, my lord, I have been so affrighted’,<sup>33</sup> does not read as an assumption that his ‘madness’ is feigned. Equally, although Hamlet plays his ‘madness’ to its comic extreme with Polonius, Polonius’ response is that Hamlet is ‘far

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<sup>31</sup> Robert Burton, *The Anatomy of Melancholy*, (New York Review Books, 2001), p. 127.

<sup>32</sup> Roy Porter, *Madmen: A Social History of Madhouses, Mad-Doctors and Lunatics*, (Tempus, 2004), p. 45.

<sup>33</sup> William Shakespeare, *Hamlet*, eds. Ann Thompson and Neil Taylor, The Arden Shakespeare, Third series, (Bloomsbury Publishing, 2006), II.i.72. All further references to this text will be taken from this edition and will be followed by the act, scene, and line numbers in parentheses.

gone' (II.ii.186) with 'madness'. If Porter's suggestion that any London audience at the time, regardless of class or occupation, would have had the ability to identify a true antic disposition is correct, this does not translate to the characters in *Hamlet*.

The high level of exposure to 'madness' around 1600 meant that it was of interest and some level of comprehension to people across society. Foucault suggests that 'this world of the early seventeenth century is strangely hospitable, in all senses, to madness. Madness is here, at the heart of things and of men.'<sup>34</sup> Likewise, Michael MacDonald argues that 'during the late sixteenth and early seventeenth centuries, the English people became more concerned about the prevalence of madness, gloom, and self-murder than they had ever been before'.<sup>35</sup> From the writings of Burton, Porter, Foucault, and MacDonald, it seems that 'madness' was an enigma central to society in late-sixteenth-century and early-seventeenth-century London.

The most famous psychiatric hospital in London during Shakespeare's lifetime was Bethlem. This was England's first psychiatric hospital, founded as a charitable hospice by the Sheriff of London Simon FitzMary in 1247 and called The Priory of St Mary of Bethlehem. Its common name was Bethlehem Hospital and this was later abbreviated to Bethlem Hospital, which is also the root of the word 'bedlam'.<sup>36</sup> Bethlem Hospital was not a secure institution around 1600; on the contrary, it was freely accessible to the public. The openness of Bethlem was such that 'local residents who wanted to use the communal latrine or "jaques" in Bishopsgate had to walk through the precincts of Bethlem to reach it'.<sup>37</sup> Edward Geoffrey O'Donoghue states in his history of Bethlem Hospital that the public interest in 'madness' was strong enough that most people 'who

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<sup>34</sup> Michel Foucault, *Madness and Civilization*, p. 37.

<sup>35</sup> Michael MacDonald, *Mystical Bedlam*, (Cambridge University Press, 1981), p. 2.

<sup>36</sup> Oxford English Dictionary, 'bedlam', n, definition 2, <[www.oed.com](http://www.oed.com)> [accessed 9 September 2013].

<sup>37</sup> Catharine Arnold, *Bedlam: London and Its Mad*, (Simon & Scuster, Pocket Books, 2009), p. 33.

lived in London or ever came to London visited Bethlem as a matter of course'.<sup>38</sup> The idea that Bethlem was somewhere people were expected to visit and a place to which artists would go in order to find inspiration for their work intimates that there was a high level of curiosity surrounding the concept of 'madness' at the time. Roy Porter's commentary illustrates this notion as he states of sixteenth-century English society that 'paintings and plays made much of fools, melancholics, and madmen. "Bedlam" acquired its notoriety, and Tom o'Bedlam became a well-known figure, wandering the lanes, singing and begging'.<sup>39</sup> Beggars would sometimes feign 'madness' in Early Modern London in order to arouse pity and these figures became known as Abraham Men, named after the Abraham Ward in Bethlem Hospital. Abraham Men were described by Thomas Harman as people who 'faine themselves to have beene mad, and have bene kept either in Bethlem or in some other prison a good time, and not one amongst twenty that ever came in prison for any such cause'.<sup>40</sup> As well as echoing Porter's belief that clear distinctions were made between real and feigned 'madness' in Early Modern London, Harman also suggests that forms of 'madness' were on display on the streets as well as in asylums open to the public. In the late sixteenth century, Shakespeare lived locally to this early psychiatric hospital as Bethlem was located on Bishopsgate Street and records show that Shakespeare was a householder in the parish of St Helen's, Bishopsgate in 1598.<sup>41</sup>

The prevalence of 'madness' in Early Modern London created a variety of understandings and stereotypes of 'madness'. For instance, parallels were repeatedly

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<sup>38</sup> Edward Geoffrey O'Donoghue, *The Story of Bethlehem Hospital from its Foundation in 1247*, (New York: E. P. Dutton & Company, 1915, Nabu Public Domain Reprint), p. 152.

<sup>39</sup> Roy Porter, *The Greatest Benefit to Mankind: A Medical History of Humanity from Antiquity to the Present*, (HarperCollins, 1999), p. 196.

<sup>40</sup> Thomas Harman, 'A Caveat or Warening for Commen Cursetors Vulgarely Called Vagabones', in John Awdeley and Thomas Harman, *The Rogues and Vagabonds of Shakespeare's Youth*, eds. Edward Viles and F. J. Furnivall, (New Shakespeare Society, 1880), p 47.

<sup>41</sup> London Lay Subsidy Roll, St Helen's, Bishopsgate, 1 October 1598, The National Archives, E 179/146/369.

drawn between Bethlem patients and animals. In the 1630s, clergyman and writer Donald Lupton described the ‘cryings, screechings, roarings, brawlings, shaking of chaines, swearings, frettings, chaffings’<sup>42</sup> that he heard coming from Bethlem. Historian Catharine Arnold discussed another way in which these patients were associated with animals as she wrote that,

by the mid-sixteenth century, Bethlem had become ‘Bedlam’, a byword for pandemonium. [...] Even the dancing bears on the South Bank referenced the madhouse: reminiscent of the inmates, with their lumbering gait and incoherent bellowing, the bears were christened ‘Bess’ and ‘Rose’ of Bedlam.<sup>43</sup>

The connections between Bethlem patients and animals suggest that sixteenth- and seventeenth-century society would lower ‘mad’ people to the level of beasts, believing that ‘madness’ dehumanises people. This historical study of the context of ‘madness’ in *Hamlet* will now turn to Early Modern legal cases to discover whether this notion of ‘madness’ as a power that lessens humanity was reflected in legal action and, more generally, how ‘madness’ was perceived and defined in legal terms.

Significantly, the record of the 1587 case *Forse v Hembling* tells us that an elderly man, ‘by the virtue of God, becomes of unsound memory (as every man for the most part before his death is)’.<sup>44</sup> For this case, the lawyers used the phrases ‘unsound memory’ and

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<sup>42</sup> Jonathan Andrews, Asa Briggs, Roy Porter, Penny Tucker, Keir Waddington, *The History of Bethlem*, (London & New York: Routledge, 1997), p. 51.

<sup>43</sup> Catharine Arnold, *Bedlam: London and Its Mad*, p. 3.

<sup>44</sup> *Forse v Hembling’s Case*, (4 Coke 60b, 1587), 76 E.R. 1022. *Westlaw UK*, <[uk.practicallaw.thomsonreuters.com](http://uk.practicallaw.thomsonreuters.com)> [accessed September 2013].

‘nonsane memory’<sup>45</sup> synonymously, implying that the concept of non-sane memory could be used to cover any variation of mental deterioration caused by old age. The lawyer’s wording also suggests that elderly people were expected to become ‘mad’ due solely to their old age. This lack of definition between mental deterioration caused by age and general non-sanity suggests that ‘madness’ was a highly fluid concept. Despite this, and despite Shakespeare’s frequent use of the words ‘mad’ and ‘madness’ in *Hamlet*, it is evident from the many recorded law cases between 1500 and 1650 on the legal database West Law UK that the word ‘madness’ was not used at all by lawyers. Instead, a ‘mad’ person in a court case would be called a ‘lunatick’ or ‘*non compos mentis*’, meaning not of sound mind.

Although these terms were frequently employed, they were drawn upon casually and no court case concerning lunacy requested any explanation of precisely what reason a lawyer or plaintiff had for describing the defendant as a lunatic. One example is a 1611 case titled simply ‘Blewits Case, a Lunatick’.<sup>46</sup> Another example is Burcher’s case from 1617 which opens with the simple, unexplained, and undefined description ‘Lunatick’.<sup>47</sup> This lack of definition of lunacy is reflected by Carol Thomas Neely’s in the opening claim of her book *Distracted Subjects*, that ‘madness’ was ‘not a unified or especially validated term during the Renaissance’.<sup>48</sup> These undefended descriptions of people as lunatics in law courts suggests that the definition of a lunatic came more from observation than from medical evidence.

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<sup>45</sup> Ibid.

<sup>46</sup> Blewits Case, a Lunatick, (Ley, 1611), 80 E.R. 620. *Westlaw UK*, <uk.practicallaw.thomsonreuters.com> [accessed September 2013].

<sup>47</sup> Burcher’s, (Hobart 137, 1617), 80 E.R. 287. *Westlaw UK*, <uk.practicallaw.thomsonreuters.com> [accessed September 2013].

<sup>48</sup> Carol Thomas Neely, *Distracted Subjects: Madness and Gender in Shakespeare and Early Modern Culture*, (Cornell University Press, 2004), p. 1.

From legal cases between 1500 and 1650, it is possible to gain some understanding of what being *non compos mentis* meant in a legal sense by investigating how it affected a person's rights. A 1623 case claims that 'a *non compos mentis* cannot commit felony',<sup>49</sup> suggesting that an explanation of 'madness' could potentially be used in order to excuse people from the legal consequences of their crimes. On the other hand, being legally 'mad' could also strip a person of their rights; for example, a 1628 case tells us that 'a man *de non san memori* is unable to make a will of his land'.<sup>50</sup> Another example of a person's legal rights being taken away due to apparent and unspecified lunacy appears in 1617, *Metcalf v Barringtons Case*: 'William Bourcher, at the time of the death of the said Sir Ralph his father was, and yet remaineth a lunatick & *mentis sui non compos*, and thereby disabled to tender or sue a livery'.<sup>51</sup> Likewise, a 1606 case judged by Sir Moyle Finch informs us that 'a man *non compos mentis* cannot attorn, for he who is *amens* (without a mind) cannot make an attornment which is an agreement'.<sup>52</sup> In this case, the concept of unsoundness of mind was equated to being without a mind. Indicating the casual connections made between 'mad' people and animals, these case studies suggest that 'mad' people were legally considered to be a lower form of humanity who did not require or deserve equal legal rights to those who were considered to be of sound mind, and also should not face the same sanctions. Another example of this use of some form of 'madness' to lower a person's status appears in a 1614 case which states that 'if an idiot, or lunatick, or an infant under seven years of age had made a grant to the King, this

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<sup>49</sup> *The Lord Sheffield v Ratcliff's Case*, (Godbolt, 1623), 78 E.R. 176. *Westlaw UK*, <[uk.practicallaw.thomsonreuters.com](http://uk.practicallaw.thomsonreuters.com)> [accessed September 2013].

<sup>50</sup> *The Marquis of Winchester's Case*, (Hetley, 1628), 124 E.R. 390. *Westlaw UK*, <[uk.practicallaw.thomsonreuters.com](http://uk.practicallaw.thomsonreuters.com)> [accessed September 2013].

<sup>51</sup> *Metcalf v Barringtons Case*, (Ley, 1617), 80 E.R. 625. *Westlaw UK*, <[uk.practicallaw.thomsonreuters.com](http://uk.practicallaw.thomsonreuters.com)> [accessed September 2013].

<sup>52</sup> *Sir Moyle Finch's Case*, (Coke, 6 Coke Reports 63a, 1606), 77 E.R. 348. *Westlaw UK*, <[uk.practicallaw.thomsonreuters.com](http://uk.practicallaw.thomsonreuters.com)> [accessed September 2013].

statute had never made them good'.<sup>53</sup> This grouping of idiots, lunatics, and children under seven years old in terms of their legal rights reflects the message of the other cases where a label of 'madness' stripped a person of their legal and social privileges. It also equates the sensibility and intelligence of a 'mad' person with that of a young child.

There are parallels to this connection between children and 'mad' people from another seventeenth-century source, *Leviathan* by Thomas Hobbes which was originally published in 1651. Hobbes argues that 'over naturall fooles, children, or mad-men there is no Law, no more than over brute beasts; nor are they capable of the title of just, or unjust; because they had never power to make any covenant, or to understand the consequences thereof'.<sup>54</sup> This assertion is in agreement with legal cases from the time as Hobbes also groups together children, beasts, and madmen and describes them as both beyond and beneath the law. This definition of 'madness' also carries directly through to *Hamlet* as Claudius says of Ophelia that, in her 'madness', she is 'divided from herself and her fair judgement, without the which we are pictures or mere beasts' (IV. v. 85-6).

One of the most famous law cases from the sixteenth century was *Hales v Petit* from 1561, a case of which Shakespeare is likely to have been aware. This case concerned a Justice of the Common Bench, Sir James Hales, who had recently killed himself after apparently becoming of unsound mind, and his wife, Lady Margaret Hales, who was trying to reclaim some of her husband's land and revenue. She was challenged by Cyriack Petit who argued that Hales' land and revenue had become the property of the King on Hales' death:

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<sup>53</sup> *Anne Needler v Bishop of Winchester*, (Hobart 220, 1614), 80 E.R. 367. *Westlaw UK*, <[uk.practicallaw.thomsonreuters.com](http://uk.practicallaw.thomsonreuters.com)> [accessed September 2013].

<sup>54</sup> Thomas Hobbes, *Leviathan*, (Oxford University Press, 1996), p. 117.

Sir James Hales being alive caused Sir James Hales to die; and the act of the living man was the death of the dead man. And then for this offence it is reasonable to punish the living man who committed the offence, and not the dead man. [...] Sir, this can be done no other way but by divesting out of him, from the time of the act done in his life which was the cause of his death, the title and property of those which he had in his life-time. [...] As if one is a villain by birth, and land descends to him, and his lord enters, and afterwards he is found an idiot, and the descent is also found, the King shall have the land [...] Therefore, it is considered that the aforesaid Margaret take nothing by her writ aforesaid, but be in mercy for her false claim.<sup>55</sup>

This case illustrates the theory that a person's rights could be taken away if they were considered to be *non compos mentis* and yet it seems that 'lunatic' or '*non compos mentis*' had little specific definition. This case also informs us that suicide was a crime for which the person's family could suffer the consequences after the person has died. There are reflections of this attitude towards suicide in Ophelia's burial when the gravedigger discusses the attitude of the law towards accidental and deliberate death: 'is she to buried in Christian burial, when she wilfully seeks her own salvation? [...] if the man go to this water and drown himself, it is, willy-nilly, he goes. Mark you that. But if the water come to him and drown him, he drowns not himself. Argal, he that is not guilt of his own death shortens not his own life' (V.i.1-2, 16-20). Going back to Neely's statement that

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<sup>55</sup> Lady Margaret Hales, late wife of Sir James Hales, late one of the Justices of the Common Bench v Cyriack Petit, (1 Plowden 253, 1561), 75 E.R. 387. *Westlaw UK*, <uk.practicallaw.thomsonreuters.com> [accessed September 2013].

‘madness’ was not a unified or validated term during the Renaissance, the apparent fluidity of the concept of ‘madness’ in these legal cases suggests that it was not a clearly defined or understood term at the time; nevertheless, it seems that it did have validation as a concept, even if the definition was fluid and too broad. The lack of use of the word ‘mad’ in legal cases, however, lessens its validity as a term. Shakespeare’s easy use of the term ‘madness’ and its complete absence in legal settings suggest it was a common word but a term that would not be used in a formal context.

‘Madness’ in Early Modern times could also be equated with the devil, as with Poor Tom’s speech of demons following him in *King Lear*. Many records survive of the Early Modern doctor Simon Forman (1552-1611). Forman was a fraudulent physician who spent time in prison for dealings with the occult and for giving patients harmful potions; he was also posthumously implicated in murder. Forman ensured that he became one of the best documented figures from his time by writing lengthy, detailed autobiographies combined with records of his medical work. Very few of these extensive records engage with the concept of ‘madness’. Forman’s clearest and longest reference to a patient suffering from some kind of mental disorder shows that, like the doctor in *Macbeth*, he did not regard it as a medical problem which could be treated by a doctor; instead, he unquestioningly dismissed it as demonic possession:

Susan Cuckston (born 1560). This woman in the 40<sup>th</sup> year of her age fell into a melancoly dispair and was moch vexed & trobled in mind and possessed with a sprite for oftentymes the sprite would speake & talke to her. & prouoke her to kill & drowne her selfe. & byd her cut her own throte when she toke a knife in her hand. Yf she cam by a well or by any water

he wold byd her drown her selfe, and twise she hanged her selfe, and was cut down still before she was ded & so saued & once she was drowned, and yet they got life in her again. And the sprite that was in her said to her, he was a sprite of the water but had his being in the ayer, and she could not a byd any pines<sup>56</sup> about her, but she moste thruste them in her fleshe.<sup>57</sup>

It is difficult to trust Forman's descriptions because he may have exaggerated or invented his patients' symptoms to create a better story; however, based on this description of self-harming, suicidal ideation, suicide attempts, and possible hallucinations, Susan Cuckston would probably be diagnosed as severely mentally ill in the twentieth or twenty-first centuries.

Illustrating the unreliability of some Early Modern diagnoses of mental health issues, another case in which Forman diagnosed a patient with demonic possession was that of 20-year-old Agnes Foster: 'Full of coller and moch pain at her harte, [...] a feuer hote and burninge & when the fit coms on her she is as yf she wer possessed with a sprite & lilleth<sup>58</sup> out her tonge making mockes and mowes.<sup>59</sup> & 4 folk cannot keep her in her bed'.<sup>60</sup> Dr Philip Barrough published his first book on medicine in 1587, *The Method of Physick*, in which he titled a chapter 'On the Frensie'. Unlike Forman, Barrough considers that symptoms of the kind Forman saw in Agnes Foster may originate from physical medical problems: 'It is an inflammation of the filmes of the braine with an acute feauer,

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<sup>56</sup> pins.

<sup>57</sup> Oxford, Bodleian, MS. Ashmole. 206: 331r. Cited in Barbara Howard Traister, *The Notorious Astrological Physician of London: Works and Days of Simon Forman*, (The University of Chicago Press: Chicago and London, 2001), p. 69.

<sup>58</sup> hangs.

<sup>59</sup> grimaces.

<sup>60</sup> Oxford, Bodleian, MS. Ashmole. 411: 129v. Cited in Traister, *The Notorious Astrological Physician of London*, p. 70.

caufing raging and vexation of the mind'.<sup>61</sup> As with the legal cases, neither Forman nor Barrough referred to their patients as 'mad', once again suggesting that it was a word unlikely to be used in a formal, professional setting. Forman's categorisation of Agnes Foster's and Susan Cuckston's symptoms as a consequence of possession by spirits and Barrough's alternative suggestion of a physical inflammation of the brain demonstrate that, around 1600, mental illness with no apparent physical cause was not a valid concept within medicine. Expanding on the interpretation of mental illness as demonic possession, Edward Jorden's 1603 treatise provides an effort to distinguish insanity from bewitchment, two conditions he argues have near identical symptoms,<sup>62</sup> and Will Tosh informs us that 'the popular conception of "treatment" for mental illness drew on a medieval understanding of "madness" as demonic possession, in which the evil spirit possessing a victim had to be forced out with violence'.<sup>63</sup> It seems that Forman's view of 'madness' as demonic possession was an accepted perception of mental illness during the Early Modern era. There is also some reflection of this attitude in Shakespeare's works. In *The Comedy of Errors*, rather than a physician, Doctor Pinch is a schoolmaster and conjurer. When Antipholus of Ephesus almost strikes Pinch, Pinch believes him to be 'mad' and responds with the words: 'I charge thee Satan, housed within this man, to yield possession to my holy prayers, and to thy state of darkness hie thee straight; I conjure

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<sup>61</sup> Philip Barrough, *The Method of Physick: Containing the Causes, Signes and Cures of Inward Diseases in Man's Body from head to foot. Where unto is added the form and rule of working remedies and medicines, which our Physicians commonly use at this day, with the proportion, quantity, and names of such medicines*, (London, 1590), p. 21.

<sup>62</sup> Edward Jorden, *Brief Discourse of a Disease Called the Suffocation of the Mother*, (London, 1603), facsimile reprint, (London: Theatrum Orbis Terrarum, 1971).

<sup>63</sup> Will Tosh, 'Shakespeare and Madness', *Discovering Literature: Shakespeare and Renaissance Writers*, (British Library, 2016), <<https://www.bl.uk/shakespeare/articles/shakespeare-and-madness>> [accessed 24 May 2017].

thee by all the saints in heaven' and he claims that 'both man and master is possessed, I know it by their pale and deadly looks'.<sup>64</sup>

Despite the often negative view of mental illness in Early Modern society and the levels to which it could compromise a person's rights and freedom, melancholy was something of a fashionable trend, particularly among intellectual young men. Textually, Hamlet personifies the stereotype of a melancholic. The physician Timothy Bright wrote in 1586 that melancholy could cause people to see 'phantasticall apparitions'; feel 'distrust, doubt, diffidence, or dispaire'; and their home can seem to them 'a prison or dungeon'.<sup>65</sup> Hamlet's encounter with his father's ghost, his feelings that 'I have of late, but wherefore I know not, lost all my mirth' (II.ii.261-2), and his statement that 'Denmark's a prison' (Folio II.ii.242)<sup>66</sup> echo these symptoms precisely.

Furthermore, Hamlet embodies the connections between intellectualism, philosophy, and melancholy, reflecting the works of French philosopher René Descartes (1596-1650) who became a pioneer of modern Western philosophy during the seventeenth century. Descartes contributed to our understanding of ontological and epistemological philosophy as he explored the nature of existence. He used solipsism as the base level of thought for his argument, questioning what can be incontrovertibly known about the self if everything is in doubt. Descartes's response to this was that, if he questioned everything, the only thing he could know for certain was that he was questioning, and therefore he was thinking. He believed that humans consequently are that which essentially thinks and must exist because of the presence of the ability to think.

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<sup>64</sup> William Shakespeare, *The Comedy of Errors*, ed. Kent Cartwright, The Arden Shakespeare, Third Series, ed. Richard Proudfoot, Ann Thompson, David Scott Kastan H.R. Woudhuysen, (Bloomsbury, 2017), IV.iv.55-58, 93-94.

<sup>65</sup> Timothy Bright, *A Treatise of Melancholy*, (Facsimile Text Society, New York, 1940), p. 102.

<sup>66</sup> William Shakespeare, *Hamlet*, Appendix 1, p. 466.

Descartes summarised this in 1637 with his famous phrase ‘I think, therefore I am’.<sup>67</sup> Connecting this to the philosophy of life, death, and existence written by Shakespeare in Hamlet’s most famous soliloquy, through the lens of Cartesian philosophy ‘to be or not to be’ (III.i.55) becomes ‘to think or not to think’ as well as ‘to exist or not to exist’. Hamlet expresses this parallel between thought and existence through the position of the Early Modern melancholic and also challenges it, blaming ‘thinking too precisely on th’event’ (IV.iv.40) for his inability to act. He also connects his delay, as well as a general lack of thought, with one of the Early Modern stereotypes of ‘madness’ when he says that a person who does not use their ‘capability and godlike reason’ (IV.iv.37) is ‘a beast – no more’ (IV.iv.34).

So far, the evidence provided in this section has shown us that concepts of ‘madness’ during Shakespeare’s lifetime meant that, if society perceived an individual as ‘mad’, that person was accorded a lower social status. The Early Modern writings quoted above show us that inhabitants of Bethlem were likened to animals and people legally considered to be lunatics could have their rights removed as a consequence. It appears that nobody seemed to feel there was a need to shield society from ‘madness’. It is also unlikely that a person in a professional capacity, such as a doctor or lawyer, would have referred to either Hamlet or Ophelia as ‘mad’. By examining Early Modern drama, it is clear that the word ‘mad’ was in common usage at the time Shakespeare wrote the play but was perhaps either too colloquial or too offensive for a formal setting, with a preference given to terms like ‘lunatic’ or ‘*non compos mentis*’. Even these terms, however, could be used in a formal legal setting without any reason given for their usage. This evidence informs us that ‘madness’ was not a clearly defined concept during

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<sup>67</sup> René Descartes, *Discourse on the Method of Rightly Conducting One’s Reason and of Seeking Truth in the Sciences*, (Oxford University Press, 2008), p. 73.

Shakespeare's lifetime. This evidence suggests that labels of 'madness' may have emerged more from observations of behaviour than formal medical models. To be considered a 'lunatic' or '*non compos mentis*' during Shakespeare's lifetime was damaging to a person's welfare, yet Early Modern doctors also wrote on melancholy as a form of what we would now call mental illness, with physical causes and potentially harmful effects. It seems that melancholy was an illness for which people have historically been institutionalised and yet it was also a fashionable mental state for young, intellectual men. Hamlet embodies many aspects of the stereotypical melancholic and thus may have been considered by Shakespeare to be a mentally ill character in Early Modern terms.

The connection in Shakespeare's plays between 'madmen' and fools provides another angle on Early Modern definitions of 'madness' because 'madness' would sometimes be applied for comedic effect. For instance, songs in Shakespeare's plays are usually sung either by fools or characters who have gone 'mad'. There are also indications that both foolery and 'madness' were used for comic effect. An example of this is Edgar assuming the character of Poor Tom in *King Lear*. To create Poor Tom's 'madness', Shakespeare draws on Samuel Harsnett's 1603 text *A Declaration Of Egregious Popish Impostures*. Harsnett names devils 'Modu', 'Fliberdigibbet', and 'Maho'<sup>68</sup> whom he calls 'the general dictator of hell'.<sup>69</sup> Shakespeare echoes this directly when Edgar as Poor Tom refers to 'the foul fiend Flibbertigibbet'<sup>70</sup> and says that 'the prince of darkness is a

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<sup>68</sup> Samuel Harsnett, *A Declaration Of Egregious Popish Impostures To With-Draw The Harts Of Her Maiesties Subjects From Their Allegiance, And From The Truth Of Christian Religion Professed In England, Under The Pretence Of Casting Out Devils*, (Early English Books Online Edition), pp. 46 and 49.

<sup>69</sup> *Ibid.*, p. 30.

<sup>70</sup> William Shakespeare, *King Lear*, ed. R. A. Foakes, (Bloomsbury Publishing, 2003), The Arden Shakespeare, Third Series. III.iv.112. All other quotes from this text will be taken from this edition.

gentleman. Modo he's called, and Mahu'.<sup>71</sup> Shakespeare also draws on animal imagery for Poor Tom as he describes himself as once a 'hog in sloth, fox in stealth, wolf in greediness, dog in madness, lion in prey'.<sup>72</sup> This use of animals to describe himself reflects the parallels between 'madmen' and beasts in Early Modern records and entertainment. Edgar's 'madness' as Poor Tom has the potential to be funny, perhaps because Edgar specifically says in an aside that he is 'counterfeiting'.<sup>73</sup> For this reason, his songs, rhymes, and comic imagery become to the audience the words of somebody deliberately playing the fool and not supposed to be taken seriously. Hamlet's 'madness' also has great comic potential in the moments when he is most clearly feigning, such as out-witting Polonius and Claudius. Similarly, in his 1579 *Treatise on Laughter*, Laurent Joubert suggests that, when someone behaves in an unusual way due to 'madness', 'we cannot keep from laughing until we think about the great loss of his senses and understanding he has suffered. Then we experience compassion because of the misery'.<sup>74</sup> Textually, there is a focus on the misery rather than comedy in the 'madness' of King Lear, Ophelia, and the Jailor's Daughter in *The Two Noble Kinsmen*.

Perhaps only feigned 'madness' was a tool for recurrent comedy. Bridget Escolme suggests that in Early Modern times

the stage depiction of mad figures in the period shifts, sometimes disturbingly, sometimes entertainingly, from ridicule to compassion, from 'laughing at' to 'laughing with' the madman or woman, and that the

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<sup>71</sup> *King Lear*, III.iv.139-140.

<sup>72</sup> *King Lear*, III.iv.91-92.

<sup>73</sup> *King Lear*, III.vi.60.

<sup>74</sup> Laurent Joubert, *Treatise on Laughter*, trans. Gregory David de Rocher, (University of Alabama Press, 1980), p. 21

spectacles these figures produce create, break and recreate the boundaries of the performer/audience relationship.<sup>75</sup>

Escolme expands on this apt observation by positing that it is difficult

for the contemporary theatre company even to consider whether the audience might, at any point, be allowed to laugh at or with Ophelia, partly because of her confinement within two performance traditions of prettiness and disturbing aggression and partly because the notion of laughing at mental illness is offensive to modern sensibilities.<sup>76</sup>

Given the connections between ‘madness’ and comedy in Shakespeare’s plays, perhaps during Shakespeare’s lifetime lunacy or a person *non compos mentis* with consequent legal, social, and sometimes medical repercussions paralleled what we would now describe as mental illness while ‘madness’ was a different but overlapping concept, something which could be used for comic effect and entertainment. The comic potential of ‘madness’ in Shakespeare’s plays is at its strongest when the ‘madness’ is feigned and consequently drawn away from the realities of mental illness.

In order to find out if these Early Modern theories and possible definitions of ‘madness’ were relevant to *Hamlet* in twentieth- and twenty-first-century performance, and in order to explore the reasons for changes in performance trends of Hamlet’s feigned ‘madness’ and possible mental illness as well as Ophelia’s mental breakdown, this

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<sup>75</sup> Bridget Escolme, ‘Madness and Infantilisation in some versions of *Hamlet*’, in *Performance, Madness and Psychiatry*, eds. Anna Harpin and Juliet Foster, (Palgrave Macmillan, 2014), pp. 165-186, p. 178.

<sup>76</sup> *Ibid.*, pp. 178-9.

introduction will next bring together relevant contextual theory for Hamlet's and Ophelia's 'madness' in performance since 1959.

## Sources

### Mimesis

One of this thesis' central research questions is whether performances of 'madness' in major London and RSC stage productions of *Hamlet* between 1959 and 2019 increasingly became an imitation of the social and medical realities of mental illness. Relevant drama theory dates back to ancient Greece when Plato and Aristotle disagreed on whether the art of imitation, which they called mimesis, was dangerously removed from reality<sup>77</sup> or whether it was an ennobling and cathartic search for understanding and perfection.<sup>78</sup> In order to study the decisions of directors either to draw on the medical realities of mental illness to present Hamlet's and Ophelia's 'madness' or to present 'madness' onstage in a way that is removed from mental illness, this thesis draws on both Plato's and Aristotle's perspectives. Sarah Worth summarised Aristotle's theory that 'mimesis is not an imitation of reality but a direct reference to it, in which we can come to understand reality more clearly'.<sup>79</sup> By contrast, Plato called mimesis a 'pseudo-world' because, according to his character Socrates, 'the lies spread by tales are not authentic lies [...] but images representing lies'.<sup>80</sup> This study also develops the old arguments between their adherents by exploring the responses of audiences, critics, theatre reviewers, and other theatre practitioners to different approaches of imitating

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<sup>77</sup> Plato, *The Republic*, trans. Desmond Lee, (Penguin Books, 1987), pp. 362-4.

<sup>78</sup> Aristotle, *Physica*, ed. William David Ross, (Oxford University Press, 1996), pp. 28-30; Aristotle, *Poetics*, trans. Ingram Bywater, (Rando House, 1941), pp. 11-12.

<sup>79</sup> Sarah E. Worth, 'Aristotle, Thought, and Mimesis: Our Responses to Fiction', *The Journal of Aesthetics and Art Criticism*, vol. 58, no. 4, (Wiley, on behalf of The American Society for Aesthetics, 2000), 333-339, 335.

<sup>80</sup> Arne Melberg, *Theories of Mimesis*, (Cambridge University Press, 1995), pp. 14, 15.

‘madness’ in the theatre, engaging with Worth’s interpretation of Aristotle’s theory that mimesis can enhance understanding of reality. This thesis questions whether the more clinically interpreted performances of ‘madness’ in *Hamlet* have helped enhance actors’, directors’, and audience members’ understandings of mental illness. Another response to mimesis which overarches the research of this thesis is Oscar Wilde’s reflection on the concept of mimesis in his 1889 essay ‘The Decay of Lying’ when he challenged its basic principle, suggesting that ‘life imitates art far more than art imitates life’ because ‘life holds the mirror up to art’.<sup>81</sup> Each chapter of this thesis will closely examine examples of art imitating life and this thesis will conclude with the question of how life can imitate art, giving a brief comparison of the differences discovered in this research between these two types of mimesis.

### Degeneracy

The earliest understandings of mental illness explored in this thesis come from the early-twentieth-century critical retaliation against the pseudo-scientific notion of mental illness as degeneracy. During Wilde’s lifetime, the definition of mental illness as a degeneration developed as a theoretical movement in response to Charles Darwin’s studies of evolution. After the publication of Darwin’s *On the Origin of Species* in 1859<sup>82</sup> and *The Descent of Man* in 1871,<sup>83</sup> behaviour which significantly resisted socially accepted norms, and mental illness in particular, began to be defined as a regression of evolution. *Degeneration* by Max Nordau was first published in English in 1895, a work in which Nordau specifically condemned Wilde as an exemplar of degeneration because

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<sup>81</sup> Oscar Wilde, *The Decay of Lying and other Essays*, ed. Ian Small, (Penguin Classics, 2010), p. 31

<sup>82</sup> Charles Darwin, *On the Origin of the Species*, (John Murray, 1859).

<sup>83</sup> Charles Darwin, *The Descent of Man*, (John Murray, 1871).

his attitudes upset social norms. In agreement with Nordau, leading British psychiatrist of the nineteenth century and advocate of degeneration theory Henry Maudsley described Wilde as an example of loss of moral sense, something which Maudsley believed ‘would lead to the degeneration, if not extinction, of mankind’.<sup>84</sup> Nordau included in his book a cartoon of Wilde as Narcissus, calling Wilde’s dress sense the ‘pathological aberration of a racial instinct’, and writing that Wilde’s desire to be noticed was ‘above all a sign of anti-social ego-mania to irritate the majority unnecessarily’.<sup>85</sup> Summarising degeneration in 1910, Charles Mercier argued that ‘insanity is a dissolution; it is a regression; it is a traversing of the path of development in the reverse direction. It is a peeling off of those superimposed layers of development which have been laboriously deposited by the process of evolution’.<sup>86</sup> Although the overall theory of mental illness as degeneration had fallen out of fashion several decades before the beginnings of the performances of ‘madness’ studied in this thesis, this thesis will explore the persistence of the belief originating in degeneration theory that behaviour outside of accepted social norms is detrimental and should be altered, considering the prevalence of this attitude in productions of *Hamlet*.

### Panopticism

As this thesis is a study of the history of mental health care and attitudes towards mentally ill people, focusing on direct connections and synergetic trends with the performance history of *Hamlet*, it is important to understand the state of mental health care in mid-twentieth-century Britain. At this time, the majority of mentally ill people

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<sup>84</sup> Henry Maudsley, *Body and Mind*, (Macmillan and Co., 1873), p. 58.

<sup>85</sup> Max Nordau, *Degeneration*, (D. Appleton and Co., 1895), p. 318.

<sup>86</sup> Charles Mercier, ‘Vice, Crime, and Insanity’, in *A System of Medicine*, vol. 7, eds. Thomas Clifford Allbutt and Humphrey Davy Rolleston, (London: Macmillan, 1910), 851.

were housed, often for life, in hospitals where they could be observed constantly and their behaviour could be monitored. The theory of using constant observation to alter personalities is called panopticism.

The belief that people with personalities thought to be inappropriate should be separated from the rest of society and that their behaviours could be altered pre-dates degeneration theory. Panopticism is an earlier theory concerning the practicalities of programming social norms, a model first created by Jeremy Bentham in 1787. This theory was famously revisited by Michel Foucault in his 1975 book *Discipline and Punish*. Bentham was an eighteenth-century English social theorist who designed a model for a correctional institution which he called the Panopticon. Bentham suggested that buildings ‘where supervision of inmates and staff was desirable, be designed in such a way that senior staff could observe the work of the institution without themselves being seen, making supervision virtually continuous’.<sup>87</sup> His design was a circular building with

cells around the circumference, on each floor. In the centre, a tower. Between the centre and the circumference is a neutral, intermediate zone. Each cell has a window to the outside, so constructed that air and light can enter, but the view outside is blocked; each cell also has a grilled door that opens toward the inside so that air and light can circulate to the central core. The cells can be viewed from the rooms in the central tower, but a system of shutters prevents those rooms or their inhabitants from being seen from the cells. The building is surrounded by an annular wall. Between this wall and the building there is a walkway for sentries. There

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<sup>87</sup> Richard H. S. Mindham, ‘The Lunatic House, Guy’s Hospital, London, of 1797’, *The British Journal of Psychiatry*, vol. 211, no. 54, (The Royal College of Psychiatrists, 2017), 54.

is only one entrance or exit to the building or through the outer wall. The building is completely closed. [...] It has no unique application: it is designed to house involuntary, unwilling, or constrained inhabitants.<sup>88</sup>

The layout of Guy's Lunatic House in London, which opened in 1797, followed 'the principle of the panopticon'.<sup>89</sup> In Guy's Lunatic House 'the crucial feature of the design was the positioning of matron's day room between the angled wings. There were corner windows in her room which allowed uninterrupted views of the two wards'.<sup>90</sup>

Foucault's analysis of mental states separates 'madness' and sanity in a binary way and it is strongly reflective of the theories of degeneracy, something which critics of Foucault's theories suggest that he got wrong. In his 1970s analysis of panopticism, Foucault argued that the major effect of the Panopticon is 'to induce in the inmate a state of conscious and permanent visibility that assures the automatic functioning of power'.<sup>91</sup> He also believed that, 'generally speaking, all the authorities exercising individual control function according to a double mode; that of binary division and branding (mad/sane; dangerous/harmless; normal/abnormal); and that of coercive assignment, of differential distribution (who he is; where he must be; how he is to be characterised; how he is to be recognised; how a constant surveillance is to be exercised over him in an individual way, etc)'.<sup>92</sup> Rainer Diaz-Bone summarised Foucault's approach as the identification of 'a constellation of dispositives, which were aligned to survey and to control individual

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<sup>88</sup> Jacques-Alain Miller, 'Jeremy Bentham's Panoptic Device', trans. Richard Miller, *October*, Vol. 41, (The MIT Press, 1987), 3-29, 3.

<sup>89</sup> Jeremy Bentham, *Panopticon: Postscript; Part II: Containing A Plan of Management for a Panopticon Penitentiary-House*, (London: T. Payne, at the Mews-Gate, 1791).

<sup>90</sup> Richard H. S. Mindham, 'The Lunatic House, Guy's Hospital, London, of 1797', *The British Journal of Psychiatry*, vol. 211, no. 54, (The Royal College of Psychiatrists, 2017), 54.

<sup>91</sup> Michel Foucault, *Discipline and Punish: The Birth of the Prison*, trans. Alan Sheridan, (Penguin Books, 1991), p. 201.

<sup>92</sup> Michel Foucault, *Discipline and Punish: The Birth of the Prison*, p. 199.

behaviour in modern societies, stimulating normed, standardised and self-exerted behaviour by these individuals'.<sup>93</sup> Criticising Foucault's analysis of panopticism, Anne Brunon-Ernst examined Bentham's model in close detail and came to the conclusion that Foucault misunderstood the premise of the institution and that, according to Bentham, 'the only aim of surveillance was for the people monitored to internalise surveillance so that surveillance would in the end be unnecessary. Moral reformation is not just the collateral benefit of the whole endeavour but the very essence of the Panopticon. Panopticons are built so that no more Panopticons will be needed'.<sup>94</sup> In illustrating the connections between perceptions of mental illness and performances of 'madness' in *Hamlet*, this thesis follows the process of psychiatric deinstitutionalisation and therefore one of the central questions of this research will be what happens to panopticism in a society where the long-standing physical Panopticons have been removed and whether any changes in the nature of panopticism as a consequence of the closure of psychiatric hospitals were apparent in ways that Hamlet's and Ophelia's 'madnesses' were culturally represented before and after deinstitutionalisation.

Other responses to Bentham's and Foucault's theories see panopticism, like Brunon-Ernst, as a form of social pressure which functions beyond the institution: 'the representation of an anonymous, disembodied, systematic form of power, the polymorphous utopia of power from the eighteenth century onwards',<sup>95</sup> 'a society in which the legislator is absolute master to create at will all the social relations of the

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<sup>93</sup> Rainer Diaz-Bone, 'Statistical Panopticism and Its Critique', *Historical Social Research*, Vol. 44, No. 2, (Leibniz Institute for the Social Sciences, 2019), 77-102, 79.

<sup>94</sup> Anne Brunon-Ernst, 'Deconstructing Panopticism in to Plural Panopticons', in *Beyond Foucault: New Perspectives of Bentham's Panopticon*, ed. Anne Brunon-Ernst, (Ashgate Publishing Ltd, 2012), pp. 17-42, p. 40.

<sup>95</sup> Christian Laval, 'From *Discipline and Punish* to *The Birth of Biopolitics*', in *Beyond Foucault: New Perspectives of Bentham's Panopticon*, ed. Anne Brunon-Ernst, (Ashgate Publishing Ltd, 2012), pp. 43-62, p. 47.

citizens among themselves,'<sup>96</sup> and 'the aspect of the modern disciplinary matrix which has the most direct implications for the structure of subjectivity and the self'.<sup>97</sup> This thesis explores the nature of these social pressures in productions of *Hamlet* to discover if there is a synergy between changes in theatrical interpretations of 'madness' and the presence and nature of such panoptic pressures in British society. More specifically, since 1959, the world has experienced immense developments in technology which have expanded the possibilities of formal and informal surveillance; this thesis will explore effects that developments in technology in general and the growth of the internet and social media in particular have had on approaches and responses to performances of Hamlet's and Ophelia's 'madnesses', focusing on the use of observation as a form of control over others or of self-control.

### Visualising Ophelia's 'Madness'

Extending the connections between 'madness' and observation or visualisation beyond the theory of panopticism, the 'madness' and death of Ophelia became a common subject matter for Victorian artists. These paintings offered a repertoire of pre-twentieth-century perspectives of Ophelia and they still constitute part of the collective visual archive within which stage portrayals of the role are understood. The most well-known painting of Ophelia is Pre-Raphaelite artist John Everett Millais' 1850s depiction of a moment shortly before her death.

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<sup>96</sup> E. Halévy, *The Growth of Philosophical Radicalism*, trans. M. Morris, (London, 1928), p. 83.

<sup>97</sup> Louis A. Sass, 'Schreber's Panopticism: Psychosis and the Modern Soul', *Social Research*, Vol. 54, No. 1, (The John Hopkins University Press, 1987), 101-147, 106.



Figure 1: John Everett Millais, *Ophelia*, c.1852. Photograph: © Tate, London, 2017.

Millais's painting is inspired by Gertrude's speech on the manner of Ophelia's death (IV.vii.164-181). Given the inspiration, this painting is unsurprisingly beautiful: the background is a green riverbank in the sunshine with white, blue, and purple flowers growing around the trunk of an uprooted tree, and Ophelia drowns in an ornate white, silver and gold dress with her long red hair flowing outwards in the water and colourful flowers floating from her hands. As Douglas Lanier aptly wrote, 'Millais' emphasis falls upon her helpless madness and tragic beauty. The image is of fallen innocence, a moment of young erotic awakening followed almost immediately by madness as martyr-like death'.<sup>98</sup> Of this collection of paintings, distress is the most visible in the face of Ophelia in Figure 1. This is partly because Millais's extreme detail makes it impossible to see the individual brush strokes even on close inspection. The vivid colour also seems

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<sup>98</sup> Douglas Lanier, "'Caviar to the General": *Hamlet* in Popular Culture', *Hamlet: Shakespeare In Performance*, ed. David Bevington and Peter Holland, (A&C Black Publishers Ltd, 2007), pp. 23-36, p. 30.

celebratory, with Ophelia's surroundings appearing either ignorant of her death or unfeeling towards her.



*Figure 2: Alexandre Cabanel, Ophelia, 1883*

Cabanel also undermines the solemnity of Ophelia's death in Figure 2 as she falls a short distance into calm and peaceful waters along with a broken branch. The falling broken branch also carries the implication that Ophelia's death was accidental. Figures 1 and 2 capture the beauty and poetry of Ophelia's demise while compromising the threat of her violent, premature death.

In Figure 3, however, Hughes depicts Ophelia as a young, waif-like figure rather than a Pre-Raphaelite beauty. Instead of the colourful flowers of Figures 1 and 2, this

Ophelia's garland resembles a crown of thorns, a biblical image of the martyrdom of an innocent.



Figure 3: Arthur Hughes, Untitled [Ophelia], 1852. ©Manchester Art Gallery

Waterhouse's vividly colourful paintings of Ophelia in Figures 4 and 5 are inspired by the women in Pre-Raphaelite art. In both Figures 4 and 5, Ophelia is not underwater and is looking away from the river. In both paintings, as well as Waterhouse's earlier 1889 painting of Ophelia lying contently in a field (Figure 6), her life does not appear to be in danger. This lack of danger is enhanced in Figure 5 as Ophelia is not alone. There is a

person watching her from a raised platform or bridge visible at the top right corner of the painting.



Figure 4: John William Waterhouse, Untitled [Ophelia], 1894



Figure 5: John William Waterhouse, Untitled [Ophelia], 1910



Figure 6: John William Waterhouse, Untitled [Ophelia], 1889

In most of these paintings, Ophelia wears a blue or white dress; these are iconic colours of innocence and virginity. White is the traditional colour of a bride's wedding dress and blue is the most common colour worn by the Virgin Mary in paintings, a tradition which dates back to the fifth century AD. None of these paintings capture any sense of an active threat to Ophelia's life, focusing instead on her innocence and drawing on the poetic description that Gertrude gives of her death. The Ophelias in Figures 2, 5, and 6 all look directly out to their observers, seemingly aware that they are being watched and perhaps inviting observation. These paintings suggest that Ophelia was considered to be a romantic figure in Victorian Britain, a tragic heroine.

Alternative examples of visual representations of Ophelia in Victorian art are photographs by Julia Margaret Cameron of models dressed as Ophelia. Like the paintings, these portraits are images of Ophelia in life rather than depictions of her death.



Figure 7: Julia Margaret Cameron (Photographer), *Ophelia Study no. 2*, 1867. Model: Mary Pinnock



Figure 8: Julia Margaret Cameron (Photographer), *Untitled [Ophelia]*, 1870. Model: Emily Peacock

With the absence of the riverbank background, Figures 7 and 8 provide a closer view of Ophelia's face and expression. This focus on their faces gives both photographs a sense of personality and a level of intimacy which is missing from the paintings; nevertheless, as with the paintings, her 'madness' is made to look extremely calm, gentle, and inoffensive. These paintings and photographs of Ophelia each present an audience with a freeze-frame of one single moment of her life or death in which she is supposed to be observed and analysed based solely on her physical appearance and the appearance of her surroundings. This thesis will examine the prevalence of reflections of these paintings in stage representations of Ophelia's 'madness' and Chapter Three will discuss the influence of Millais on Ophelia in visual arts in the twenty-first century.

This exploration of Victorian images of female 'madness' will now turn to a direct connection between nineteenth-century psychiatry and the visual arts through the works of Dr Hugh Welch Diamond. Diamond provided a different example of the use of observation in mental health treatment to the Panopticon when, in the 1850s, he made a study of the applications of this connection between art, photography, and 'madness' to mental illness. As well as a doctor, Diamond was a very early photographer who believed that photography could be used to treat patients in psychiatric hospitals. Through his photographs, Diamond explored if there was any science behind physiognomy and his methods formed a pseudoscience of treatment for mental illness by observation. Sander L. Gilman opens his introduction to the photographs of Hugh Welch Diamond with a quotation from an 1859 issue of the British medical journal *Lancet*: 'photography is so essentially the Art of Truth – and the representative of Truth in Art – that it would seem to be the essential means of reproducing all forms and structures of which science seeks

for delineation’<sup>99</sup> and Gilman adds that photography in England during the 1850s ‘was held to be the ultimate form of realistic portrayal’.<sup>100</sup> Diamond was concerned with presenting the truth of mental illness in his photographs and he believed that they could and should be used to study mental illness. Diamond asserted that

photography gives permanence to these remarkable cases, which are types of classes, and makes them observable not only now but forever, and it presents also a perfect and faithful record, free altogether from the painful caricaturing which so disfigures almost all the published portraits of the Insane as to render them nearly valueless either for purposes of art or of science.<sup>101</sup>



Figure 9: Hugh Welch Diamond (Photographer), Suicidal Melancholy, 1858



Figure 10: Hugh Welch Diamond (Photographer), Untitled [Female Patient at Surrey County Asylum], c.1855

<sup>99</sup> *Lancet*, 22 January 1859, (no author), p. 89.

<sup>100</sup> Sander L. Gilman, ‘Hugh W. Diamond and Psychiatric Photography’, in *The Face of Madness: Hugh W. Diamond and the Origin of Psychiatric Photography*, ed. Sander L. Gilman, (Echo Point Books & Media, 2014), pp. 3-16, p. 5.

<sup>101</sup> Hugh W. Diamond, ‘On the application of photography to the physiognomic and mental phenomena of insanity’, read before the Royal Society, May 22 1856, in *The Face of Madness: Hugh W. Diamond and the Origin of Psychiatric Photography*, ed. Sander L. Gilman, (Echo Point Books & Media, 2014), pp. 17-24, p. 24.



*Figure 11: Hugh Welch Diamond (Photographer), Untitled [Female Patient at Surrey County Asylum], c.1855*

Despite Diamond's insistence that his visual records of patients should be perfect, it



*Figure 12: Hugh Welch Diamond, Untitled [Female Patient at Surrey County Asylum], c. 1855.*

appears that the photographs are only partly spontaneous and also partially posed. Figures 9, 10, and 11 all have clasped hands, with Figure 9 possibly intended to reflect hands clasped in prayer. None of them has styled hair or wears elaborate clothes and it appears that they may have been asked not to smile. The woman in Figure 10 is the only one looking directly down the camera lens at her audience and her eye contact is flat and cold. The photograph of the patient in Figure 12 is of particular note because a garland of flowers

and laurel leaves has been placed around her head, possibly in a direct reference to

Ophelia. Perhaps because these photographs are less posed or perhaps because of the knowledge that these people were real patients in a psychiatric hospital rather than models, the faces of the asylum patients communicate greater emotion than the models in Julia Margaret Cameron's photographs and the subjects appear less concerned about their physical poses.

This thesis will explore the extent to which the romanticisation of Ophelia's 'madness' which is apparent in the Victorian paintings was also present in British theatre between 1959 and 2019 and whether this trend changed over time. The paintings from the Victorian era of the 'mad' young woman are far more idealistic than the photographs, largely because they are fictionalised. Particularly in Chapter One, this thesis will ask whether separating Ophelia's 'madness' in performance from the realities of mental illness achieved the same effect. Applying these observations on elements of 'madness' to the research of this thesis, Chapter One will discuss the onstage translation of Ophelia as an object for observation in her 'madness', exploring the theatrical trend of Ophelia's 'madness' played in a mannerly and decorative way. As well as exploring whether these visual representations of Ophelia were still influencing major British performance between 1959 and 2019, Chapter Three will also return to representations of Ophelia in the visual arts with an exploration of the early-twenty-first-century wave of glamour photoshoots for *Vogue* magazine inspired by Ophelia's death.

### Nineteenth-Century and Early-Twentieth-Century Trends in the Performance History of 'Madness' in *Hamlet*

This introduction will now move on to an account of major British performances of *Hamlet* and Ophelia in the nineteenth and early twentieth centuries, particularly

discussing trends in performances of ‘madness’ and thus contextualising the productions explored in this thesis within a wider history of theatrical tradition. In reviews from the nineteenth century, critics complimented actresses on the grace and delicacy of their performances of Ophelia, variously writing that ‘Miss Taylor [...] poured into her madness an exquisite and mournful tenderness which fairly interpreted the spirit of the part’;<sup>102</sup> ‘Mrs Bandmann was eminently successful as Ophelia, the Mad Scene being rendered with the utmost delicacy’;<sup>103</sup> ‘Mrs Willis gave the Ophelia mad speeches with much pathos and sang the snatches of plaintive song artistically’;<sup>104</sup> and ‘Miss Gainsborough merits warm praise for her Ophelia. The mad scenes were acted with remarkable grace and skill’.<sup>105</sup> Discussing theatrical interpretations of the character, one journalist wrote in 1840 that ‘madness has never assumed a more beautiful form than in the character of Ophelia’.<sup>106</sup> Although these reviews suggest that nineteenth-century actresses performed Ophelia’s ‘madness’ in a generally demure way, they also comment on her mournfulness and on the pathos that can be generated from these performances. During this century, an Ophelia whose ‘mad’ scenes were heartbreaking to watch could be considered a highlight of the play:

The last character we shall notice in that of Ophelia (Mrs C. Boyce) - we beg the lady’s pardon for leaving her till the last, but the sugar is often at the bottom of the cup. We have more than once spoken favourably of this lady’s acting, and our good opinion of her was greatly increased on

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<sup>102</sup> ‘Haymarket Theatre’, *Morning Post*, 4 June 1839, (no author).

<sup>103</sup> ‘The Princess’s’, *The Era*, 16 February 1873, (no author).

<sup>104</sup> J. B. Mulholland and Ben Greet, ‘The Metropole Matinee’, *The Stage*, 29 April 1897.

<sup>105</sup> ‘Standard Theatre (Last Night)’, *The Era*, 16 May 1875, (no author).

<sup>106</sup> ‘Theatre’, *Kentish Mercury*, 22 August 1840, (no author).

Monday night. The scene of Ophelia's madness was gone through with great taste and judgement, the sudden transitions from singing childishness to melancholy despair were most admirable.<sup>107</sup>

A review of another production of *Hamlet* four years later echoed this sentiment: 'Miss Anderton's Ophelia aroused sympathy to the fullest extent; she was, indeed, the "gentle and tender Ophelia", and her madness was almost too painful'.<sup>108</sup> As well as demonstrating that Ophelia's 'madness' would generally be played in a delicate and beguiling way in the nineteenth century, these reviews indicate that critics appreciated a strong sense of pathos which made Ophelia's 'madness' heartbreaking to watch and aroused sympathy. None of these theatre critics discussed performances of Ophelia through nineteenth-century concepts of psychiatry.

For these theatrical interpretations of Ophelia as well-behaved and aesthetically appealing in her 'madness', actors and directors drew on the description of Ophelia's entrance when 'mad' from the First Quarto of *Hamlet*, which gives the stage direction 'Ofelia playing on a Lute, and her haire downe singing'.<sup>109</sup> According to Alan C. Dessen, a female character with loose hair on the Elizabethan and Jacobean stage indicates a 'boy actor playing a female figure distraught with madness, shame, extreme grief, or the effects of recent violence'.<sup>110</sup> The image of women who are grieving, traumatised, or considered 'mad' with their hair down was common in Early Modern theatre. Aside from Ophelia,

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<sup>107</sup> 'Theater Royal', *Kentish Independent*, 20 September 1845, (no author).

<sup>108</sup> 'Theatre Royal', *Manchester Courier and Lancashire General Advertiser*, 7 March 1849, (no author).

<sup>109</sup> William Shakespeare, *The Tragicall Historie of Hamlet Prince of Denmarke. By William Shakespeare. As it hath bene diuerse times acted by his Highnesse seruants in the Cittie of London: as also in the Vniuersities of Cambridge and Oxford and elsewhere*, (London: N. L. and John Trundell, 1603), Facsimile Copy, The British Library, C. 34.k.1.

<sup>110</sup> Alan C. Dessen, *Elizabethan Stage Conventions and Modern Interpreters*, (Cambridge University Press, 1984), pp. 36-7.

examples from Shakespeare's plays are Cassandra from *Troilus and Cressida* who enters in Act Two, Scene Two 'with her hair about her ears';<sup>111</sup> the grieving Queen Elizabeth in *Richard III* also has 'her hair about her ears';<sup>112</sup> and the bereaved Constance in *King John* enters with 'her hair dishevelled'.<sup>113</sup> The First Quarto stage direction also specifies that Ophelia enters with a lute. In Early Modern drama, the lute carried connotations of prostitution. In his play, *The Dutch Courtesan*, Marston used a lute as an emblem 'of the continental courtesan or higher class of prostitute'<sup>114</sup> for his character Franceschina.<sup>115</sup> Although the images in the First Quarto text are connected with trauma, grief, and prostitution, in nineteenth-century performances of Ophelia they were interpreted as an ideal of innocence, gentleness, and goodness.

In the nineteenth century, there was no trend of exploring clinical mental illness when rehearsing the role of Hamlet or any discussion from performance critics suggesting that his 'madness' diminished his idealised, gentlemanly courtesy. Reflecting some of these trends in performances of Ophelia's 'madness', John Philip Kemble played Hamlet in multiple productions between 1783 and 1817 and gave gentlemanly and elegant performances. Rosenberg discusses Kemble's Hamlet as a 'high ideal', a critical concept 'nourished in the eighteenth century from the opposition between the classicists and "moderns", [which] implies, even in the theatre, a lofty, glorified exemplar [...] connected

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<sup>111</sup> William Shakespeare, *Troilus and Cressida*, ed. David Bevington, The Arden Shakespeare, Third Series, (Bloomsbury Publishing, 2015), p. 220.

<sup>112</sup> William Shakespeare, *Richard III*, ed. James R. Siemon, The Arden Shakespeare, Third Series, (Bloomsbury Publishing, 2009), p. 226.

<sup>113</sup> William Shakespeare, *King John*, ed. John Tobin and Jesse Lander, The Arden Shakespeare, Third Series, (Bloomsbury Publishing, 2018), p. 243.

<sup>114</sup> Duncan Salkeld, 'Shakespeare Staging Shakespeare', *Shakespeare in the Media: From the Globe Theatre to the World Wide Web*, ed. Stefani Brusberg-Kiermeier and Jorg Helbig, (Peter Lang, second edition, 2010), pp. 11-20, p. 14.

<sup>115</sup> John Marston, *The Dutch Courtesan*, ed. Karen Britland, Arden Early Modern Drama, (Bloomsbury Arden Shakespeare, 2018), p.123.

with the “sublime”<sup>116</sup>. In practice, Hazlitt felt that such a performance was limiting to the character of Hamlet and he argued that Kemble was ‘too deliberate and formal’.<sup>117</sup> This graceful interpretation of Hamlet was a strong theatrical trend in the early nineteenth century which was also reflected in some offstage interpretations of the character, such as *Lamb’s Tales* (1807) where Hamlet is described as ‘a gentle and loving prince, and greatly beloved for his many noble and princelike qualities’.<sup>118</sup> Providing some change from this trend, Edmund Kean’s Hamlet ‘exploded onto the stage in 1814 with the “natural”, recognisable passions of the grieved, wronged Prince, appropriate to the Keats-Shelley-Byron generation. His Hamlet was his own: new, fresh, nineteenth century. Kean was afire with emotion and activity’.<sup>119</sup> Critics compared him unfavourably to John Philip Kemble, finding this new Hamlet too impulsive, ‘splenetic and rash’,<sup>120</sup> ‘destitute of that general suavity of manner for which Hamlet is distinguished’,<sup>121</sup> and ‘wanting in solemnity and grandeur’.<sup>122</sup> Although Kean honoured Garrick’s mode of acting with a focus on physical expressiveness and ‘natural’ passion, he simultaneously turned Hamlet into a Romantic.

Reflecting the performances of Hamlet of both Kemble and Kean, Edwin Booth played *Hamlet* numerous times between 1853 and 1891, bringing a spiritual melancholy to the role. Dawson wrote of Booth’s approach to Hamlet’s ‘madness’ that ‘not for a minute is this Hamlet mad, though he occasionally bursts out in extreme excitement. [...]

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<sup>116</sup> Marvin Rosenberg, *The Masks of Hamlet*, (University of Delaware Press, 1992), p. 97.

<sup>117</sup> William Hazlitt, *Characters of Shakespeare’s Plays*, Fourth Edition, (London: C. Templeman, 1848), p. 115.

<sup>118</sup> Charles and Mary Lamb, *Tales from Shakespeare*, (Puffin Books, 1994), p. 308.

<sup>119</sup> Marvin Rosenberg, *The Masks of Hamlet*, p. 97.

<sup>120</sup> William Hazlitt, *Characters of Shakespeare’s Plays*, Fourth Edition, (London: C. Templeman, 1848), p. 115.

<sup>121</sup> Performance review, *Monthly Mirror*, March 1814, (no author). Quoted in Marvin Rosenberg *The Masks of Hamlet*, p. 97.

<sup>122</sup> Performance review, *The Times*, 14 March 1814, (no author).

Booth marked clearly the distinction between the play-acted madness and Hamlet's 'true' sanity. Even when he assumed the antic disposition, he maintained a princely courtesy and gentlemanly demeanour. His was an idealised reading'.<sup>123</sup> Dawson reflects Rosenberg's words on Kemble's performance of Hamlet as a high ideal.

Actor-manager William Charles Macready made his London debut as Hamlet in 1821 and played the role multiple times across several decades. He strove for a similar ideal in his interpretation of Hamlet to Kemble, cutting the text by around one third and removing anything remotely blasphemous or bawdy. Early in his career, after a run of the production in the 1820s, Macready wrote of his own performance that '[I] acted Hamlet, if I may trust my own feeling, in a very Shakespearean style; most courteous and gentlemanly, with high bearing, and yet with abandonment and, I think, great energy'.<sup>124</sup> A 1835 review places Macready as a successful continuation of the trend of elegantly princely Hamlets: 'Macready's Hamlet is a noble and a beautiful performance. It is infinitely finer than it used to be, more subtle and various, multiplied and deepened in its lights and shadows, with its sudden and brilliant effects harmonised to the expression of profound feeling, lofty yet gentle, the grandest sustainment of imagination and sensibility we have ever witnessed on the stage'.<sup>125</sup> Macready's highly sanitised performance gradually fell out of favour; in 1834, he wrote that he 'went to the theatre and toiled through *Hamlet* to an audience which I felt, or thought I felt, I amused, but too poor to afford the quantity of applause necessary to sustain one through such a character'.<sup>126</sup> In

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<sup>123</sup> Anthony B. Dawson, *Shakespeare in Performance: Hamlet*, 1995, (Manchester University Press, 2000), p. 51.

<sup>124</sup> William Charles Macready, *Macready's Reminiscences and Selections from his Diaries and Letters*, ed. Sir Fredrick Pollock, (New York: Macmillan, 1875), p. 550.

<sup>125</sup> 'Theatrical Examiner: Drury Lane', *The Examiner*, 11 October 1835, (no author).

<sup>126</sup> William Charles Macready, *Macready's Reminiscences and Selections from his Diaries and Letters*, p. 313.

1848, he recounted the audience ‘hissing’<sup>127</sup> at his performance. Ophelia’s ‘madness’ in Macready’s productions was also carefully inoffensive. In response to an 1846 performance, a critic wrote that ‘Mrs Leigh Murray played her part very exquisitely, and imparted a charm to the mad Ophelia we have never seen surpassed’.<sup>128</sup> Suggesting a similar performance style, a review of an 1848 performance gave a description of Fanny Kemble Butler’s Ophelia which closely reflects Macready’s previously quoted interpretation of the Shakespearean style:

[Ophelia] was conceived with perfect taste, and a high appreciation of the author’s intention; her delineation of Hamlet’s gentle, uncomplaining mistress, was a sweet and beautiful realisation of the ideal character; her musical voice and perfect declamation told admirably, and rendered Ophelia a most important character, instead of the milksop walking-lady she is usually represented.<sup>129</sup>

Based on the descriptions of Hamlet and Ophelia in these reviews, the performances of Ophelia in these productions again echoed the trend of Ophelia following the First Quarto description of her ‘madness’. The above review suggests that nineteenth-century theatrical tradition overall provided some bland characterisations of Ophelia. Although Ophelia in the nineteenth century was typically not performed or discussed as a case study of psychiatry, there was a landmark performance in early representations of Ophelia’s

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<sup>127</sup> Ibid., p. 603.

<sup>128</sup> ‘Provincial Theatricals’, *The Era*, 8 March 1846, (no author).

<sup>129</sup> ‘Theatres, etc.’, *The Era*, 5 March 1848, (no author).

‘madness’ as mental illness in the 1878 London production starring Henry Irving as Hamlet with Ellen Terry as Ophelia.

An early example of art imitating life in Ophelia’s ‘madness’ occurred when Terry visited an asylum to study the physicality of mentally ill people. She commented that she found most of the patients ‘too theatrical’<sup>130</sup> to teach her anything. Her attention was caught, however, by ‘a young woman who sat vacantly, waiting, waiting’, then ‘threw up her hands and sped across the room like a swallow’.<sup>131</sup> This inspired Terry to make sudden movements and changes a part of Ophelia’s ‘madness’. Notably, Anthony B. Dawson used this case study to argue in favour of a connection between performances of Ophelia’s ‘madness’ and ways in which female mental illness has been defined in both theory and medical practice:

What [Terry] did not realise was that in some ways even this nameless girl was ‘theatrical’, the forms of her madness dependent on images of feminine prettiness, passivity, and repressed sexuality associated with Ophelia throughout the nineteenth century. In other words, versions of Ophelia both onstage and in a multitude of pictorial images played a key role in determining how ‘madness’ was itself conceived and in shaping the representation of specifically female forms of derangement - not just in art but in medical literature and in the cultural imagination generally.<sup>132</sup>

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<sup>130</sup> Ellen Terry, *The Story of My Life*, (London, 1908), p. 154.

<sup>131</sup> *Ibid.*, p. 169.

<sup>132</sup> Anthony B. Dawson, *Shakespeare in Performance: Hamlet*, 1995, (Manchester University Press, 2000), p. 65.

Terry may also have drawn aspects of her performance from Mary Cowden Clarke who first gave Ophelia a life outside of the play with her backstories novel *The Girlhood of Shakespeare's Heroines*, published in the 1850s. Clarke's description of Ophelia's physicality was echoed by Terry: 'violent startings, abrupt twitching of the limbs, talking in her sleep [...] the little girl sprang suddenly up, trembling, and looking about her with a scared eagerness of expectation'.<sup>133</sup> Only a couple of years after Terry's performance of Ophelia, and probably inspired by Terry in her interpretation of 'madness', a young actress called Florence Gerard played Ophelia in 1880 opposite Edwin Booth as Hamlet. A review from this production provides a rare example of a nineteenth-century theatre critic discussing Ophelia's 'madness' as a representation of mental illness.

The mad scene, indeed, has seldom been played with so much pathos and intensity. I can bear special testimony to the careful art with which Miss Gerard reproduced the vacant look and aimless intertwining of the fingers and plucking at the dress, together with the manner of one who is passing into what Dr Conolly graphically called 'the tomb of human reason - dementia'. The horrible shriek, as she made her exit, thrilled the whole house and, indeed, her Ophelia was a genuine artistic success, which won, as it deserved to do, the heartiest applause.<sup>134</sup>

In contrast, another review commented that 'Miss Gerard surprised everyone by her unlooked-for excellence as Ophelia. The mad business was very touchingly and

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<sup>133</sup> Mary Cowden Clarke, 'Ophelia: The Rose of Elsinore', *The Girlhood of Shakespeare's Heroines*, Vol. 2, ed. Ernest Rhys, (J. M. Dent & Co, 1850-2), pp. 174, 195.

<sup>134</sup> H. Savile Clarke, 'The Examiner of Plays: *Hamlet* at the Princess's', *The Examiner*, 13 November 1880.

gracefully rendered'.<sup>135</sup> This critic's use of the word 'gracefully' contradicts the previous review, instead suggesting that Gerard's performance adhered to the strong theatrical trend during nineteenth century of Ophelia's 'madness' as well-mannered, decorative pathos rather than a continuation of Terry's exploration of the role.

It seems that elements of art imitating life in this production were applied to Hamlet as well as Ophelia. Of Henry Irving's performance of Hamlet opposite Terry as Ophelia in Act Three, Scene One, Dawson wrote that 'the only pretended madness was at the beginning of the scene. Later, he was carried along in a frenzy until, glimpsing the watching Claudius and Polonius, he shifted momentarily to quiet grief at 'Where's your father?' and Ophelia's equivocal answer. This led not to the traditional play-acting for the eavesdropper's benefit, but to his closest brush with escalating madness'.<sup>136</sup> Reports from people who attended this production provide evidence for Dawson's understanding of Irving's performance, noting that he was 'tormented with an almost morbid power'<sup>137</sup> and that 'Mr Irving's madness is so painfully, pitifully insane' with an 'over-redundancy of gesture and certain mannerisms of delivery'.<sup>138</sup> It seems that this production considered performances of both Hamlet's and Ophelia's 'madness' at an unusually high level for the time. Locating the origins of a performance trend which continued and developed into the twentieth century, Dawson wrote that 'Henry Irving brought an intense focus on individual psychology to the staging of Shakespeare' which 'reflected his age's interest in *character*'.<sup>139</sup>

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<sup>135</sup> 'The New Princess's Theatre: Mr Edwin Booth's Hamlet', *Illustrated Police News*, 20 November 1880, (no author).

<sup>136</sup> Anthony B. Dawson, *Shakespeare in Performance: Hamlet*, 1995, (Manchester University Press, 2000), p. 63.

<sup>137</sup> Clement Scott, *Some Notable Hamlets*, (Greening & co, 1905), p. 151.

<sup>138</sup> Kate Terry Gielgud, *A Victorian Playgoer*, ed. M. S. C Byrne, (Heinemann, 1980), pp. 3, 41.

<sup>139</sup> Anthony B. Dawson, *Shakespeare in Performance: Hamlet*, 1995, (Manchester University Press, 2000), p. 9.

Providing a contrast and antidote to the trend of noble and dignified Hamlets who had graced the nineteenth-century stage, in 1874, the same year as Irving played Hamlet at the Lyceum, W. R. Snow created a burlesque which was a direct parody of this production. As well as an overall parody of *Hamlet*, this burlesque was a parody of ‘madness’ as played by Irving. Snow took his title *Hamlet the Hysterical: A Delirium in Five Spasms!!!* from Irving’s physicality as Hamlet, which he considered excessive. This was one of a number of parodies of *Hamlet* staged in the nineteenth century.<sup>140</sup> Actor-manager William Poel believed that all theatre had become a burlesque by the start of the twentieth century because developments in performance styles, particularly the prevalence of parodies, meant that original plays were no longer being honoured. He wrote in 1920 that ‘the condition of the English Theatre has moved steadily downward, and today it may be said to have touched its lowest level on record [...] even managers do not grasp the disastrous effect upon taste of providing entertainments’.<sup>141</sup> These productions demonstrate that the nineteenth-century performance trends in *Hamlet* were caused by a clash between tradition and change. The characterisation of a noble, gentlemanly Hamlet persisted through the work of a small number of actor-managers who played the role repeatedly for multiple decades, limiting the possibilities of change. Macready’s experiences in particular demonstrate the resistance of a performer to changing traditions. The nineteenth century also saw a development in the desire to entertain an audience with songs and jokes and to resist tradition through parody. Particularly in the performances of Irving and Terry, the trends of focusing on the

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<sup>140</sup> Richard W. Schoch, *Not Shakespeare: Bardolatry and Burlesque in the Nineteenth Century*, (Cambridge University Press, 2002); Stanley Wells, *Nineteenth-Century Shakespeare Burlesques*, (Diploma Press, 1977).

<sup>141</sup> William Poel, *What is Wrong with the Stage: Some Notes on the English Theatre from the Earliest Times to the Present Day*, (George Allen and Unwin, 1920), p. 9.

psychology of the characters and of using real-life examples of mental illness to inform theatrical representations of ‘madness’ began to form.

Towards the start of the twentieth century, audiences were accustomed to the artistic presentation of Ophelia’s ‘madness’ as beautiful and beguiling. As the above reviews of nineteenth-century productions demonstrate, it had been used successfully onstage for many years, and Millais’s painting of Ophelia remains a well-known image, recognisable if reflected in twentieth- and twenty-first-century theatre. Dawson called Fay Compton’s 1925 Ophelia - played opposite John Barrymore’s Hamlet - ‘excessively pure’<sup>142</sup> and J. C. Trewin, who first saw *Hamlet* in 1922, commented of the Ophelia in this production that in her ‘madness’

she followed the tradition of all well-brought-up girls. She wore a wreath, carefully adjusted. She carried a florist’s posy of rosemary, pansies, fennel, columbines, and rue; she sang discreetly in tune and [...] presently she left to become (in the Queen’s speech) an academy picture by Millais. Not that every actress was like this [...] but there was a routine mad-girl act that for years audiences, inured to it, accepted without comment. It would be a shock when, in our post-war theatre, Ophelia began to go genuinely mad.<sup>143</sup>

Trewin’s account suggests that Ophelia in the 1920s was still performed with the decorative grace discussed by performance critics in response to nineteenth-century productions. Conversely, Dawson suggests that developments towards modernising

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<sup>142</sup> Anthony B. Dawson, *Shakespeare in Performance: Hamlet*, p. 94.

<sup>143</sup> J. C. Trewin, *Five & Eighty Hamlets*, (Century Hutchinson Ltd, 1987), p. 126.

Ophelia to reflect the times in which the play was performed were apparent in early-twentieth-century performances of Ophelia, which reflected changes in gender politics at the time. In response to Muriel Hewitt's performance of Ophelia at the Kingsway Theatre in 1925, Dawson wrote that

she gave an erotic explosiveness to the full text of her suggestive songs, accompanying them with a few modern dance steps to forge the links to contemporary youth. If this was not exactly a feminist reading, it at least showed a consciousness of the changing position of women in an era when suffragism, after a long struggle, was on the point of securing votes for all women (partial franchise had been granted in 1918, but full voting rights equivalent to those of men were still a few years away), and when sexual morality was loosening and the double standard under something of a strain.<sup>144</sup>

This performance is an example of the nature of Ophelia's 'madness' adapting the nature of the staging of the role to reflect gender politics of the time. This thesis will ask throughout my three chapters whether such changes continued to be apparent in major British theatre between 1959 and 2019 and what they signify. Claire Bloom's Ophelia in Michael Benthall's 1948 production also surprised critics with the energy and sexual expression she brought to her 'mad' scenes. Trewin wrote that Bloom's Ophelia 'did not turn everything to favour and prettiness: she went wholly and vehemently mad'<sup>145</sup> and Dawson later wrote that 'Bloom's Ophelia, very young and innocent (the actress was only

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<sup>144</sup> Anthony B. Dawson, *Shakespeare in Performance: Hamlet*, p. 94.

<sup>145</sup> J. C. Trewin, *Five & Eighty Hamlets*, p. 70.

seventeen), took the audience by surprise when her madness showed an unaccustomed vehemence and wildness [...] instead of a picturesque and sentimental absorption in her own world.’<sup>146</sup> In the first half of the twentieth century, the performance trend showing Ophelia’s ‘madness’ as well-behaved and aesthetically pleasing was beginning to be challenged. Critics noted Ophelias whose ‘madness’ they considered to be overtly sexual and indecorously vehement, sometimes drawing attention to the synergy of this performance trend with changes in gender politics from the time. Similarly paralleling recent social theory related to mental health and practices of staging ‘madness’ in *Hamlet*, the most notable trend in the pre-war performance history of Hamlet’s ‘madness’ was the inclusion of early-twentieth-century psychological theory.

### Psychology and Psychoanalysis

Around the start of the twentieth century, mental health care in Britain began to be shaped by psychological theory, especially as the psychoanalytical theories of Sigmund Freud (1856-1939) formed the practice of therapy as a treatment for mental illness. This connection between psychological theory and mental health care, along with the developing dialogue between mental health professionals and mentally ill people is highly relevant to this thesis because my research extends the influences between mental health theory and practice and the growth of conversation about mental illness to productions of *Hamlet*. All three chapters of this thesis examine the influence of psychological and psychiatric theory on performances of ‘madness’ in *Hamlet* and Chapters Two and Three explore the development of a dialogue opening between the worlds of mental health care and theatre.

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<sup>146</sup> Anthony B. Dawson, *Shakespeare in Performance: Hamlet*, p. 127.

As the father of modern psychology and the creator of psychoanalysis, Freud is of great importance to this thesis. Prior to 1959, the main theoretical movement which directly influenced many twentieth-century RSC and London productions of *Hamlet* was Freudian theory. Freud was the first person to challenge the theory of mental illness as degeneracy.<sup>147</sup> He did not oppose the ethical notion of degeneracy but he argued that the definition had become too broad and the word too easily used. He posited that because of the fashion of regarding ‘any symptom which is not obviously due to trauma or infection as a sign of degeneracy [...] it may well be asked whether an attribution of “degeneracy” is of any value or adds anything to our knowledge’.<sup>148</sup> In theoretical works on *Hamlet* and psychology, several theorists have connected Freud’s division of the psyche into the id, ego, and superego<sup>149</sup> to the Ghost of Hamlet’s father. Philip Armstrong defines the superego as ‘that largely unconscious body of guilt complexes which the individual takes in from the external world in the place of the prohibitions and commandments enforced during childhood by the father’,<sup>150</sup> something also referred to by Jaques Lacan as *nom-du-père*, the ‘Name-of-the-Father’. Armstrong uses the Ghost in *Hamlet* as an exemplar of this concept, calling both the superego and *nom-du-père* processes ‘for which Hamlet’s Ghost provides the model’.<sup>151</sup> Marjorie Garber also notes the parallels with the Ghost, suggesting that ‘we might think that Freud’s “super-ego” and Lacan’s “Name-of-the-Father” would both be names for the Ghost in Hamlet’.<sup>152</sup> In the first and third chapters,

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<sup>147</sup> Anthony Fry, ‘19<sup>th</sup> century psychiatry’, *Mind, Madness, and Melancholia: Ideas and institutions in psychiatry from classical antiquity to the present*, (Royal Society of Medicine, 10<sup>th</sup> May 2016).

<sup>148</sup> Sigmund Freud, *The Essentials of Psycho-Analysis*, trans. James Strachey, (Vintage Books, London, 2005), pp. 283-284.

<sup>149</sup> Sigmund Freud, *The Ego and the Id*, (Pacific Publishing Studio, 2010).

<sup>150</sup> Philip Armstrong, *Shakespeare in Psychoanalysis*, (Routledge, 2001), p. 35.

<sup>151</sup> *Ibid.*, p. 35.

<sup>152</sup> Marjorie Garber, *Shakespeare’s Ghost Writers: Literature as Uncanny Causality*, (Routledge, 1987), p. 175.

this thesis will pursue productions which have made the same connections suggested by Armstrong and Garber between Freudian theory and the Ghost, specifically exploring the times when the Ghost has appeared in performance to be a part of Hamlet's mental illness. In these instances, this thesis suggests that for modern theatrical practitioners the Ghost has not represented the superego but has instead been understood as a manifestation of the id which is disguised as the superego. As Hamlet questions whether the Ghost may be a disguised devil, this Freudian reading translates into a modern psychological register through Hamlet's encounter with the Ghost, which becomes a confrontation with an uncontrollable element of Hamlet's own personality, especially when the roles of Hamlet and the Ghost are doubled.

The Freudian theories of psychoanalysis and wish fulfillment are of overarching relevance to my explorations across all three chapters of this thesis of Hamlet's and Ophelia's mental states in performance. However, the most influential aspect of Freudian theory that has directly and specifically changed the way that Hamlet's 'madness' has been performed is Freud's notion of the Oedipus Complex. Freud directly referenced *Hamlet* as he discussed the Oedipus Complex in *The Interpretations of Dreams*, first published in English in 1913.<sup>153</sup> Freud suggested that Hamlet possesses unconscious or repressed sexual desire for his mother and that consequently 'Hamlet is able to do anything but take vengeance upon the man who did away with his father and has taken his father's place with his mother - the man who shows him in realisation the repressed desires of his own childhood'.<sup>154</sup> Freud also believed that Hamlet has 'contemplated the

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<sup>153</sup> Sigmund Freud, *The Interpretation of Dreams*, trans. A. A. Brill, (Wordsworth Classics, 1997), pp. 158-9.

<sup>154</sup> *Ibid.*, p. 159.

same deed against his father out of passion for his mother'.<sup>155</sup> In response to this theory, theatre directors from the early to mid-twentieth century drew upon Freud's ideas and represented this Oedipus Complex in productions of *Hamlet*. This is relevant to performances of Hamlet's 'madness' during the first few decades of the twentieth century as it lent his mental state an appropriate psychology to the time in which these productions were performed.

An examination of theatre reviews indicates that Freud's influence on *Hamlet* in performance was evident in Guthrie McClintic's production staged at the Empire Theatre in New York in 1936 with John Gielgud as Hamlet. Rosamond Gilder wrote of this performance that 'modern psychology must be as much a part of [Gielgud's] thinking as the Darwinism theory was of our fathers'. The Freudian aspects of Hamlet's character are not startling for those to whom the revelations of the psychoanalytical technique are an accepted part of thought and experience'.<sup>156</sup> Gilder's comments indicate the strong influence of Freud on Western culture and a shift in society towards psychoanalytical thought, which was prevalent enough by the 1930s that Gilder was not surprised to see it reflected in the theatre. J. L. Styan responded to Gilder's comments with the suggestion that 'Gielgud's Hamlet was in part the success it was because he embodies the "modern man" of psychological self-consciousness'.<sup>157</sup> James Agate heralded Gielgud's performance as 'the high water mark of English Shakespearean acting in our time'<sup>158</sup> when he first played the role in 1930 at the Old Vic theatre. In 1934, Gielgud directed a production at the New Theatre (now the Albery) in which he also played Hamlet and W.

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<sup>155</sup> Sigmund Freud, Letter to Wilhelm Fliess, 15 October 1897, in *The Letters of Sigmund Freud*, trans. Tania Stern, James Stern, ed. Ernst L. Freud, (New York: Basic Books, 1961), p. 273.

<sup>156</sup> Rosamond Gilder, *John Gielgud's Hamlet: A Record of Performance*, (Methuen & Co., 1937), p. 7.

<sup>157</sup> J. L. Styan, *The Shakespeare Revolution*, (Cambridge University Press, 1977), p. 163.

<sup>158</sup> Jonathan Croall, *John Gielgud – Matinee Idol to Movie Star*, (London: Methuen, 2011), p. 123.

A. Darlington from *The Daily Telegraph* called Gielgud ‘the first Hamlet of our time’, with drama critic and founder of the Independent Theatre Society J. T. Grein complimenting Gielgud’s ‘relentless insight and psycho-analytic profoundness’.<sup>159</sup> These performance reviewers complimented Gielgud for his psychological modernity as Hamlet, praising his engagement with recent and popular theory. For his 1937 Old Vic production of *Hamlet*, Laurence Olivier’s interest in the Oedipus Complex led him to seek advice from Freudian psychoanalyst Ernest Jones, who was also the official biographer of Freud, on how to stage Hamlet’s psychological struggles. In his autobiography, Olivier remembers of his visit to Jones that

he had made an exhaustive study of Hamlet from his own professional point of view and was wonderfully enlightening [...] ever since that meeting I have believed that Hamlet was a prime sufferer of the Oedipus Complex - quite unconsciously, of course, as the professor was anxious to stress. He offered an impressive array of symptoms: spectacular mood swings, cruel treatment of his love, and above all a hopeless inability to pursue the course required of him. The Oedipus Complex, therefore, can claim responsibility for a formidable share of all that is wrong with him.<sup>160</sup>

The influence of the Oedipus Complex on Olivier’s interpretations of *Hamlet* carried through to his 1948 film version of the play. Even though he was 40 years old at the time of filming, Olivier cast 29-year-old Eileen Herlie as his mother and displayed explicit

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<sup>159</sup> Ibid., p. 180.

<sup>160</sup> Laurence Olivier, *Confessions of an Actor*, (Orion Books Ltd, 1994), p.109.

sexual attraction between the characters during the closet scene.<sup>161</sup> Olivier's film version of *Hamlet* received five Oscars, including Best Actor for Olivier and Best Picture which, alongside the acclaim won by Gielgud in the 1930s for performing the new psychological Hamlet of the times, demonstrates that the 1930s and 1940s was a popular and successful time for experimenting with psychoanalytical theories in performances of *Hamlet*.

This thesis, however, focuses on productions of *Hamlet* staged between 1959 and 2019, beginning several decades after the publication of *The Interpretation of Dreams*. Mostly because of the extent of Freud's influence of the field of psychology and also partly because Ernest Jones continued after Freud's death to champion his theories enthusiastically,<sup>162</sup> the Oedipus Complex continued to be represented in some British productions of *Hamlet* until the middle of the twentieth century. This topic is particularly relevant to Chapter One of this thesis because the first chapter covers the years 1959 to 1983 when the popularity of the Oedipus Complex was only just beginning to wane. Towards the end of the twentieth century, many directors believed that using the Oedipus Complex in productions of *Hamlet* had run its course and that there was nothing more they could draw from Freud's theory to bring fresh interpretations to the play. In Chapter One, this thesis will follow the trend of deliberately encouraging audiences to regard Hamlet as an exemplar of the Oedipus Complex and will explore why this theory fell out of fashion during the twentieth century.

Due to his extensive engagement with Hamlet's mental state and the inspiration his theories provided for theatre practitioners, Freud's theories are the most relevant psychological movement to this thesis; however, following Freud's example, many other psychologists cited *Hamlet* when discussing their theories. Freud's work began a

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<sup>161</sup> Laurence Olivier (dir.), *Hamlet*, 1948, [DVD, 2003].

<sup>162</sup> Ernest Jones, *Hamlet and Oedipus*, (W. W. Norton & Company, 1976).

movement of psychological theory which included other eminent psychologists such as Carl Jung (1875-1961), Erik Erikson (1902-1994), and Theodore Lidz (1910-2001), as well as Jacques Lacan (1901-1981) and Ernest Jones (1879-1958). Although Jung did not discuss *Hamlet* directly, Jung's archetypes also became a popular way for theorists to analyse *Hamlet* psychologically. This occurred most famously in the book *Shakespeare's Royal Self* by James Kirsch in which Kirsch applies Jungian theory to *Hamlet*, *Macbeth*, and *King Lear*, suggesting that Hamlet does not have the Oedipus Complex but is involved in a process of the realisation of the self.<sup>163</sup> Like Jones, Erikson rephrased, clarified, and analysed Freudian theories about Hamlet while adding limited thought of his own. He drew on Hamlet's 'madness' as an example of his psychoanalytical theory of identity confusion.<sup>164</sup> When discussing identity crises and negative identities, it is strange that Erikson did not consider Ophelia's 'madness' at all. Similarly, both Lacan and Lidz attempted to interpret Ophelia's 'madness' but both discussions of Ophelia turned into analyses of Hamlet and only mentioned Ophelia in terms of what her character might be able to tell us about Hamlet.<sup>165</sup> This attitude towards Ophelia will be discussed in depth in Chapter One as this study of 'madness' in *Hamlet* asks whether the same psychological dismissal of Ophelia was also apparent in performances. The non-approach towards Ophelia from these psychologists is a significant omission in all of their arguments which this thesis seeks to resolve in two ways: firstly, by asking why this oversight occurred and, secondly, by giving equal attention to the 'madnesses' of Hamlet and Ophelia. The work of these psychologists is also limited because they only explored

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<sup>163</sup> James Kirsch, *Shakespeare's Royal Self*, (Daimon Verlag, 1966).

<sup>164</sup> Erik Erikson, *Identity: Youth and Crisis*, (w. W. Norton & Company, 1968).

<sup>165</sup> Jacques Lacan, Jacques-Alain Miller, James Hulbert, 'Desire and the Interpretations of Desire in Hamlet', *Yale French Studies*, No. 55/56. *Literature and Psychoanalysis: The Question of Reading*, (Yale University Press, 1977), 11-52; Theodore Lidz, *Hamlet's Enemy: Madness and Myth in Hamlet*, (Basic Books, 1975), p. 88.

the text of *Hamlet* and discussed Hamlet and Ophelia as if they were real people rather than characters in a play. This thesis broadens the discussions of these theorists by considering Hamlet and Ophelia as characters written for performance and for whom textual analysis alone is restrictive. This introduction will now turn to the works of twentieth-century poststructuralists in order to analyse further both the issue of the fluidity of the concept of ‘madness’ and the value of theatrical interpretation in addition to studies of the text.

### Poststructuralism

As this thesis focuses on the range of possibilities available to actors and directors when interpreting a characters’ ‘madness’ and explores when and why certain choices were made, the theoretical movement of poststructuralism is relevant in determining much of the argument. The poststructuralist method of deconstructive reading of a text was most influentially laid out by Jacques Derrida. Derrida argued that the fluidity of language problematically removes understanding and interpretation from intention. He claimed that replacing the most inessential words in a sentence produces a subtly different effect, even if it allows the fundamental sense to remain the same.<sup>166</sup> Derrida’s studies of the precise position of a word within a text and of the distance between words and the concepts that they represent form the basis of deconstructive reading, ‘a portmanteau term that combines destruction and construction’.<sup>167</sup> Roland Barthes extended Derrida’s theory to discuss the place of the author’s voice when interpreting a text in his 1967 essay, ‘The Death of the Author’. Barthes denies any importance of authorial intent when interpreting a text and posits instead that ‘a text’s unity lies not in its origin but in its destination. [...]

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<sup>166</sup> Jacques Derrida, *Dissemination*, trans. Barbara Johnson, (University of Chicago Press, 1967), p. 220.

<sup>167</sup> Jonathan Gil Harris, *Shakespeare & Literary Theory*, (Oxford University Press, 2010), p. 42.

The birth of the reader must be at the cost of the death of the Author'.<sup>168</sup> The intention of the author is of limited relevance to this study of the connections between 'madness' and modern understandings of mental illness; however, unlike the works of these poststructuralists, this thesis does not completely dismiss the voice of the author. Instead, this thesis argues that it is useful to understand how Shakespeare may have understood 'madness'. Early Modern definitions of 'madness' form the foundation from which all actors present 'madness' in *Hamlet* because they play the roles by interpreting and speaking the words written by Shakespeare, as suggested in the Early Modern Definitions of 'Madness' section of this introduction.

In a direct link between poststructuralism, psychological theory, and mental illness, Lacan applied poststructuralist philosopher Ferdinand de Saussure's theory of slippage to Freudian theory. Saussure called objects within reality the 'signified'; these are objects to which people can only refer by 'signifiers', the language created to describe the objects. Like Derrida, Saussure believed that everybody understands only their own interpretations of words and therefore there is a non-correspondence between the signified and signifier; as a result, the signified slips under the signifiers.<sup>169</sup> Applying Saussure's approach to language to Freudian theory, Lacan argued that becoming fixated on the slippage between the signified and the signifiers can cause mental illness. He suggested that 'the signifier is the instrument by which the signified expresses itself' and he posited that the 'fundamental dualism' to the signified and signifier is central to psychosis. For a person with psychosis, Lacan argues 'the signifier and the signified present themselves in a completely divided form'.<sup>170</sup> Lacan correctly notes that one of the

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<sup>168</sup> Roland Barthes, *Image Music Text*, trans. Stephen Heath, (Fontana Press, 1977), p. 148.

<sup>169</sup> Andrew Lohrey, *The Meaning of Consciousness*, (University of Michigan Press, 1997), pp. 237-239.

<sup>170</sup> Jacques Lacan, *The Psychoses 1955-1956: The Seminar of Jacques Lacan Book III*, trans. Russell Grigg, ed. Jacques-Alain Miller, (W. W. Norton & Company, 1997), p. 221.

more common symptoms of psychosis is disorders of language and he avers that these language disorders are due to a lack of anchoring points caused by slippage. The separation of words from the entities they describe suggests a disconnect with reality. This thesis will look for evidence of how far Lacan's theory had become accepted across Anglophone culture in the late twentieth century by investigating whether just such a detachment between the signified and signifiers was apparent in any performances of Hamlet's or Ophelia's 'madness' between 1959 and 2019.

As previously stated, this thesis does not dismiss the author's voice to the extent embraced by poststructuralist theory; however, the argument of this study of performances of 'madness' does suggest that their theories are especially applicable when it comes to the word 'madness'. 'Madness' is arguably not a specifically definable term in the twenty-first century because in various contexts it can carry either positive or negative connotations; it can be medical, behavioural, or non-medically psychological; it can be interpreted in such a wide variety of ways that, by meaning anything, it also means nothing because it means nothing specific. It seems that the word 'madness' carries the dangers about which Derrida writes when he discusses the problems caused by interpretation becoming distanced from intent. Even though this thesis rejects some of the central theories of poststructuralists, believing that they take valid arguments to extremes which make them difficult to apply, this thesis explores the depths of possible definition in the word 'madness' far beyond Shakespeare's understanding. As a consequence, this thesis takes into account the theories of poststructuralists towards interpretations of language when approaching the many uses by theatre practitioners, literary and performance theorists, and performance reviewers towards the word 'madness'.

## 1960s Psychiatry and the Beginnings of Deinstitutionalisation

The study of performances of *Hamlet* in Chapter One of this thesis examines the years 1959 to 1983, when psychiatric deinstitutionalisation was just beginning to occur. The change in legislation which allowed deinstitutionalisation to occur was triggered into action by pressure on the government from doctors who argued that care within communities was in the best interests of patients. Directly supporting this development, there was a movement within psychiatric theory in the early 1960s which had a very different agenda to psychiatrists' publications from the 1950s. Previous publications by psychiatrists had mostly provided histories of psychiatry, such as *Man Above Humanity* by Walter Bromberg<sup>171</sup> and *From Medicine Man to Freud* by Jan Ehrenwald.<sup>172</sup> Unlike these books, the publications of the early 1960s developed a new intention and drive as theories of psychiatry became exposés of the problems with institutional mental health care and psychiatrists campaigned for deinstitutionalisation while recommending the development of a mental health care system within communities, arguing that this new form of care was in the best interests of people with mental illnesses. Over the course of 18 months, in 1960 and 1961, four seminal books on psychiatry were published: *Madness and Civilization* by Michel Foucault,<sup>173</sup> *Asylums* by Erving Goffman,<sup>174</sup> *The Myth of Mental Illness* by Thomas Szasz,<sup>175</sup> and *The Divided Self* by R. D. Laing.<sup>176</sup> The time period studied in this thesis begins in 1959 and therefore psychiatric theory from the early 1960s appears prominently in Chapter One of this thesis, as the focus of the chapter is on the question of whether there were any connections between the arguments of this

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<sup>171</sup> Walter Bromberg, *Man Above Humanity: A History of Psychotherapy*, (Lippincott, 1954).

<sup>172</sup> Jan Ehrenwald, *From Medicine Man to Freud*, (Dell, 1956).

<sup>173</sup> Michel Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason*, trans. Richard Howard, (Routledge, 1993).

<sup>174</sup> Erving Goffman, *Asylums*, (Penguin Books, 1991).

<sup>175</sup> Thomas Szasz, *The Myth of Mental Illness*, (Harper Perennial, 2010).

<sup>176</sup> R. D. Laing, *The Divided Self*, (Penguin Modern Classics, 2010).

theoretical movement, the practicalities of the early stages of mass deinstitutionalisation in Britain, and performances of ‘madness’ in *Hamlet* between 1959 and 1983. This introduction will now discuss these works in turn in order to explore links between their theories and to foreground the connections between this psychiatric movement and the performances of ‘madness’ in *Hamlet* explored in Chapter One.

As a philosopher and historian often connected to the post-structuralism movement, Foucault was the only one of these four men who was not a practicing psychiatrist. This may be part of the reason why his book follows the most closely to the 1950s tradition of writing a history of psychiatry. Foucault, however, wrote with greater urgency than his 1950s predecessors as he believed that ‘madness’ is a social construct removed from the clinical realities of mental illness and, both in *Madness and Civilization* and in *History of Madness*, he argued against treatment in psychiatric hospitals.<sup>177</sup> In his article on anti-psychiatry, Mervat Nasser argues that such was Foucault’s aversion to institutionalised treatment that ‘in his fascination with the assumed link between genius and madness, he was ready to consider statistical normality as not a necessarily desirable state of affairs’.<sup>178</sup> In the 1960s, like Foucault, Lacan also began somewhat to glorify mental illness. Following the wave of 1960s psychiatric criticism, Lacan also dismissed genetic links to mental illness and emphasised that psychosis in particular is best understood psychoanalytically.

This thesis builds on Goffman’s work by exploring whether the treatment of patients that he described was echoed in the theatre. Goffman’s polemic against institutionalisation exists in the form of a direct exposé of hospital life for psychiatric in-

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<sup>177</sup> Michel Foucault, *History of Madness*, trans. Jonathan Murphy, Jean Khalifa, (Routledge, 2009), p. 199.

<sup>178</sup> Mervat Nasser, ‘The Rise and Fall of Anti-Psychiatry’, *Psychiatric Bulletin*. 19, (Royal College of Psychiatrists, 1995), 743-746, 744.

patients in the 1950s. His 1961 book *Asylums* is a critique of life in St Elizabeth's Hospital, a psychiatric hospital in Washington D.C., in the middle of the 1950s. The hospital housed around 7 000 patients at the time and Goffman drew attention to details of this previously publicly unseen way of life, criticising many of the practices of the hospital and arguing in favour of community care. Goffman describes the hospital as an oppressive atmosphere where the patient must be subdued and sometimes broken by the authoritative hospital workers in order to force her or him into different patterns of behaviour.<sup>179</sup> Goffman's description of institutional life is relevant particularly to the first chapter of this thesis as he provides a comprehensive study of psychiatric care from the decade in which this study of representations of 'madness' begins.

Although both of them ultimately endorse deinstitutionalisation, Thomas Szasz approaches mental illness and psychiatric hospitals with a very different attitude to Goffman. In his controversial 1961 book *The Myth of Mental Illness*, Szasz claims that mental illness is either a result of symptoms caused by physical disease, in which case it is not mental illness because it is physical, or it is a confrontation of the 'personal, social, and ethical problems in living' and should not be classified as an illness at all. His basis for arguing in favour of deinstitutionalisation was that 'the notion of a person "having a mental illness" is scientifically crippling'.<sup>180</sup> Szasz was, and remains, a largely unpopular figure with psychiatric theorists, seeming to push psychiatry back towards some of the ideas of degeneration theory as he argues that 'the term "mental illness" refers to the undesirable thoughts, feelings, and behaviours of persons'.<sup>181</sup> The difficulty with Szasz's argument is that he becomes too tied up in the meaning of mental illness, creating his own

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<sup>179</sup> Erving Goffman, *Asylums*, p. 26.

<sup>180</sup> Thomas Szasz, *The Myth of Mental Illness*, (Harper Perennial, 2010), p. 262.

<sup>181</sup> Thomas Szasz, Summary Statement and Manifesto, (March 1998), <[www.szasz.com](http://www.szasz.com)> [accessed 15 February 2017].

narrow definition with hysteria (another controversial diagnostic term) as his key example, and then he uses his limited definition to claim that the entire wider concept does not exist. Szasz's understanding of mental illness also disagrees with the practices of psychiatry which treat mental illness as an illness which affects the mind, regardless of whether or not it has a physical basis. Szasz supports the idea of deinstitutionalisation because he believes that the label of mental illness can be incorrectly imposed upon people and he does not like the use of psychiatry to justify intervention in the lives of people who cannot be physically proven to be ill. Szasz also mistrusts the way that blaming certain behaviours on mental illness can absolve the individual of responsibility for these behaviours. Despite disagreeing with Szasz's fundamental understanding of mental illness, this thesis seeks to examine some of his concerns about approaches and reactions to mental illness through an exploration of how far performances of 'madness' in *Hamlet* over the past sixty years have engaged with the issues of labels of mental illness being imposed upon people and used to justify intervention in their lives.

Of the four psychiatric theorists listed above, the most relevant to this thesis is R. D. Laing. This is particularly because, like Freud and perhaps inspired by Freud, Laing discussed *Hamlet* as part of his theory of the causes of mental illness. In all three chapters, this thesis will explore the engagement of theatre practitioners with Laingian theory, specifically examining how various applications of Laing's theory have shaped performances of Hamlet's and Ophelia's 'madness'. Reflecting the approach of psychoanalysts, Laing searched for the roots of mental illness within the family unit and also within society. As Nasser says, he 'rejected the notion that schizophrenia is a failure of human adaptation, on the contrary, he regarded it as a successful attempt not to adapt to

what he called pseudo-social realities'.<sup>182</sup> Laing believed that existential insecurity and lack of a clear personal identity could cause a person to feel divided from society and themselves; that a person could become mentally ill as a consequence of struggling against a repressive society.<sup>183</sup> This thesis explores the performance history of Hamlet's and Ophelia's 'madnesses' as responses to their repressive surroundings and also explores theatrical interpretations of Hamlet as the only sane character in a 'mad' society, asking whether these interpretations occurred as a direct response to Laingian theory.

### Anti-Psychiatry

Extending the earlier discussion of the wave of psychiatric theory opposing institutionalised care in the early 1960s, part of the development of psychiatric theory of mental health care explored in Chapter One is the theory of anti-psychiatry. This developed in response and extension to the earlier deinstitutionalisation theory. Anti-psychiatry originated with the psychoanalytical idea that mental illness could be a response to the family unit or to the structures of society.<sup>184</sup> Theory of anti-psychiatry also has a part-foundation in Marxist politics because anti-psychiatry criticises the structures of a capitalist society and argues that society can label a person as mentally ill when they fail to measure up against a political ideal. For this reason, anti-psychiatric theory goes directly against degeneration theory and considers that mental illness is a consequence of fundamental flaws in the fabric and structure of society. Although it has resonances in Lacan's writings and even as far back as Freud, the term anti-psychiatry

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<sup>182</sup> Mervat Nasser, 'The Rise and Fall of Anti-Psychiatry', p. 744.

<sup>183</sup> R. D. Laing, *The Politics of Experience and The Bird of Paradise*, (Penguin Books, 1967).

<sup>184</sup> David Cooper, *The Death of the Family*, (Allen Lane, 1971), p. 8; Gregory Bateson et al, 'Toward a theory of schizophrenia', in *Behavioural Science*, Vol. 1, No. 4, ed. M. C. Jackson, (John Wiley & Sons Ltd, 1956), 251-264.

was coined by David Cooper in 1967.<sup>185</sup> Cooper distanced himself from Lacan, arguing that ‘when psychoanalysis is done by a philosophical guru like Jacques Lacan it may be treated with affection, fascination and poetic respect [...] but the age of romanticisation of madness is now over, politicisation of psychiatry is indispensable’.<sup>186</sup> Cooper’s removal of his definition of anti-psychiatry from the more philosophical techniques of the psychoanalysts highlights his interest in creating a practical and evidence-based alternative to psychiatric theory.

Beginning in Chapter One and continuing through Chapter Two, this thesis will apply Cooper’s theory to performance by exploring whether trends in performance reflected his desire to develop the consideration of mental illness in practical terms, questioning whether actors and directors became less philosophical in approaches to ‘madness’ and if performances became more physical, expressive, and practical. Cooper believed that attitudes towards psychiatry were the biggest problem with mental health care because of the use of psychiatry as a method of medicalising disobedience and of teaching people to conform to social norms, arguing that ‘the process whereby someone becomes a designated schizophrenic involves a subtle, psychological, mythical, mystical, spiritual violence’.<sup>187</sup> Cooper attacked psychiatry as a pseudo-science and as capitalism. This is a more extreme variation of Laing’s theory of mental illness as a refusal to conform to a repressive society and, alongside this topic, this thesis will study productions of *Hamlet* which have explored the act and effect of imposing the label of mental illness upon a person as a method of control or as a means for punishment.

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<sup>185</sup> David Cooper, *Psychiatry and Anti-psychiatry*, (Tavistock Publications, 1967).

<sup>186</sup> David Cooper, *The Language of Madness*, (Penguin Books, 1978), p. 23.

<sup>187</sup> David Cooper, *Psychiatry and Anti-psychiatry*, p. 13.

## Performance Theory

When examining choices that actors and directors have made when staging ‘madness’ in major London and RSC production over the past six decades, it is important to take different acting styles into account and to explore how using the techniques of particular drama theorists may inform ways in which ‘madness’ has been performed. In the twentieth century, there was a practical and theoretical movement in which theatre directors developed performance styles. Styles of acting need to be taken into consideration when writing on performance because some techniques invite artifice and others call for greater mimeticism, some advocate understatement in acting and some require the performance to be an assault on an audience. As this thesis draws connections between performances of ‘madness’ in the theatre and the social and medical realities of mental illness, acting styles which strive to reflect the world outside of the theatre are of particular interest.

It is highly relevant to this thesis that the method of Constantin Stanislavski (1863-1938) was the primary acting technique taught in UK drama schools during the time period studied in this thesis. Stanislavski argued that performance should be as real and as natural as possible, that an actor on the stage should ‘live in accordance with natural laws’ and that the art of acting is to find a way to defeat actors’ ‘tendency towards distortion’.<sup>188</sup> Stanislavski founded a technique which as it spread around the Anglophone world was at first nicknamed ‘the Stanislavski method’, but in its later version, popularised among American film actors by Lee Strasberg, Stanislavski-based performance became known as ‘method acting’. Stanislavski’s technique for actors consists of creating a detailed backstory for a character and using emotional recall to

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<sup>188</sup> Constantin Stanislavski, *Building a Character*, trans. Elizabeth Reynolds Hapgood, (Bloomsbury Academic, 2013), p. 246.

create each moment. He suggests that ‘in the language of an actor, to know is synonymous with to feel’<sup>189</sup> and he asks actors to aim for emotional honesty: ‘you should never allow yourself any exception to the rule of using your own feelings. To break that rule is the equivalent of killing the person you are portraying, because you deprive him of a palpitating, living, human soul, which is the real source of life for a part.’<sup>190</sup> Through the fullness of the backstory and the quest for emotional truthfulness, Stanislavski’s method of acting invites performances of mental illness undertaken with an aim towards the actor’s and director’s understandings of clinical accuracy.

In contrast to Stanislavski, the pioneering performance style of epic theatre created by Bertolt Brecht (1898-1956) strives to keep an audience at an emotional distance in order to encourage them to think about the play, a style often referred to as *verfremdungseffekt* or ‘the alienation effect’. This makes Brechtian theatre ideal for communicating political messages to audiences. Brecht contrasts his style of theatre to dramatic theatre, writing that in the dramatic theatre the audience says ‘yes, I have felt like that, too. – Just like me. – It’s only natural. – It’ll never change. – This person’s suffering shocks me, because there is no way out. – That’s great art: everything is self-evident. I weep when they weep, I laugh when they laugh’.<sup>191</sup> On the other hand, Brecht advises that in epic theatre the audience says ‘I’d never have thought so. – That’s not the way. – That’s extraordinary, hardly believable. – It’s got to stop – This person’s suffering shocks me, because there might be a way out. – That’s great art: nothing is self-evident.

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<sup>189</sup> Constantin Stanislavski, *Creating a Role*, trans. Elizabeth Reynolds Hapgood, (Bloomsbury Academic, 2013), p. 5.

<sup>190</sup> Constantin Stanislavski, *An Actor Prepares*, trans. Elizabeth Reynolds Hapgood, (Bloomsbury Academic, 2015), p. 152.

<sup>191</sup> Bertolt Brecht, *Brecht on Theatre: The Development of an Aesthetic*, trans. Jack Davsis, et al, eds. Marc Silberman, Steve Giles, and Tom Kuhn, (Bloomsbury Methuen Drama, 2015), pp. 111-112.

– I laugh when they weep, I weep when they laugh'.<sup>192</sup> This style of performance would require 'madness' to be played in a way unexpected, and perhaps uncomfortable, for the audience and would distance them from the character.

Another major drama theorist of the twentieth century was Jerzy Grotowski (1933-1999) who founded The Laboratory Theatre in 1959 in Poland. Grotowski created an experimental theatre where actors explored the limits of the text, sometimes reinventing well-known plays. Grotowski's advice to actors is always to 'avoid banality. That is, avoid illustrating the author's words and remarks. If you want to create a true masterpiece you must always avoid beautiful lies.'<sup>193</sup> Grotowski's style of acting involves a lot of physical expression and focuses on physical and emotional honesty. This creates something of a rawness to 'madness', opening it up and releasing it from any boundaries of expectation from theatrical tradition. As with Stanislavski, Grotowski's instruction to avoid beautiful lies is relevant to the mid-twentieth-century change in trends of performing Ophelia's 'madness' explored in Chapter One of this thesis.

An alternative twentieth-century theory of acting which has been connected directly to performances of 'madness' is the Theatre of Cruelty. This is an extreme style of performance that was developed by Antonin Artaud (1896-1948). Artaud strives 'to rescue theatre from its human, psychological prostration',<sup>194</sup> believing that 'our sensibility has reached the point where we surely need theatre that wakes us up, heart and nerves'<sup>195</sup> and that words alone were not enough to achieve this. Artaud's theatre is evocative and provocative: 'true theatre, because it moves and makes use of living

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<sup>192</sup> Ibid, p. 112.

<sup>193</sup> Jerzy Grotowski, *Towards a Poor Theatre*, (Routledge, 2002), p. 236.

<sup>194</sup> Antonin Artaud, *The Theatre and Its Double*, trans. Victor Corti, (Alma Classics, 2010), p. 63.

<sup>195</sup> Ibid., p. 60.

instruments, goes on stirring up shadows, while life endlessly stumbles along'.<sup>196</sup> He also implies here that theatre should not be comfortable or easy to watch. As somebody who lived with chronic pain and mental illness, Artaud wanted theatre to express a raw, over-exposed view of reality. Despite this, Artaud suggests of theatre that 'I cannot conceive any work of art as having a separate existence from life itself',<sup>197</sup> wanting performance always to be truthful, and believing that the truth should be painful. He describes the rawness of thought and feeling that he sought by calling 'for actors burning at the stakes, laughing at the flames'.<sup>198</sup> 'Madness' was reality to Artaud and he interprets reality without 'madness' as the beautiful lie that Grotowski instructed actors to avoid: 'I would like to write a Book which would drive men mad, which would be like an open door leading them where they would never have consented to go, in short, a door that opens onto reality'.<sup>199</sup> Using Artaud's techniques, Hamlet's and especially Ophelia's 'madness' would be played as raw, destructive, and painfully real. Artaud is of particular relevance to this thesis because he spent years in a psychiatric hospital and he was vehemently opposed to the practices of psychiatry and to psychiatrists, supporting the resistance against institutional care which forms the historical underpinning behind the theatrical developments charted in this thesis.

### Showalter and Feminism

From the late 1960s, a new wave of feminist literature was published that directly affected approaches to Ophelia in criticism and performance. In the middle of the 1980s,

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<sup>196</sup> Ibid, p. 12.

<sup>197</sup> Antonin Artaud, *The Theatre and Its Double*, (Grove Press, 1958), p. 37.

<sup>198</sup> Ibid, p. 18.

<sup>199</sup> Antonin Artaud, *Selected Writings*, ed. Susan Sontag, (University of California Press, 1992), p. 59.

as exemplified and in many ways led by Elaine Showalter,<sup>200</sup> Ophelia began to be championed by literary theorists in a different way from theorists in previous decades because of the developments in feminist criticism at the time. Showalter's theory on Ophelia is important to the second chapter of this thesis but other feminist writers, although of interest as context for Showalter's works, are not directly relevant to this thesis. Showalter identifies feminist theory as an attack on the demeaning treatment of women in literature by male authors; for example, Mary Ellmann's *Thinking About Women* from 1968<sup>201</sup> and *Sexual Politics* by Kate Millett published in 1970<sup>202</sup> are both about the sexist treatment of women by male novelists, and Germaine Greer's *The Female Eunuch* from 1970<sup>203</sup> is also an example of this kind of feminist theory. In *Sexual/Textual Politics*,<sup>204</sup> Toril Moi similarly drew attention to misogynistic responses to women's work in art, drawing on the works of theorists who wrote on feminism through a Freudian lens, such as Luce Irigaray<sup>205</sup> and Hélène Cixous.<sup>206</sup> An example of aggressive and almost militant feminism, following Showalter's definition, is Simone de Beauvoir's *The Second Sex* published in 1949 in which she argues that 'all oppression creates a state of war. And this is no exception'.<sup>207</sup> De Beauvoir posits that male authors characterise women as the 'other', defined in opposition to men, and that consequently male authors deny women humanity. This theory exists in response to attitudes like the approaches of psychiatric

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<sup>200</sup> Elaine Showalter, 'Representing Ophelia: women, madness and the responsibilities of feminist criticism', in *Shakespeare & the Question of Theory*, eds. Patricia Parker and Geoffrey Hartman, (Routledge: New York and London, 1990), pp. 77-94. p. 77.

<sup>201</sup> Mary Ellmann, *Thinking About Women*, (Harcourt and Brace, 1968).

<sup>202</sup> Kate Millett, *Sexual Politics*, (Garden City, New York: Doubleday, 1970).

<sup>203</sup> Germaine Greer, *The Female Eunuch*, (MacGibbon and Kee, 1970).

<sup>204</sup> Toril Moi, *Sexual/Textual Politics*, (London: Methuen, 1981), p. 114.

<sup>205</sup> Luce Irigaray, *Speculum of the Other Woman*, trans. Gillian C. Gill, (Cornell University Press, 1974);

Luce Irigaray, *This Sex Which Is Not One*, trans. Catherine Porter, (Cornell University Press, 1977).

<sup>206</sup> Hélène Cixous 'The Laugh of the Medusa', trans. Keith Cohen and Paula Cohen, *Signs*, Vol. 1, No. 4, (University Of Chicago Press, 1976), 875-893.

<sup>207</sup> Simone de Beauvoir, *The Second Sex*, (Vintage Classics, 1997), p. 561.

theorists towards Ophelia during the middle of the twentieth century, when she was considered by Lacan to be essential only in her connection to Hamlet and by Laing to be the embodiment of nothingness.<sup>208</sup> The first chapter of this thesis will draw on the positive and negative attitudes of many twentieth-century critics towards Ophelia and their descriptions of Ophelia's 'madness' in opposition to Hamlet's. An overarching question of this thesis is whether there was an overall change in the balance of attention from theatre reviewers and literary theorists towards Hamlet and Ophelia between 1959 and 2019.

In order to show the development of the strength of Ophelia's voice in both criticism and performance, this thesis explores how developments in feminism and women's writings affected the ways that Ophelia has been staged and interpreted by performance critics and literary theorists. Although this research draws on feminist theory to ask if it had any effect on performances of Ophelia or on engagement with Ophelia in literary theory, this thesis is not itself a feminist polemic. In her essay on Ophelia, Showalter posits that Ophelia's voice had been overlooked by critics and theorists but that she has 'a story of her own' to tell and that this story is 'the history of her representation'.<sup>209</sup> Showalter's history of representations of Ophelia is, more specifically, the story of representations of her 'madness' and it is an engagement with Ophelia which features prominently in this research.

Even though much of this thesis is also a study of the history of representations of Ophelia's 'madness', it nevertheless explores a gap in the field because Showalter does not distinguish 'madness' from mental illness; she only briefly mentions recent

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<sup>208</sup> Jacques Lacan, 'Desire and the Interpretation of Desire in *Hamlet*', p. 11; R. D. Laing, *The Divided Self*, p.195.

<sup>209</sup> Elaine Showalter, 'Representing Ophelia: women, madness and the responsibilities of feminist criticism', p. 79.

performance history; and she wrote her essay before deinstitutionalisation had become widespread. As mental health care is a rapidly changing element and responsibility of society, it is a topic worth re-visiting as new theories, social attitudes, or practical approaches emerge on a regular basis and consequently there are always new areas of this topic to explore. With the progression of deinstitutionalisation, the nature of mental health care has changed significantly since the middle of the 1980s, creating opportunities for Ophelia's 'madness' to be staged in conscious response to modern mental health care. This connection with clinical aspects of mental illness in Ophelia's 'madness' was a new style of Ophelia in performance which Showalter recognised in her 1985 essay, but she could only use Jonathan Miller's productions as examples without any knowledge of whether this would become a widespread and long-term trend. This thesis will examine more closely than Showalter's works the borderlines between 'madness' and 'mental illness' in performances of Hamlet's and Ophelia's 'madnesses' through a study of sixty years of performance history of the play in major London theatres and with the RSC.

**‘Cosmic Jitters and Colliding Antitheses’: Staging ‘Madness’ in RSC and Major  
London Productions of *Hamlet*, 1959-1983**

**‘A Mask of Madness’: Performing Hamlet’s ‘Madness’, 1959-1983**

Mental Health Act 1959 and the Beginnings of Deinstitutionalisation

This chapter focuses on the ways in which ‘madness’ was played in major London and RSC stage productions of *Hamlet* between 1959 and 1983, looking at the ways in which theatrical representations of the afflictions suffered by Hamlet and Ophelia did and did not participate in what was, offstage, a time of upheaval for people with mental illnesses. The focus of this chapter begins in 1959 because a Mental Health Act was passed in that year which was medically driven, placing decisions about detaining a patient in a psychiatric hospital at the discretion of their doctors. Turner et al (1999) called the legislation a ‘radical change [...] making compulsory detention an essentially medical decision and removing the routine of the courts’.<sup>1</sup> Allowing doctors, rather than courts, to decide whether a patient should be detained has the effect of removing some elements of seeming-criminality from mental illness and it encourages mental illness to be treated more similarly to physical illness. During this time, psychiatrists promoted Community Care, believing that it would be of greater benefit to mentally ill people than often lifelong confinement in increasingly overcrowded hospitals. In her book about changes in health care provision, Audrey Leathard summarises the act by explaining that ‘the 1959 legislation marked a turning point in seeking to transform NHS services from the traditional source of hospital treatment towards community-oriented provision’. The services of Local Health Authorities developed to include ‘the provision of hostels, group

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<sup>1</sup> Trevor Turner, Mark Salter, Martin Deahl, ‘Mental Health Act Reform’, *Psychiatric Bulletin*, Vol. 23, (Royal College of Psychiatrists, 1999), 578-581, 578.

homes, social work support and day centres. These developments were facilitated by changes in public and staff attitudes and by the therapeutic advances in new drugs.’ Leathard further summarises that the legislation established ‘that hospitals were to be regarded as places of treatment rather than of custody’ and ‘that an open-door policy was to be encouraged whereby people could attend for voluntary provision through informal admission’.<sup>2</sup> Overall, passing the Mental Health Act 1959 paved the way for the deinstitutionalisation of the majority of mentally ill people to become reality.

As mentioned in the sources section of the introduction, in 1960 and 1961 there were four seminal books published on psychiatry: *The Divided Self* by R. D. Laing,<sup>3</sup> *Madness and Civilization* by Michel Foucault,<sup>4</sup> *The Myth of Mental Illness* by Thomas Szasz,<sup>5</sup> and *Asylums* by Erving Goffman.<sup>6</sup> Around the same time as the publications of these texts advocating deinstitutionalisation, the Minister for Health Enoch Powell became an advocate of Community Care, arguing that the isolation of people with mental illnesses from the rest of society was outdated. In 1961, Powell delivered his famous ‘water towers’ speech in which he envisioned closing Victorian-built psychiatric hospitals by the middle of the 1970s:

There they stand, isolated, majestic, imperious, brooded over by the gigantic water-tower and chimney combined, rising unmistakable and

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<sup>2</sup> Audrey Leathard, *Health Care Provision: Past, present and into the 21<sup>st</sup> century*, (Stanley Thornes Ltd, Second Edition, 2000), p. 35.

<sup>3</sup> R. D. Laing, *The Divided Self*, (Penguin Modern Classics, 2010).

<sup>4</sup> Michel Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason*, trans. Richard Howard, (Routledge, 1993).

<sup>5</sup> Thomas Szasz, *The Myth of Mental Illness*, (Harper Perennial, 2010).

<sup>6</sup> Erving Goffman, *Asylums*, (Penguin Books, 1991).

daunting out of the countryside – the asylums which our forefathers built with such immense solidity to express the notions of their day.<sup>7</sup>

In the middle of the twentieth century, case studies concerning attitudes towards mental illness found that the concepts of psychiatric hospitals and mental illness were closely linked. In their instructions to participants of their Opinions About Mental Illness Scale, Cohen and Struening (1962) specified that their use of the term ‘mental patient’ referred only to hospitalised patients.<sup>8</sup> Reflecting the same approach to mental illness in the findings from his study, Johannsen (1969) discovered that ‘the lay public seems to adhere to a single operational definition of the mental patient. To the average man, a person becomes a mental patient only when he enters a psychiatric hospital.’<sup>9</sup> The closeness between the concept of mental illness and the image of a psychiatric hospital suggests that the hospitals in which mentally ill people were incarcerated like criminals - buildings described by Powell as isolated, imperious, and daunting - provided a visual representation of mental illness as understood by society. Following trends in the performance history of ‘madness’ in *Hamlet* during the 24 years following the Mental Health Act 1959, this chapter explores any connections between the effects of deinstitutionalisation and theatrical interpretations of ‘madness’ in *Hamlet*.

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<sup>7</sup> J. Enoch Powell, address to the National Association of Mental Health Annual Conference, 9 March 1961, <[www.nhs.net/watertower](http://www.nhs.net/watertower)> [accessed 31 March 2015].

<sup>8</sup> Jacob Cohen and E. L. Struening, ‘Opinions About Mental Illness in the Personnel of Two Large Mental Hospitals’, *Journal of Abnormal and Social Psychology*, Vol. 64, No. 5, ed. Angus MacDonald, (1962), 349-360.

<sup>9</sup> W. J. Johannsen, ‘Attitudes Toward Mental Patients: A Review of Empirical Research’, *Mental Hygiene*, Vol. 53 (1969), 218-228, p. 218.

## Early Stigma Studies

Detaining mentally ill people in hospitals, usually for life, and the lack of widely available information about mental illness unsurprisingly led to a social fear of mentally ill people in the middle of the twentieth century. Several of the earliest studies of stigma surrounding mental illness were carried out in the USA and Canada, countries that deinstitutionalised people within their mental health care systems on a similar timeframe to the United Kingdom. Whatley (1958-9) explored social responses to people who had undergone psychiatric hospitalisation and discovered that participants tended to maintain distance between themselves and former psychiatric patients, arguing that this caused a form of social isolation for former patients which made reintegration into society difficult.<sup>10</sup> Likewise, the Final Report of the Joint Commission on Mental Illness and Health in 1961 highlighted the social rejection of people with mental illnesses, noting ‘a major lack of recognition of mental illness as illness and a predominant tendency toward rejection of both the mental patient and those who treat them’.<sup>11</sup> Many studies from the 1950s and early 1960s demonstrated an overall distinct negativity and fear in participants’ opinions of people with mental illnesses.

Following on from this, Nunnally (1961) conducted a six-year survey on the stigma surrounding mental illness. Four hundred participants, chosen to be a representative cross-section of society, responded on a seven-step scale to one hundred and eighty statements. Nunnally concluded that, ‘as is commonly suspected, the mentally ill are regarded with fear, distrust and dislike by the general public’.<sup>12</sup> He found the stigma

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<sup>10</sup> C. Whatley, ‘Social Attitudes Toward Discharged Mental Patients’, *Social Problems*, Vol. 6, (1958-9), 313-320.

<sup>11</sup> Joint Commission on Mental Illness and Health (ed.), *Action for Mental Health*. (New York: Basic Books, Inc., 1961).

<sup>12</sup> J. Nunnally, *Popular Conceptions of Mental Health: Their Development and Change*, (New York: Holt, Rinehart and Winston, Inc, 1961), p. 46.

to be consistent across demographic variables: ‘old people and young people, highly educated people and people with little formal training — all tend to regard the mentally ill as relatively dangerous, dirty, unpredictable and worthless. [...] They are considered, unselectively, as being all things bad’.<sup>13</sup> Another comparable case study was carried out in a middle-class rural Canadian town in 1951 and reported by Cumming and Cumming (1957).<sup>14</sup> The findings were summarised and analysed by Susser and Watson (1962), who interpreted the results as indicative of a fear of mentally ill people and a desire to ignore mental illness. This study also found that participants felt it unfeasible that they could change their attitudes in ways which resisted the value system of their society.<sup>15</sup> As the new legislation was passed in 1959, mental health professionals received education on the act and were instructed to begin implementing the changes immediately; however, there was still a lack of information about mental illness available within communities. The above case studies demonstrate that personal and societal prejudices last longer than laws and professional opinions.

Part of the way in which this chapter explores the developing exposure to mental illness in British society between 1959 and 1983 is through consideration of the increase in public discussion around theories of mental illness and practices of mental health care, questioning whether these changes had any effect on ways in which Hamlet’s and Ophelia’s ‘madnesses’ were interpreted in the theatre. The time frame of this chapter concludes in 1983 when the next major Mental Health Act was passed and by which time most remaining psychiatric hospitals around the country were preparing for closure. As the majority of psychiatric hospital closures and the development of Care in the

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<sup>13</sup> Ibid., p. 51.

<sup>14</sup> E. Cumming and J. Cumming, *Closed Ranks: An Experiment in Mental Health*, (Harvard University Press, 1957).

<sup>15</sup> M. W. Susser and W. Watson, *Sociology in Medicine*, (London: Oxford University Press, 1962).

Community as the primary method of mental health care in Britain occurred after 1983, this chapter will explore how theatre practitioners interpreted ‘madness’ in *Hamlet* during the earliest stages of deinstitutionalisation but before the majority of people with mental illnesses were reintegrated into communities. Since attitudes within society take time to catch up with legislative and practical changes, Chapter One of this thesis may find that the radical changes in society caused by deinstitutionalisation had little effect on representations of ‘madness’ in productions of *Hamlet* between these years. During the years before some literary theorists and theatre practitioners began to think about Hamlet’s ‘madness’ in psychiatric terms, they would draw upon theories of psychology and psychoanalysis. These theories carried understanding and popularity outside of the medical profession early in the twentieth century, before mental illness gained familiarity in the public eye.

#### From Freud to Psychiatry

Between 1959 and 1983, although his influence remained apparent, explicitly Freudian readings of *Hamlet* in the theatre were increasingly fading out of fashion. Peter Hall directed *Hamlet* for the Royal Shakespeare Company in 1965 and again for the National Theatre in 1975-6. While rehearsing Act Three, Scene Four for his mid-1970s production, Hall noted the following in his diary:

*Hamlet* rehearsal this morning. I turned the closet scene on its head, cutting the bed. It’s a stage tradition, or at least twentieth-century tradition, to have a bed, and I had one at Stratford in ’65. But a bed is really not what the scene is about. It’s difficult to play around it, and you rapidly get to

Freudian images – but only Freudian images. So instead I put two chairs on the stage and had Hamlet and his mother confronting each other. The scene was immediately more alive.<sup>16</sup>

Hall's desire to avoid the scene becoming stuck in Freudian imagery seems not to have been an important consideration for him in 1965 and yet it shaped his decisions about the scene in 1975. His belief that the confrontation between Hamlet and Gertrude was more alive without a bed suggests he felt that there was little to be gained any more from applying outdated Freudian imagery to the scene.

There were possible reflections of Freudian theory in Peter Wood's 1961 RSC production of *Hamlet* in which Ian Bannen's Hamlet climbed inside the Players' costume trunk to deliver the soliloquy 'O what a rogue and peasant slave am I?' (II.ii.485). Performance reviewers focused on Freudian imagery in their criticisms of the production with Kenneth Tynan writing of Bannen's use of the Player's trunk that 'the idea (or so I guess) is to show us a man whose emotional development ceased at puberty; tied to his mother, he is scared of growing up; and the trunk into which he absurdly hops to deliver the rogue and peasant slave soliloquy is doubtless meant to signify the womb'.<sup>17</sup> Later in the production, Hamlet and Gertrude kissed; in response, Bamber Gascoigne asked 'how much longer must we see Hamlet go on passionately kissing his mother on the lips in the closet scene? This has always been the extreme example of a director wearing his interpretation on his sleeve'.<sup>18</sup> These negative responses to Freudian aspects of Wood's *Hamlet* were doubtlessly exacerbated by the overall negative critical response to the

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<sup>16</sup> Peter Hall, *Peter Hall's Diaries: The Story of a Dramatic Battle*, ed. John Goodwin, (Petard Productions Ltd, 1983), p. 192.

<sup>17</sup> Kenneth Tynan, 'The Vanishing Dane', *The Observer*, 16 April 1961.

<sup>18</sup> Bamber Gascoigne, 'Vacancy in High Places', *The Spectator*, 21 April 1961.

production. Nevertheless, it is notable that although Gielgud and Olivier used Freudian imagery to great acclaim in the 1930s and 1940s, these performance critics drew particular attention to the Freudian elements of this 1961 production as examples of why they felt it was a poor production.

Bannen's response to the criticism he received for delivering a soliloquy inside the Players' costume trunk provides an early example of an actor expressing interest in the medical accuracy of his Hamlet's 'madness'. Bannen responded to the comments of critics by saying that

it seemed to be the most natural thing [...] Hamlet is the sort of man who would do his thinking by putting his bottom on the hearth-rug and his feet on the mantelpiece. It is rather gratifying that doctors have told me - since seeing it - that this is just the kind of thing a man in this state of mind would do.<sup>19</sup>

Any possible connections between Hamlet's 'madness' and clinical mental illness in this production, although apparently perceived by doctors, was not addressed at all by critics. It seems fittingly characteristic of a time in which most mentally ill people were confined to hospitals with complete segregation from the majority of society that performances of Hamlet's 'madness' would rarely be considered in terms of mental illness by people outside of the medical profession. Although Bannen did not seek advice from doctors on how to play Hamlet's 'madness' as mental illness, his positive response to the feedback that his performance reflected something of the medical realities of a person in a highly

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<sup>19</sup> Edmund Gardner, Ian Bannen Interviewed by Edmund Gardner, *The Stage*, 11 May 1961.

disturbed mental state is an early indication of the conversation that was beginning to take place between the fields of theatre and psychiatry. This is a point to which this thesis will return over the next two chapters.

Although theatre practitioners, literary theorists, and performance critics thought of Hamlet's and Ophelia's 'madnesses' in terms of psychology long before 1959, as was apparent in the 1930s and 1940s popularity of interpreting the text through the lens of Freudian theory, the idea of interpreting 'madness' in terms of clinical aspects of psychiatry, rather than philosophical theories of psychology, was only beginning to enter literary criticism at this time, particularly through Laing's book *The Divided Self*.<sup>20</sup> The continued influence of Freud has remained visible in productions of *Hamlet* since 1959, but theatre practitioners in the middle of the twentieth century were beginning to look elsewhere to find inspiration for performing 'madness' in *Hamlet*.

### Resisting the Romantic Tradition

In 1960s theatre reviews and performance criticism there was a conflict of opinion between those who preferred Hamlet to be the courtly romantic hero of earlier twentieth-century performances and those who appreciated the rejuvenation of the role to represent a disaffected young man from the 1960s. Suggesting a preference for the earlier twentieth-century Hamlets, such as the performances of Gielgud and Olivier, a theatre reviewer for *The Times* complained of Bannen's delivery of Hamlet's soliloquy that 'such a Hamlet can have nothing of the courtly grace or easy social authority which is part of his fascination as a stage character'.<sup>21</sup> Ralph Richardson, who gained immense popularity as a young actor from the 1930s, said in 1982 that he had never played Hamlet because he

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<sup>20</sup> R. D. Laing, *The Divided Self*, p. 195.

<sup>21</sup> Performance Review, *The Times*, 12 April 1961, (no author).

considered himself to be not ‘romantic enough’<sup>22</sup> for the role. By extension, the romantic portrayal of Hamlet in 1964 by one of the most popular twentieth-century leading men of the stage and screen, Richard Burton, encouraged one reviewer to describe his energetic performance of Hamlet’s ‘madness’ as ‘tempestuous manliness [...] all the stops out’.<sup>23</sup> Considering ‘madness’ in terms of the manliness that it added to his character must surely be some kind of apotheosis for the classical male romantic lead of the mid-twentieth century.

Providing an example of the desire from 1960s audiences for Hamlet to remain a romantic hero onstage, Robert Hapgood recalled ‘walking up the aisle at the interval of David Warner’s 1965 RSC Hamlet in a production directed by Peter Hall and hearing from one cluster of playgoers after another the sibilant verdict: “Not princely!”’.<sup>24</sup> In addition to the theatre-goers noted by Hapgood, Warner’s interpretation of Hamlet as a modern, disaffected young man also divided critics, with many complimenting the political relevance he brought to the role and his appeal to younger audience members. In performance reviews and wider theatre criticism, Warner’s Hamlet was variously called ‘a contemporary youth, disillusioned with the world around him’;<sup>25</sup> ‘a disaffected, mid-sixties teenager’;<sup>26</sup> and no longer a ‘conventionally romantic prince’.<sup>27</sup> Hall intended that Warner’s Hamlet should represent a feeling he had recently noticed in younger people whose disillusionment with society bred attitudes of listlessness towards politics. Hall

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<sup>22</sup> Benedict Nightingale, ‘He Makes the Ordinary Extraordinary’, *The New York Times*, 19 December 1982.

<sup>23</sup> Howard Taubman, ‘Theater: Richard Burton as Hamlet; Gielgud Production at the Lunt-Fontanne’, *The New York Times*, 10 April 1964.

<sup>24</sup> Robert Hapgood, ‘Introduction’, *Shakespeare in Production: Hamlet*, ed. Robert Hapgood, (Cambridge University Press, 1999), pp. 13-14.

<sup>25</sup> Nick Walton, ‘Hamlet: Past Productions’, <[www.bbc.co.uk/hamlet/past\\_productions](http://www.bbc.co.uk/hamlet/past_productions)> [accessed 16 February 2017].

<sup>26</sup> Sally Beauman, *The Royal Shakespeare Company, A History of Ten Decades*, (Oxford University Press, 1982), p. 283.

<sup>27</sup> Michael Billington, ‘Michael Billington Picks his Top 10 Hamlets’, *The Guardian*, 30 July 2008.

claimed of Warner that ‘his performance, I believe, defined the play for a decade’,<sup>28</sup> completely expressing ‘the spirit of the young at that period’,<sup>29</sup> and that ‘for our decade [...] the play will be about the problems of commitment in life and politics’.<sup>30</sup> Performance critic John Elsom noticed the parallels between Hamlet’s rebellious persona in this production and young people in Europe in the 1960s, writing of Warner’s Hamlet that

he was regarded as a representative of an idealistic student generation, whose presence was making itself felt in British theatre, through the growing fringe movement and elsewhere in society, culminating perhaps in the *événements de mai* in 1968 in Paris, in the protest movements against the war in Vietnam and in the flower-power movement. This Hamlet was highly topical.<sup>31</sup>

Similarly praising Warner’s Hamlet for his contemporaneity, Michael Billington echoed Hall’s vision for this production: ‘Warner’s mid-twenties Hamlet seemed to epitomise the alienated youth of the day. [...] It was a performance that redefined the role for a generation, an expression of 1960s culture where youth and age were locked in combat’.<sup>32</sup> Reflecting the comments of Elsom and Billington, J. C. Trewin suggested that the political distance developing between generations in the 1960s was part of the reason why, although the production is highly regarded in retrospect, it was met with mixed opinions at the time: ‘young people in last night’s Stratford audience would show, by

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<sup>28</sup> Peter Hall, *Making an Exhibition of Myself: the autobiography of Peter Hall*, (Oberon Books, 2000), p. 159.

<sup>29</sup> Peter Hall, *Making an Exhibition of Myself: the autobiography of Peter Hall*, p. 159.

<sup>30</sup> J. C. Trewin, performance review, *Birmingham Post*, 20 August 1965.

<sup>31</sup> John Elsom, *Post-War British Theatre Criticism*, (Routledge & Kegan Paul Ltd, 1981), p. 161.

<sup>32</sup> Michael Billington, ‘Michael Billington Picks his Top 10 Hamlets’, *The Guardian*, 30 July 2008.

their overwhelming cheers at the close, that David Warner was the Hamlet of their imagination and their heart. Many of their elders, I think, will hesitate'.<sup>33</sup> Suggesting that he noticed the same discrepancy between the reactions of older and younger audience members to this production, Robert Speaight resisted some of the more dismissive attitudes towards Warner's performance of such a young Hamlet by writing that 'the play is attuned to an age of anxiety [...] We do Mr Warner a great injustice if we condescend to him as a teenager's Hamlet'.<sup>34</sup> Likewise, Stanley Wells focused on the contemporaneity with which Warner played the role, writing that Warner

at this time was very much a 'modern', as opposed to a classical, actor. He was exceptionally tall, but unheroic in build; his face, though expressive, was not conventionally handsome. He did not cultivate grace of movement or beauty of voice, and his verse speaking was a law unto itself. [...] It was obvious this this would be no princely, romantic embodiment of the role. [...] No make-up artist would transform him into anything remotely resembling the young Gielgud, and it was clear that Mr Hall could not wish him to effect such a transformation.<sup>35</sup>

Wells' opinion of this Hamlet is unclear but his comparison of Warner with Gielgud highlights the extent to which Warner's Hamlet provided a contrast to some of the more

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<sup>33</sup> J. C. Trewin, performance review, *Birmingham Post*, 20 August 1965.

<sup>34</sup> Robert Speaight, 'Shakespeare in Britain', *Shakespeare Quarterly*, Vol. XVII, (New York, 1966), 389-398, 394.

<sup>35</sup> Stanley Wells, *Royal Shakespeare: Four Major Productions at Stratford-upon-Avon*, (Manchester University Press, 1977), p. 33.

conventionally romantic theatrical interpretations of the character from earlier in the twentieth century.

### Politicising 'Madness'

Warner's performance of Hamlet, and his influence on future interpretations of the character, was a pivotal aspect of the development of Hamlet as a character who engaged with mid-twentieth-century psycho-political issues of identity. Not long before the connections between psychiatry and politics developed in theoretical works at the start of the 1960s, the figure of the angry and disaffected young man emerged in 1950s British art. Among the most famous representations of this figure is playwright John Osborne's character Jimmy Porter in his 1956 play *Look Back in Anger*:

I suppose people of our generation aren't able to die for good causes any longer. We had all that done for us, in the thirties and forties, when we were still kids. There aren't any good, brave causes left. If the big bang does come, and we all get killed off, it won't be in aid of the old-fashioned, grand design. It'll just be for the Brave New-nothing-very-much-thank-you. About as pointless and inglorious as stepping in front of a bus.<sup>36</sup>

Commenting on the increased engagement of 1950s and 1960s theatre with contemporary politics, Russell Jackson wrote of the above passage that it represents 'a new cynicism and iconoclasm to which British theatre of the mid-1950s was suddenly able to give

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<sup>36</sup> John Osborne, *Look Back in Anger*, (Faber & Faber, 1983), pp. 94-95.

voice'.<sup>37</sup> Warner's representation of Hamlet as a Jimmy Porter figure was a landmark in the development of the connections between Hamlet's 'madness' and political anger. Tony Church played Polonius in the RSC's 1965 *Hamlet* and remembered of Hall's vision for the production that he wanted

a Hamlet fighting an establishment so well-oiled that it was actually impenetrable [...] it would eat people and then just go on. It was very much based on the British establishment. We'd only just escaped thirteen years of very strong conservative rule, and there was a feeling that it was still very much about [...] I based Polonius on Harold Macmillan [...] The whole thing about the English establishment was that it was extraordinarily good-humoured and bland; you couldn't get past it. It would be very difficult for a young man to rebel because you couldn't actually find the points to hit at'.<sup>38</sup>

Reflecting the works of Laing and Cooper discussed in the introduction to this thesis, Hamlet's 'madness' in Hall's production could be interpreted as a reaction to politics as his 'madness' emerged from his clash with the calcified system of the establishment.

In his discussion on reflections of 1960s society in a production of *Hamlet* in Krakow, Jan Kott illustrated Jackson's point about mid-twentieth-century theatre giving voice to a new iconoclasm, demonstrating that this trend also occurred outside of Britain.

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<sup>37</sup> Russell Jackson, 'Shakespeare in Opposition: From 1950s to the 1990s', *The Oxford Illustrated History of Shakespeare on Stage*, eds. Jonathan Bate and Russell Jackson, (Oxford University Press, 2001), pp. 211-233, pp. 212-213.

<sup>38</sup> Tony Church, *Interview with Tony Church*, (Interviewed by Mary Maher, 6 June 1988).

Like Jackson, Kott drew attention to the growing connections in contemporary theatre between politics and Hamlet's mental state, writing that this production's Hamlet

feigns madness, he puts on, in cold blood, a mask of madness in order to perform a coup d'état; Hamlet is mad, because politics itself is madness, when it destroys feelings and affection [...] I prefer the youth, deeply involved in politics, rid of illusions, sarcastic, passionate and brutal. A young rebel who has about him something of the passion of James Dean. His passion sometimes seems childish.<sup>39</sup>

Kott extended this point by averring that 'the whole experience of Hamlet today is anti-poetical, anti-rhetorical. It is right that the great soliloquies should be given straight at the audience and in a nonrhetorical way and that Hamlet should tend towards a black humour. It is not a question of cynicism, it is part of showing a new pattern, avoiding sentiment'.<sup>40</sup> This quotation is particularly notable because of Kott's description of Hamlets such as Warner's as forming a pattern. Kott saw this interpretation as a new trend rather than a one-off modern interpretation of the play and he was disappointed not to see this trend followed in the Krakow production.

The wealth of debate and ambivalence from performance critics concerning the engagement of Hamlets in the theatre with modern politics in a way that resisted the familiar trends of Hamlet from earlier in the twentieth century coincided with enormous changes in the development of mental health care in line with modern politics. Although few direct lines can be drawn between developments in psychiatry and new

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<sup>39</sup> Jan Kott, *Shakespeare Our Contemporary*, trans. Boleslaw Taborski, (Anchor Books, 1966), p.62.

<sup>40</sup> *Ibid.*, p. 48.

interpretations of *Hamlet* in the 1960s, there is a clear parallel between the politicisation of Hamlet's 'madness' in theory and performance and the politicisation of mental illness, particularly through reflections of the theoretical works of David Cooper and R. D. Laing in productions of *Hamlet*.

In a similar vein to the 1960s approaches towards mental illness of Cooper and Laing, Foucault argued in *Madness and Civilization* that 'madness has become man's possibility of abolishing both man and the world – and even those images that challenge the world and deform man'.<sup>41</sup> There were clear reflections of this definition of 'madness' as social nihilism in Warner's 1965 performance of *Hamlet*. Several critics discussed Warner's *Hamlet* in a way that closely reflected Foucault's words. For instance, Harold Matthews praised Warner's 'capacity to externalise and project the [...] revulsion of society, the inner despair and self-distrust of a young man with the world at his feet who hated it too much to even kick it'.<sup>42</sup> Stanley Wells likewise wrote that 'Mr Warner did much to emphasise Hamlet's nonconformity, his inner rebellion against the Establishment by which he was surrounded'.<sup>43</sup> An example of this anti-establishmentarianism could be Hamlet's laughter as he died, which Alan Brien interpreted as indicative of Hamlet's desire to create chaos within the Establishment. Brien described Warner's *Hamlet* as one who 'giggles when the poison circulates and expires smiling at the thought of the muck-up he has bequeathed to Fortinbras'.<sup>44</sup> In this *Hamlet*'s resistance to the structure of the political establishment, there were parallels to the anti-institutional arguments set forward in the same decade by Laing, Goffman, Foucault, and Cooper. Mary Zenet Maher argued that, 'during the Royal Shakespeare Company's "Peter Hall years" (c.1958-67),

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<sup>41</sup> Michel Foucault, *Madness and Civilization*, p. 281.

<sup>42</sup> Harold Matthews, 'The Student Prince of Denmark', *Theatre World Magazine*, October 1965.

<sup>43</sup> Stanley Wells, *Royal Shakespeare: Four Major Productions at Stratford-upon-Avon*, p. 34.

<sup>44</sup> Alan Brien, 'The Boy's Own Prince', *Sunday Telegraph*, 22 August 1965.

production concepts were justified because they promoted relevance, the philosophy that Shakespearean plays must speak to and relate to contemporary issues'.<sup>45</sup> It was the engagement with the political upheaval of the 1960s, which included reassessment of the theories and practicalities of mental health care, that allowed this production to speak and relate to contemporary issues.

Discussing the similarities between 1960s productions of *Hamlet* and recent Laingian theory, with particular reference to Hall's 1965 production, Speaight noted that there was a connection between social structure and the mental decline of an individual, writing that Warner's *Hamlet* appeared to possess 'an unsettled mind in a seemingly settled society'.<sup>46</sup> Speaight's phrasing appears to be a direct reference to the notion that literary and psychological theorists often, and perhaps erroneously, attribute to Laing: the opinion that 'madness' may be a sane response to an insane world.<sup>47</sup> Another possible direct reference to Laing in theatre criticism concerning 1960s productions appears in Robert Hapgood's *Shakespeare in Production: Hamlet* as Hapgood discusses Richard Burton's 1964 performance of *Hamlet*:

Burton was spinning like a kaleidoscope that revealed the dazzling range of Hamlet's feelings, an approach that was at once distinctively Burton's own and very much of his time. [...] Burton's Prince was so variable as to

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<sup>45</sup> Mary Zenet Maher, *Modern Hamlets and Their Soliloquies*, (University of Iowa Press, 2003), p. xx.

<sup>46</sup> Robert Speaight, 'Shakespeare in Britain', *Shakespeare Quarterly*, Vol. XVII, (New York, 1966), 389-398, 396.

<sup>47</sup> John T. McQuiston, 'R. D. Laing, Rebel and Pioneer on Schizophrenia, is Dead at 61', *The New York Times*, 24 August 1989; Daniel Schacter, et al, *Psychology: Second European Edition*, (Palgrave, 2009); Sean O'Hagan, 'Kingsley Hall: R. D. Laing's experiment in anti-psychiatry', *The Guardian*, 2 September 2012.

suggest a twentieth-century dissolution of self, in which personal identity was intrinsically unstable and beyond individual self-control.<sup>48</sup>

Hapgood's use of the phrase 'dissolution of self' seems to be a direct reference to Laing's title *The Divided Self*. Similarly, G. K. Hunter wrote in 1959 that 'in Hamlet, we are face-to-face with an oppressively true picture of social breakdown'.<sup>49</sup> The connection to Laingian theory is present in Hunter's description of Hamlet's mental progression as a social breakdown rather than a mental breakdown. Through Laing's theory of mental illness in *The Divided Self*, a social breakdown and a mental breakdown become in essence the same thing.

The echoes of Laingian theory in Hamlet's 'madness' between 1959 and 1983 were also present in the RSC's 1970 production directed by Trevor Nunn with Alan Howard as Hamlet. Performance reviewers found parallels between Warner's Hamlet and Howard's Hamlet, commenting that

it is not surprising, perhaps, that Alan Howard's Hamlet - the first of the new decade - should be the prototypical student rebel: longhaired, a bit scruffy, sitting naturally on the floor, and blowing raspberries. He likes dressing up, especially if it helps reduce a sombre occasion to the level of farce.<sup>50</sup>

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<sup>48</sup> Robert Hapgood (ed.), *Shakespeare in Production: Hamlet*, (Cambridge University Press, 1999), p.72.

<sup>49</sup> G. K. Hunter, 'Hamlet Criticism', *Critical Quarterly*, I, (1959), 27-32, 32.

<sup>50</sup> Frank Marcus, performance review, *The Sunday Telegraph*, 7 June 1970.

Another review referred to Howard's Hamlet as 'a princeling whose wild variations of mood point to over-indulgence in hallucinogenic drugs'.<sup>51</sup> These descriptions suggest that Howard's Hamlet was less broadly political than Warner's Hamlet; instead, it appears that Howard's Hamlet seemed younger and more petulant in his 'mad' behaviour. Suggesting that this Hamlet provided something of a move back towards older performance traditions rather than an extension of Warner's interpretation of the role, Trewin believed that Howard's performance drew more on the older performance trend discussed earlier in this chapter: 'let me say what a relief it is to have again at Stratford a Hamlet (Alan Howard) who could conceivably be the expectancy and rose of the fair state. He is a princely figure'.<sup>52</sup> This review is, however, inconsistent with the overall response to this production as the majority of performance critics saw more of Warner than Gielgud in Howard's Hamlet.

Providing an early direct connection between Hamlet's 'madness' and mental illness when discussing Howard's performance, Trewin wrote in his review that 'we have indeed a noble mind o'erthrown; in the jargon of our world the Prince is, I suppose, a manic-depressive, and the sway of his emotions is plotted upon the fever-chart of the tragedy'.<sup>53</sup> Between 1959 and 1983, it was unusual for performance critics to refer to Hamlet's 'madness' in performance using psychiatric vocabulary. Trewin's review was a part of an emerging trend of the use of psychiatric terminology in performance criticism which this thesis will follow. Other descriptions of Hamlet's mental state in Howard's performance did not directly discuss mental illness but, as with reviews of Warner's Hamlet, engaged with Laingian approaches to the connections between social structures

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<sup>51</sup> Jeremy Kingston, performance review, *Punch*, 15 June 1970.

<sup>52</sup> J. C. Trewin, 'Arts Review: Hamlet', *Birmingham Post*, 6 June 1970.

<sup>53</sup> J. C. Trewin, 'Elsinore's Nightmare', *Illustrated London News*, 20 June 1970.

and mental health. For instance, Nunn described *Hamlet* in his 1970 production as ‘a study in alienation with a deep gulf between thought and will, will and performance’.<sup>54</sup> As with Hapgood’s and Hunter’s arguments about Hamlet, Nunn’s interpretation of Hamlet for his 1970 production was as a person who is a mentally divided being, alienated from himself. This precisely echoes Laing’s theories on the development of mental illness. Ronald Bryden attended rehearsals for Nunn’s productions and he argued that, although Nunn ‘did not mention R. D. Laing, this should go down as the Laingian *Hamlet*. [...] His madness is not just feigned, it is a Laingian escape from a society built on lunatic deceptions into the lonely sanity of private truth’.<sup>55</sup> Jackson agreed with this interpretation of Howard’s Hamlet, noting that Laing was not discussed in rehearsals but nevertheless believing that this Hamlet’s ‘madness’ was Laingian. Further reflecting Bryden’s report from rehearsals, Jackson also wrote that ‘Hamlet’s madness was not feigned’<sup>56</sup> in this production.

After Howard’s performance, several other Hamlets in the 1970s also followed Warner’s example of playing the role as a modern young man rather than as a romantic hero. A review of Peter Hall’s 1975 National Theatre production described Albert Finney’s Hamlet as ‘the most understandable of protagonists. Finney’s prince is neither noble nor soulful, but a shock-haired, untidy boy angry at his mother and new stepfather, a callow kid incapable of fully grasping his affection for Ophelia. [...] He can think through his personal dilemma, but he cannot dominate it; his emotional swings from calm to anger, elation to despair are those of a man-child. This Hamlet is not unhinged; he is a

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<sup>54</sup> Marvin Rosenberg, *The Masks of Hamlet*, (Associated University Presses, 1992), pp. 51-52.

<sup>55</sup> Ronald Bryden, ‘Nunn’s *Hamlet*: a report from the kitchen. Ronald Bryden at Stratford - for read-through the first night’, *The Observer Review*, 7 June 1970.

<sup>56</sup> Russell Jackson, *Shakespeare in the Theatre: Trevor Nunn*, (Arden Shakespeare, 2018), p. 56.

confused adolescent.’<sup>57</sup> There are clear parallels between this account of Finney’s Hamlet and descriptions of Warner’s performance in Hall’s production from the previous decade. Performance reviewers also found similarities to Warner’s Hamlet in Ben Kingsley’s performance of the role in the RSC’s 1975 production directed by Buzz Goodbody.

Bringing together the trends of engagement with current politics and the diminishment of Hamlet in performance as a romantic figure, one review commented of Goodbody’s *Hamlet* that

it is not a sympathetic production; oddly enough, modern dress Hamlets automatically seem to lose the easy fellow-feeling donated by romanticism and the use of historic dress. Ben Kingsley in the title role invests it with a chilling alternation of rigid control and loose-limbed despair (it is easy to see this Hamlet if he had lived, rushing out to lead a Long March or breaking down the relics of decadent culture at the head of some revolutionary cadre).<sup>58</sup>

Similarly focusing on the youth of Kingsley’s Hamlet, another reviewer called him ‘a student who has learned the meaning of distrust [...] Mr Kingsley’s real secret is that he is a man as much as a prince - hemmed in by a set of human virtues and weaknesses and deeply touched to his sensitive soul by the foulness that surrounds him’.<sup>59</sup> It is odd that the first of the two reviews quoted above considers that playing Hamlet in modern dress serves to make the character less ‘relatable’. This contrasts reviews of Warner’s Hamlet

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<sup>57</sup> Malcolm Macpherson, ‘The Hottest Hamlet’, *Newsweek*, 5 January 1976.

<sup>58</sup> M. A. M., ‘Round House Downstairs *Hamlet*’, *The Stage*, 12 February 1976.

<sup>59</sup> David Isaacs, ‘A Rich Study of Relationships’, *Coventry Evening Telegraph*, 16 May 1975.

which focused on the positive effect of his performance on younger audience members. Like Burton, Warner, and Howard, Kingsley was more concerned with the humanity than the nobility of Hamlet. Emphasising Kingsley's focus on Hamlet's disordered mental state, the week before opening night he spoke of the psychological challenge of rehearsing a role like Hamlet: 'working on *Hamlet* has been a very extraordinary experience for me so far. It's been a dark tunnel but I think there's a bit of light at the end of it'.<sup>60</sup> Shortly after this production started its previews, the director Buzz Goodbody killed herself. Although journalists reporting her death did not associate her suicide with the process of staging her production of *Hamlet*, and there is no reason to believe that her death came as a consequence of this production, Kingsley felt some connection between the psychological challenges he faced preparing to play the role and Goodbody's death. Several month later, he said in an interview that 'Buzz got me through *Hamlet*. For some reason, having examined all the implications of it at a high emotional and intellectual level, she didn't get herself through *Hamlet*'.<sup>61</sup> Kingsley's attention to the psychological and emotionally vulnerable aspects of the character is more reflective of Laing's theories of mental disorder originating in the flaws of social and familial structures than the nobility of the character found in nineteenth- and early-twentieth-century Shakespearean stage tradition.

Furthering the idea rooted in antipsychiatry and often connected with Laingian theory that 'madness' could be interpreted as a voice of reason struggling against a 'mad' society, Foucault argued that mental illness by 1960 had been lost as a voice which was in dialogue with reason.<sup>62</sup> Through his development of psychotherapy, Freud placed these

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<sup>60</sup> Anthony Everitt, 'Face-to-Face with Prince of Denmark', *Birmingham Daily Post*, 29 March 1975.

<sup>61</sup> Interview with Ben Kingsley, *Time Out*, 30 January 1976, (no author). Quoted in Robert Hapgood (ed.), *Shakespeare in Production: Hamlet*, (Cambridge University Press, 1999), p. 87.

<sup>62</sup> Michel Foucault, *Madness and Civilization*, p. 278.

voices together but only in circumstances and a relationship through which they could not converse on the same level. Concerning the techniques of therapy, Foucault argued that reason ‘can unravel some of the forms of madness, [but] it remains a stranger to the sovereign enterprise of unreason. It can neither liberate nor transcribe, nor most certainly explain, what is essential in this enterprise’.<sup>63</sup> This inability for reason and unreason to communicate with one another is reflected in the text of *Hamlet* as Hamlet experiences a divide of communication with Gertrude, Polonius, and Claudius. Polonius is unable to understand that Hamlet is mocking him: ‘he knew me not at first, ’a said I was a fishmonger! ’A is far gone’ (II.ii.185-6). When comparing images of King Hamlet and Claudius, Hamlet expresses his lack of comprehension of his mother’s decisions: ‘have you eyes? [...] what judgement would step from this to this?’ (III.iv.65-69). This divide of communication is also apparent as Claudius struggles to draw direct information from Hamlet:

KING            Now Hamlet, where’s Polonius?

HAMLET        At supper.

KING            At supper! Where?

HAMLET        Not where he eats but where ’a is eaten. A certain convocation of politic worms are e’en at him. [...] A man may fish with the worm that hath eat of a king and eat of the fish that hath fed of that worm.

KING            What dost thou mean by this?

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<sup>63</sup> Ibid.

HAMLET      Nothing but to show you how a king may go a progress  
                 through the guts of a beggar.

KING            Where is Polonius? (IV.iii.16-31).

Due to the clarity of Hamlet's logic as he disparages the other characters and his insistence that he is 'not in madness, but mad in craft' (III.iv.189-190), adopting an 'antic disposition' (I.v.180), and 'but mad north-north-west' (II.ii.374), this lack of communication between reason and unreason leaves ambiguity as to which characters speak within reason. This inability for reason and unreason to communicate with one another readily connects to the theories of Laing and Foucault, inviting parallels to be drawn in performance concurrent with the popularity of such theory between the play and the works of these theorists.

#### Discussing Hamlet's 'Madness' as Mental Illness

Although this chapter has so far demonstrated synergy and a few direct connections between performances of Hamlet's 'madness' and theories and practices of mental health care, Hamlets on major London and RSC stages between 1959 and 1983 were not typically played as clinically mentally ill. Nevertheless, some direct allusions towards mental illness were beginning to be present in performances of Hamlet's 'madness' and in performance reviews. Echoing his words from the review quoted earlier in this chapter,<sup>64</sup> J. C. Trewin wrote in *Five & Eighty Hamlet* of Howard's Hamlet in Nunn's 1970 RSC production that 'the Prince appeared to us to be a manic depressive'<sup>65</sup> and that, although he may have been telling the truth about his antic disposition, 'it had

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<sup>64</sup> J. C. Trewin, 'Elsinore's Nightmare', *Illustrated London News*, 20 June 1970.

<sup>65</sup> J. C. Trewin, *Five & Eighty Hamlets*, (Century Hutchinson Ltd, 1987), p. 151.

gone deeper when he faced Ophelia'.<sup>66</sup> Similarly, another critic claimed of this production that 'the Prince [was] a manic depressive' and felt that 'both Ophelia and the Queen [were] in danger; his attack on Polonius [was] the fiercest in memory'.<sup>67</sup> After reading numerous reviews of the production, Marvin Rosenberg concluded that 'descriptions of Howard's action suggest a mind if not diseased then dangerously distracted'.<sup>68</sup> Two of the critics quoted above called Howard's Hamlet a manic depressive, a term it seems they used to describe his violent mood swings but with no greater clinical specificity. Similarly demonstrating a casual use of terminology indicating mental illness, Nunn stated that he considered the central section of the play (between his two intervals at the end of Act One and end of Act Four, Scene Four) to be concerned with 'the shifts between real madness and performed madness'.<sup>69</sup> Despite this, there is no indication that Nunn or Howard aimed to present the audience with a depiction of manic depression or specifically aimed to present a shift between Hamlet's 'performed madness' and 'real madness' with clinical accuracy.

These generalisations about mental illness from theatre practitioners and in performance reviews were characteristic of the 1960s and 1970s. Performance critics could use psychiatric terminology because it was an element of language that had recently become available to them and yet knowledge of mental illness was not widespread enough for theatre practitioners and critics to believe that the use of these terms required any explanation.

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<sup>66</sup> Ibid, p. 150.

<sup>67</sup> Performance review, *Birmingham Post*, 6 May 1970, (no author).

<sup>68</sup> Marvin Rosenberg, *The Masks of Hamlet*, (Associated University Presses, 1992), p. 52.

<sup>69</sup> Peter Ansorge, 'Interview with Trevor Nunn', *Plays and Players*, vol. XVII, no. 12, (London, September 1970), 16-17, 21.

Various production photographs from Trevor Nunn's 1970 RSC production suggest the mental and emotional distress of the character. They display actions such as Hamlet holding Ophelia's throat with one hand and clawing at the back of her head with his other hand while staring past her distractedly. Another photograph shows Hamlet dressed only in underwear being restrained by attendants.<sup>70</sup> In this photograph, the otherness of Hamlet compared with the attendants is physically highlighted as the attendants wear thick fur coats. Despite this, there is nothing in the Prompt Book, production notes, or photographs to indicate that Howard's Hamlet was intended to be a manic depressive or genuinely mentally ill at all.

In contrast to Nunn's *Hamlet*, Richard Eyre's 1980 production, staged at the Royal Court Theatre, seemingly dealt with Hamlet's 'madness' in terms of the realities of mental illness. In this production, there was no actor playing the Ghost. Performing Hamlet, Jonathan Pryce spoke the Ghost's lines in a harsh, rasping voice before responding as Hamlet in his own voice. In a move which encouraged audiences to interpret the Ghost as a part of Hamlet's 'madness', Eyre cut the opening scene so that Hamlet was the only character who encountered the Ghost. Rather than drawing on mental illness, however, Eyre's interpretation of the Ghost was instead inspired by the 1973 film *The Exorcist*, a story of demonic possession.<sup>71</sup> Eyre said of this portrayal of the Ghost that 'this was the only means I could think of at the time of making the manifestation of his father's spirit effective for a contemporary audience, highly skeptical about the spiritual world'<sup>72</sup> and Pryce remembered that he and Eyre 'talked a lot about how to make the Ghost of Hamlet's

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<sup>70</sup> William Shakespeare, *Hamlet*, RSC, 1970, dir. Trevor Nunn, Production Photographs, RSC Archive, Shakespeare Centre. [visited 19 February 2016].

<sup>71</sup> William Friedkin (dir.), *The Exorcist*, [DVD], (1973).

<sup>72</sup> The South Bank Show: *Hamlet*, (ITV, 5 April 1989).

father realistic'.<sup>73</sup> In reviews, various performance critics referred to this interpretation of the Ghost as possession<sup>74</sup> or as epilepsy,<sup>75</sup> a condition which is no longer typically considered to be a mental illness. Although Eyre's interpretation seems like it could have been an attempt to depict Hamlet's 'madness' as a psychiatric condition, this idea actually had no connection to psychiatry at all. It is indicative of the still esoteric nature of knowledge about mental illness at the start of the process of deinstitutionalisation that Eyre and Pryce chose to move away from psychiatry in order to make Hamlet's interaction with the Ghost 'effective' and 'realistic' for a 1980 audience.

Following the trend of increasing engagement between Hamlet's 'madness' and mental illness in performance criticism, Robert Hapgood reassessed Pryce's Hamlet in 1999 by suggesting that the more personal psychological elements of Pryce's performance gave the character a sense of being mentally ill: 'Hamlets who have straddled the boundaries between sanity and insanity, however, have more clearly fed their personal involvements back into the role'. Hapgood's example of this is 'Jonathan Pryce, whose intensity was at times so overwrought as to seem barely under control. He has disclosed how his portrayal was influenced by a skinhead's fatal assault with a hammer on his father'.<sup>76</sup> It is notable from this quotation that, as with responses to Howard's 1970 Hamlet, Hapgood alluded to mental illness while not discussing Pryce's Hamlet in specifically psychiatric terms. Following on from the resistance to Warner's modernisation of the role, Trewin had some difficulty accepting Pryce's theatrical

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<sup>73</sup> Jonathan Pryce, 'Voodoo child: Jonathan Pryce on channelling his father's death for Hamlet. Interview by Andrew Dickson', *The Guardian*, 18 April 2016.

<sup>74</sup> Norman Webster, 'Ghostless Hamlet Startles Theatre World', *The Globe and Mail* (Canada), 10 June 1980.

<sup>75</sup> Jack Kroll, 'The Hamlet of Our Time', *Newsweek*, 2 June 1980; Norman Webster, 'Ghostless Hamlet Startles Theatre World', *The Globe and Mail* (Canada), 10 June 1980.

<sup>76</sup> Robert Hapgood (ed.), *Shakespeare in Production: Hamlet*, (Cambridge University Press, 1999), p. 87.

interpretation of the Ghost. He wrote that ‘Hamlet [was] behaving like a stricken ventriloquist as he spoke the Ghost’s lines himself in a rasping, strangled bark. This was at once illogical and embarrassing’.<sup>77</sup> Trewin’s use of the word ‘embarrassing’ is notable as it is an attitude towards certain performances of ‘madness’ in *Hamlet* which this thesis explores, particularly in response to Ophelia’s ‘madness’. Trewin expanded on his distaste for this production with advice and a warning to directors that ‘many dire things have happened to *Hamlet* during its long life at the head of the English drama; but always the play has fared best when it has been left alone without intrusive interferences: Shakespeare did not design it for those who spend their time “in nothing else, but either to tell, or to hear some new thing”’.<sup>78</sup> In the case of this production, Trewin’s aversion to Pryce’s Hamlet led him to reflect the critics of Hall’s 1965 production in his attitude that directors should not attempt to create something new when staging *Hamlet*.

Contrary to Trewin’s article, reviewers of Eyre’s 1980 production generally enjoyed Pryce’s performance because of a combination of a modern Hamlet who was a Warner-esque disaffected young man embodying something of the Laingian image of a divided self - ‘Pryce is a Hamlet for our time of cosmic jitters and colliding antitheses’<sup>79</sup> - and the memorable and gripping staging of the Ghost. One reviewer wrote that the production ‘was essentially subservient to a blazing theatricality. At the Royal Court, one was thrilled as rarely before’.<sup>80</sup> One element of this ‘madness’ which made it theatrically exciting was Pryce’s physicality of the role. Dawson argued that, ‘in Eyre’s production, madness was visceral, a matter of the body as much as the mind’.<sup>81</sup> Finding an expressive

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<sup>77</sup> J. C. Trewin, ‘Leave Well Alone!’, *Illustrated London News*, 1 June 1980.

<sup>78</sup> *Ibid.*

<sup>79</sup> Jack Kroll, ‘The Hamlet of Our Time’, *Newsweek*, 2 June 1980.

<sup>80</sup> Francis King, ‘Plays are the Thing’, *Sunday Telegraph*, 6 July 1980.

<sup>81</sup> Anthony B. Dawson, *Shakespeare in Performance: Hamlet*, (Manchester University Press, 2000), p.

physicality with which to perform Hamlet's 'madness' with the 'blazing theatricality' that impressed audiences at the Royal Court in 1980 became another performance trend for Hamlet between 1959 and 1983.

Reviews of Hall's 1965 RSC production contain little information about Warner's physicality of Hamlet's 'madness'. One critic wrote that he would 'wave his arms like a scythe, howl to the moon, and go after the king at a most unrefined gallop' and yet this reviewer also commented that he was 'spare, controlled, deadly, and most royally confident'.<sup>82</sup> Descriptions of werewolf-esque 'madness' in this time period translate to other performances of Early Modern plays, such as Adrian Noble's 1981 production of *The Duchess of Malfi* at The Roundhouse. Billington wrote that 'the director also exhibits the full horror of Ferdinand's descent into lycanthropic madness with Mike Gwilym (playing with all stops out) bearing his vulpine fangs and prowling straight-jacketed [*sic*] about the floor.'<sup>83</sup> Robert Chetwyn also used the image of a straitjacket to indicate 'madness' in his 1971 touring production of *Hamlet* as Ian McKellen's Hamlet was confined to a straitjacket for the soliloquy 'How all occasions do inform against me' (IV.iv.31). The image of a straitjacket provides a crossover between the desire to find a visually dramatic way to represent Hamlet's mental state and an engagement with the clinical realities of mental illness. The use of straitjackets in modern-dress productions between 1959 and 1983 also demonstrates that direct engagement with modern understandings of mental illness in performances of Hamlet's 'madness' during this time was limited. The use of straitjackets on mentally ill people decreased through the first half of the twentieth century and they fell out of common use altogether when mass hospital closures occurred after 1959.

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<sup>82</sup> Harold Hobson, performance review, *Sunday Times*, 22 August 1965.

<sup>83</sup> Michael Billington, 'Review: *The Duchess of Malfi*', *Guardian Weekly*, 12 April 1981.

By 1980, it had become more common for performance critics to consider that Hamlet's 'madness' might contain some elements of mental illness. This was demonstrated by critical responses to John Barton's 1980 RSC *Hamlet* with Michael Pennington in the title role. Peter Jenkins wrote about Pennington's portrayal of Hamlet's 'madness' that 'one virtue of Barton's production was that it kept the ambiguity always before us' and that 'there was no question about Pennington's play-acting near the start [...] but at other times, especially with Ophelia in the nunnery scene, the "performance" began to take hold of the performer'.<sup>84</sup> Similarly, Dawson interpreted of this Hamlet that 'to play perhaps is to be. The one mode infiltrates the other'.<sup>85</sup> He wrote that, in Hamlet's 'madness', 'it was unclear whether he was to be believed'<sup>86</sup> and that 'Pennington rendered Hamlet's madness ambiguous'.<sup>87</sup> Jenkins' description of an interpretation of 'madness' which did not seem to be fully a performance from the character and which may have engaged somewhat with mental illness as a 'virtue' of the production displays a distinct difference in attitude from some critics and audience members who negatively assessed Warner's seemingly out-of-control behaviour as not princely enough and detrimental to the character.

Opposing these opinions in performance criticism, Roger Warren was not convinced that Pennington's Hamlet's 'madness' was anything more than fully playacted; however he demonstrated a similar attitude to Jenkins when he wrote that 'it seemed a pity that the violent hysteria of 'it hath made me MAD', as he struck Ophelia, should arise from the hoary old routine of having Hamlet suspect that he is being spied on, rather than

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<sup>84</sup> Peter Jenkins, performance review, *The Spectator*, 12 July 1980.

<sup>85</sup> Anthony B. Dawson, *Shakespeare in Performance: Hamlet*, p. 151.

<sup>86</sup> *Ibid.*, p. 152.

<sup>87</sup> *Ibid.*, p. 168.

from a morbid aspect of his own personality'.<sup>88</sup> Similarly focusing on the performative elements of this Hamlet's 'madness', Michael L. Greenwald described Hamlet's Act Two, Scene Two soliloquy 'O, what a rogue and peasant slave am I' (II.ii.485) as 'a garishly melodramatic outburst'.<sup>89</sup> Although, as with most critical approaches to Hamlet in performance between 1959 and 1983, none of these comments on Pennington's Hamlet mention mental illness directly, they do however demonstrate that by 1980 there was greater expectation from critics than there had been in the 1960s for deeper mimetic psychological complexity in performances of Hamlet's 'madness'.

As Warren suggested, Pennington's Hamlet adhered more to older theatrical traditions than newly developing performance trends. This desire to emulate some element of the Hamlets of Gielgud and Olivier was a conscious decision from the actor and director. Pennington wrote of his performance that John Barton, 'wanted a graceful and sensitive Hamlet, a balance to the recent mass of caustic anti-heroes'.<sup>90</sup> In extension, the desire from critics to consider this 1980 Hamlet's mental state as ambiguous and as a 'madness' which went deeper than playacting was not shared by Pennington. He stated that,

in the five productions of *Hamlet* I've been involved with, I have noticed how misleading and, in some ways, irrelevant is Shakespeare's treatment of 'madness'. In the case of the character's own, you will perhaps have noticed that Hamlet himself speaks nothing but searing good sense

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<sup>88</sup> Roger Warren, 'Shakespeare in Performance, 1980', *Shakespeare Survey*, Vol. 34, ed. Stanley Wells, (Cambridge University Press, 1981), 153. Capitalisations in original.

<sup>89</sup> Michael L. Greenwald, 'The Marriage of True Minds: Hamlet (1980)', *Directions by Indirections: John Barton of the Royal Shakespeare Company*, (University of Delaware Press, 1985), p. 192.

<sup>90</sup> Michael Pennington, *Hamlet: A User's Guide*, (Nick Hern Books, 1996), p. 13.

throughout the play except for the rare occasions when he uses some quite silly ‘mad talk.’ [...] I see nowhere in the play where I can take seriously the idea that he is in fact mad - you might say just upset! [...] This play attracts so many theories - my own son was taught at a good school where the English teacher insisted that *Hamlet* was all about the Oedipus Complex. None of this is helpful.<sup>91</sup>

Pennington’s approach to the character highlights the confused and clashing mix of attitudes towards Hamlet’s ‘madness’ that were present between 1959 and 1983. During this time, people were generally unwilling to approach Hamlet’s mental state as a psychiatric condition, teachers in some schools were still defining Hamlet’s ‘madness’ as a product of Oedipus Complex, there was some desire to return to the more princely and refined Hamlets from earlier in the twentieth century, and there were contradicting levels of appreciation among reviewers, performance critics, and audiences towards Hamlets who used their ‘madness’ to engage with the enormous socio-political changes occurring at the time.

The resistance demonstrated by performance critics, reviewers, and theatre practitioners between 1959 and 1983 to define Hamlet’s ‘madness’ as a psychiatric condition - despite veiled references to mental illness as they call a Hamlet’s ‘madness’ ambiguous, realistic, effective, and say it is unclear whether he should be believed - contains echoes of mental health studies carried out at the time which demonstrated that many people did not perceive mental illness as an illness. Judith Rabkin summarised in a 1974 article on the stigma surrounding mental illness that ‘when the major studies in this

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<sup>91</sup> Michael Pennington, email correspondence, (14 August 2018).

field were conducted in the 1950s, mental health professionals were deeply troubled by public inability to identify mental illness as an illness like any other'.<sup>92</sup> Rabkin gave the example of a study by Elinson, Padella, and Perkins (1967),<sup>93</sup> where 77% of survey participants agreed with the statement: 'Unlike physical illness, which makes most people sympathetic, mental illness tends to repel most people.' Despite this, just 16% of participants admitted themselves to be repelled by mental illness. Rabkin responded to this by arguing that these statistics indicated that 'people know they should regard mental illness as an illness like any other but that their feelings are not regularly shaped by this cognitive awareness'.<sup>94</sup> This echoes the works of critics who seemingly discussed mental illness in productions of *Hamlet* staged between 1959 and 1983 but without acknowledging that the topic they were discussing was mental illness.

Echoing the above findings, a study in the early 1950s carried out by Star and recorded in her unpublished monograph 'The Dilemmas of Mental Illness' found a similar attitude towards mental illness in society. She recorded responses from 3500 respondents and found that only extreme behaviour was recognised by the majority of participants as mental illness and that they resisted labelling anybody as mentally ill. Using this case study as one example, the conclusions of the 1961 Final Report of the Joint Commission on Mental Illness and Health noted that many people did not appear to recognise mental illness as an illness.<sup>95</sup> Rabkin summarised views towards mental illness up to 1960:

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<sup>92</sup> Judith Rabkin, 'Public Attitudes Toward Mental Illness: A Review of the Literature', *Schizophrenia Bulletin*, Issue 10, (1974), 9-33, p.10.

<sup>93</sup> J. Elinson, E. Padella, M. Perkins, *Public Image of Mental Health Services*, (New York: Mental Health Materials Center, 1967).

<sup>94</sup> Judith Rabkin, 'Public Attitudes Toward Mental Illness: A Review of the Literature', p. 18.

<sup>95</sup> Joint Commission on Mental Illness and Health (eds), *Action for Mental Health*. (New York: Basic Books, Inc., 1961), p. 75.

The label was feared; people tended to overlook behaviour that professionals regarded as pathological, evidently as a mechanism of denial rather than because of greater tolerance of deviance. When the label was authoritatively assigned, the person so labelled was stigmatized and shunned. People subscribed to the medical model of mental illness less often than mental health professionals would have liked, and furthermore, they were generally outspoken about the discomfort and anxiety evoked in them by the subject of mental illness and the presence of a person so labelled.<sup>96</sup>

Further evidencing Rabkin's view of the level of fear surrounding mental illness, Nunnally (1961) observed that lack of predictability was a cornerstone of public attitudes towards people suffering from mental illnesses: 'because unpredictable behaviour is frightening and disruptive, much societal machinery is devoted to making the behaviour of individuals predictable to others'.<sup>97</sup> Johannsen (1969) similarly concluded that society viewed people with mental illnesses 'as representative of all its unpredictable elements' and used 'institutionalisation as a way of labelling these elements for easy identification in the future'.<sup>98</sup> These concerns about the unpredictability of mentally ill people and the lack of widely available information about mental illness served to nurture a fear of mental illness within society. As discussed earlier in this chapter, this feeling of fear and suspicion surrounding mental illness was apparent in stigma studies conducted at the

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<sup>96</sup> Judith Rabkin, 'Public Attitudes Toward Mental Illness: A Review of the Literature', *Schizophrenia Bulletin*, Vol. 10, (1974), 9-33, p. 12.

<sup>97</sup> J. Nunnally, *Popular Conceptions of Mental Health: Their Development and Change*, (New York: Holt, Rinehart and Winston, Inc, 1961), p. 46.

<sup>98</sup> W. J. Johannsen, 'Attitudes Toward Mental Patients: A Review of Empirical Research', *Mental Hygiene*, Vol. 53 (1969), 218-228, p. 220.

time. Reflecting the findings of case studies examined at the start of this chapter, Elinson et al's 1967 survey found that 55% of participants disagreed with the statement that 'most women who have gone to mental health centres could be trusted as babysitters'<sup>99</sup> and Rabkin suggested in 1974 of former patients after they had been deinstitutionalised:

Upon their return home they often find that being an ex-mental-patient is more of a liability than being an ex-criminal in the pursuit of housing, jobs, and friends. Mental patients have for years been regarded with more distaste and less sympathy than virtually any other disabled group in our society, and in fact their handicaps are partly attributable to public attitudes of rejection and avoidance.<sup>100</sup>

Findings such as these imply that theatre audiences would find it distasteful and possibly frightening to see a character onstage who was played as recognisably mentally ill. Together with the understanding that the most popular recent Hamlets in performance before 1959 had been played with the charm, grace, and dignity characteristic of the latest generation of renowned classical stage actors, it is not surprising that there are few examples of Hamlet's 'madness' engaging directly with mental illness in the theatre between 1959 and 1983.

This chapter has so far found some persistence of the performance trend of Hamlet as a romantic hero whose 'madness' carried no reflections of clinical mental illness. Despite this, from the start of the twentieth century, direct connections could begin to be

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<sup>99</sup> J. Elinson, E. Padella, M. Perkins, *Public Image of Mental Health Services*, (New York: Mental Health Materials Center, 1967), p. 20.

<sup>100</sup> Judith Rabkin, 'Public Attitudes Toward Mental Illness: A Review of the Literature', *Schizophrenia Bulletin*, Issue 10, (1974), 9-33, p. 10.

drawn between the performance history of Hamlet and the history of psychological theory. In the 1960s, this performance tradition was challenged by a new trend of Hamlets reflecting the offstage disillusionment of young people with the politics of the time. A synergy with psychiatric theory grew from this new performance trend because of the parallels between Laing's political view of the origins of mental illness and the onstage politicisation of Hamlet's 'madness'. Between 1959 and 1983, performance critics began to discuss Hamlet's 'madness' using psychiatric vocabulary. Nevertheless, there was no indication from theatre practitioners that they intended for any of the Hamlets performed during these years to be clinically mentally ill.

This chapter has so far discussed approaches to Hamlet's 'madness' between 1959 and 1983 and will next focus on Ophelia's mental breakdown. It is appropriate to discuss Hamlet's mental state first because it is an ideal means by which to reflect the politics and philosophy surrounding mental illness as directors could variously turn to Freud, Laing, and issues of institutionalised care as sources for theatrical interpretations of 'madness'. The arguably feigned nature of Hamlet's 'madness' lends itself to political commentary regarding the sources of his 'mad' behaviour and the ways that he is treated. Considering that there is little debate between literary theorists or performance critics about whether Ophelia's 'madness' is genuine, the second part of this chapter will consider whether this makes the practicalities of performing 'madness' more specific for Ophelia than for Hamlet and more easily connected directly to mental illness.

## **‘That Piece of Bait Named Ophelia’: Performing Ophelia’s ‘Madness’, 1959-1983**

Progressing to a discussion of performances of Ophelia’s ‘madness’ in major London and RSC productions of *Hamlet* between 1959 and 1983, this chapter seeks to discover whether portrayals of Ophelia’s ‘madness’ were affected by the social and political changes of the time. This chapter will explore trends in theatrical interpretations of Ophelia’s ‘madness’ and compare them to performances of Hamlet’s ‘madness’, questioning how and why approaches to each character in performance, reviews, and wider criticism had different relationships to developments in mental health care and understandings of mental illness between 1959 and 1983.

### Decorous ‘Madness’ and Silencing Ophelia

Between 1959 and 1983, the trend of Ophelias whose ‘madness’ was performed to be tragically beautiful persisted. In the RSC’s 1960s productions of *Hamlet*, many of the staging choices for Ophelia’s ‘mad’ scenes focused on dancing, flowers, and the lute. In the script for Peter Wood’s 1961 RSC production, Ophelia’s (Geraldine McEwan’s) main recorded movement was to dance in a circle around the stage as she sang,<sup>101</sup> and Ophelia in Peter Hall’s 1965 RSC production (Glenda Jackson) lay the ‘lute on the ground’ as she sang about her father’s burial.<sup>102</sup> This focus on flowers and music carried through to the 1970s. For example, in the RSC’s 1970 production directed by Trevor Nunn, much of Ophelia’s ‘mad’ scenes were focused around the lute, with abstruse stage directions annotated into the Prompt Book such as ‘hit lute’, ‘Ophelia slap!! lute’ and

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<sup>101</sup> William Shakespeare, *Hamlet*, RSC, 1961, dir. Peter Wood, Prompt Book, O.S.71.21/1961, The Shakespeare Centre Library and Archive, [visited 1 July 2015].

<sup>102</sup> Ibid.

‘Claudius attempts to touch Ophelia’s ~~hair~~ lute: she back(!)’.<sup>103</sup> Although it is quite a rare theatrical decision in the early twenty-first century, this 1970 Ophelia entered with flowers for her ‘mad’ scene, as did the Ophelia in the RSC’s 1975 production directed by Buzz Goodbody.<sup>104</sup> The dismissal of Ophelia as she was beautified and overlooked in these productions is not entirely the fault of the theatre practitioners as these productions were merely obeying the stage directions in the early text of *Hamlet*.<sup>105</sup>

In Duncan Salkeld’s discussion of the use of the lute onstage to represent prostitution he makes a connection with Ophelia, arguing that the lute ‘remains a sexual signifier befitting Ophelia’s newly manifest eroticism’.<sup>106</sup> Salkeld suggests that the old performance tradition of Ophelia carrying a lute translates to the more modern performance tradition of emphasising Ophelia’s sexuality in her ‘madness’. This performance trend, which was apparent earlier in the twentieth century, persisted between 1959 and 1983. For example, in response to the National Theatre’s 1963 production directed by Laurence Olivier, Robert Speaight wrote that Rosemary Harris’s Ophelia, ‘far from turning “hell itself to favour and to prettiness”, revealed a fury of sexual frustration working on a nature too delicate to sustain the double shock of her father’s death and Hamlet’s repudiation’.<sup>107</sup> Likewise, Robert Shaughnessy described her Ophelia as ‘a creature of sexual vindictiveness who approaches the King like a prostitute and

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<sup>103</sup> William Shakespeare, *Hamlet*, RSC, 1970, dir. Trevor Nunn, Prompt Book, S.923-I, Shakespeare Centre Library and Archive, [visited 1 April 2015].

<sup>104</sup> William Shakespeare, *Hamlet*, RSC, 1975, dir. Buzz Goodbody, Prompt Book, S.1907-ii, Shakespeare Centre Library and Archive, [visited 1 April 2015].

<sup>105</sup> See Introduction, pp. 50-51.

<sup>106</sup> Duncan Salkeld, ‘Shakespeare Staging Shakespeare’, Stefani Brusberg-Kiermeier and Jorg Helbig (eds), *Shakespeare in the Media: From the Globe Theatre to the World Wide Web*, (Peter Lang, second edition, 2010), pp. 11-20, p. 14.

<sup>107</sup> Robert Speaight, ‘Shakespeare in Britain’, *Shakespeare Quarterly*, Vol. 15, No. 4, (Oxford University Press, 1964), 377-389,

accompanies the exit line “goodnight sweet ladies” with an obscene hand gesture’.<sup>108</sup> This production is an example of the decorousness of Ophelia’s ‘madness’ beginning to lessen in performance and of the use of sexually explicit behaviour to achieve this effect. During the years when the majority of Ophelias onstage retained the tradition of a gentle, picturesque, inoffensive show of ‘madness’, concurrent critical engagement with Ophelia was limited.

Criticising the widespread twentieth-century dismissiveness towards Ophelia, Elaine Showalter opens her 1985 essay ‘Representing Ophelia: women, madness, and the responsibilities of feminist criticism’ with an anecdote concerning the psychiatrist and psychoanalyst Jacques Lacan:

‘As a sort of come-on, I announced that I would speak today about that piece of bait named Ophelia, and I’ll be as good as my word.’ These are the words which began the psychoanalytic seminar on *Hamlet* presented in Paris in 1959 by Jacques Lacan. But despite his promising come-on, Lacan was *not* as good as his word. He goes on for some 41 pages to speak about Hamlet, and when he does mention Ophelia, she is merely what Lacan calls ‘the object Ophelia’ – that is, the object of Hamlet’s male desire.<sup>109</sup>

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<sup>108</sup> Robert Shaughnessy, *Shakespeare in the Theatre: The National Theatre, 1963-1975: Olivier and Hall*, (Bloomsbury Arden Shakespeare, 2018), p. 18.

<sup>109</sup> Elaine Showalter, ‘Representing Ophelia: women, madness and the responsibilities of feminist criticism’, in *Shakespeare & the Question of Theory*, eds. Patricia Parker and Geoffrey Hartman, (Routledge: New York and London, 1990), pp. 77-94, p. 77.

As well as performance critics and literary theorists, failure to engage critically with the character of Ophelia was common for twentieth-century psychiatric and psychological theorists. In addition to Lacan's speech, this omission can be seen in the works of Theodore Lidz, Ernest Jones, R. D. Laing, and Sigmund Freud who were all far more interested in Hamlet's mental state than Ophelia's. In Lidz's 1975 book *Hamlet's Enemy: Madness and Myth in Hamlet* there are only a small number of short paragraphs dedicated to Ophelia and, like Lacan, Lidz begins by attempting to discuss Ophelia but ultimately comments on the relationship between Hamlet and Ophelia and what it tells us about Hamlet, calling Ophelia's 'madness' the 'female counterpart' of Hamlet's 'madness'.<sup>110</sup>

Similarly, psychiatrist R. D. Laing provides very little critical substance on Ophelia and, through his reading of the character, he silences and dismisses her. In his 1960 book *The Divided Self* he labels her as 'clinically [...] undoubtedly a schizophrenic'.<sup>111</sup> Showalter criticises Laing for this because, beyond calling Ophelia schizophrenic, Showalter believes that Laing perceives her as 'without an identity'<sup>112</sup> because he argues that 'in her madness, there is no-one there. She is not a person [...] Incomprehensible statements are said by nothing. She has already died. There is now only a vacuum where there was once a person'.<sup>113</sup> Laing briefly labels Ophelia as schizophrenic without giving any reasoning to explain how he comes to this conclusion and then he dismisses her character, including placing these comments in a footnote rather than in the main body of his text. Even as Freudian theory began to fade out of fashion and directors looked to Laing and the movement of anti-psychiatry for inspiration when

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<sup>110</sup> Theodore Lidz, *Hamlet's Enemy: Madness and Myth in Hamlet*, (Basic Books, 1975), p. 88.

<sup>111</sup> R. D. Laing, *The Divided Self*, (Penguin Modern Classics, 2010), p.195.

<sup>112</sup> Elaine Showalter, *The Female Malady: Women, Madness and English Culture, 1830-1980*, (Virago Press, 2004), p. 231.

<sup>113</sup> R. D. Laing, *The Divided Self*, p.195.

putting on a production of *Hamlet*, this had little influence on theatrical interpretations of Ophelia because neither Freud nor Laing dedicated much attention to her. Elaine Showalter aptly comments on the lack of change for Ophelia from the era of Freudian theory to Laingian theory: ‘over and over again, Laing’s women, the women of antipsychiatry, appear as latter-day Ophelias and Cassandras whose voices are silenced and whose prophecies go unheeded’.<sup>114</sup> She suggests that, unlike 1960s psychiatry and antipsychiatry giving a stronger and more modern voice to Hamlet in his ‘madness’, the works of theorists such as Laing had the opposite effect on Ophelia.

In this attitude towards Ophelia, as discussed in the first half of this chapter with Hamlet’s ‘madness’, there are echoes of the state of mental health care in the middle of the twentieth century. Erving Goffman wrote in his 1961 book *Asylums* that admission procedures to 1950s psychiatric hospitals ‘might better be called “trimming” or “programming” because in thus being squared away the new arrival allows himself to be shaped and coded into an object that can be fed into the administrative machinery of the establishment, to be worked on smoothly by routine operations’.<sup>115</sup> This programming is reflective of Ophelia in the text of *Hamlet* as well as performance because she is dominated, overshadowed, and silenced by Polonius and Hamlet. She expresses her hopelessness for independent thought when confronted by her father, ‘I do not know, my lord, what I should think’ (I.iii.104), and Polonius diminishes her in response by telling her not to think of herself any higher than as a gullible child who must follow his instruction: ‘Marry, I will teach you. Think yourself a baby that you have ta’en these tenders for true pay which are not sterling’ (I.iii.105-107). As discussed in the introduction to this thesis, connections between ‘madness’ and minority status existed

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<sup>114</sup> Elaine Showalter, *The Female Malady: Women, Madness and English Culture, 1830-1980*, p. 243.

<sup>115</sup> Erving Goffman, *Asylums*, p. 26.

during Shakespeare's lifetime as people who were believed to be 'mad' were legally and socially treated as a lower form of humanity. Psychiatric theorists in the 1960s, such as Goffman, emphasised this aspect of living with mental illness as a twentieth-century issue. Hamlet also silences Ophelia. After Hamlet verbally and, in some performances, also physically assaults Ophelia during the 'nunnery scene' while she attempts to reach out to him and to engage him in conversation, she becomes unable to retaliate during their next encounter and simply blocks him with curt and formal responses such as 'no, my lord' (III.ii.112), 'ay, my lord' (III.ii.114), and 'I think nothing, my lord' (III.ii.116).

Between 1959 and 1983, theatre reviews indicated that Ophelia was undermined in performance. The *Sunday Times* review of Nunn's 1970 RSC production gave little information about Ophelia, commenting instead about Hamlet's relationship with her: 'he treats his girlfriend pretty abominably and she becomes the willing receptacle for his neuroses'.<sup>116</sup> Reviews of Goodbody's 1975 RSC production focused on the childlike vulnerability of Ophelia, with one critic commenting that 'Yvonne Nicholson's childlike Ophelia is a frail and delicate figure, impressionable and almost totally vulnerable';<sup>117</sup> another critic felt that Nicholson played Ophelia 'as a girl not so much very young but mentally unmatured' and criticised her 'madness' because it 'lacked pathos'.<sup>118</sup> These interpretations of Ophelia as a vulnerable child continued as a performance trend between 1959 and 1983, encouraging a dismissive attitude towards the character in both criticism and performance.

A different angle on this dismissal of Ophelia from earlier in the twentieth century was that of Freudian theorist Ernest Jones who described *Hamlet* as the 'hero's unavailing

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<sup>116</sup> Frank Marcus, performance review, *The Sunday Telegraph*, 7 June 1970.

<sup>117</sup> David Isaacs, 'A Rich Study of Relationships', *Coventry Evening Telegraph*, 16 May 1975.

<sup>118</sup> M. A. M., 'Round House Downstairs *Hamlet*', *The Stage*, 12 February 1976.

fight against what can only be called a disordered mind'.<sup>119</sup> Like other theorists of psychology and psychiatry, Jones did not seem interested in Ophelia's 'madness'. Despite this, his comment could be interpreted as an implication of a difference that he perceived between the 'madnesses' of the two characters. His interest in Hamlet's fight against his disordered mind and his lack of interest in Ophelia suggests that Jones' understanding of the differences between Hamlet's 'madness' and Ophelia's 'madness' was that Hamlet fights and Ophelia submits. As with the other psychologists and psychiatrists mentioned, it is clear that Hamlet's mental fight provided far greater psychological interest for Jones than did Ophelia.

The dismissive attitudes of the mental health professionals and psychological theorists who glossed over Ophelia when discussing 'madness' in *Hamlet* were further reflected in the theatre between 1959 and 1983 because performances of Ophelia's 'madness' were overlooked by a number of directors as well as by critics who reviewed their productions. Demonstrating that this trend pre-dated 1959, the only comment about Ophelia in a review of the 1956 Shakespeare Memorial Theatre production is that 'Dilys Hamlett cannot do much with Ophelia'.<sup>120</sup> When Peter Hall directed *Hamlet* at The National Theatre in 1975 and 1976, his attention as a director was focused strongly on Albert Finney as Hamlet. In his diaries from this time, Hall wrote extensively about working on the character of Hamlet in rehearsal. He stated that he had no 'overwhelming passion to do *Hamlet* again as a director' but did so because he wanted to see Finney play the role.<sup>121</sup> Within Hall's many diary entries about this production, he wrote only one short paragraph of thoughts on Ophelia in which he referred to 'a very good investigation

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<sup>119</sup> Ernest Jones, *Hamlet and Oedipus*, (W. W. Norton & Company, 1976), p. 16.

<sup>120</sup> 'Hamlet at the Shakespeare Memorial Theatre', *The Birmingham Post*, 12 April 1956, (no author).

<sup>121</sup> Peter Hall, *Peter Hall's Diaries: The Story of a Dramatic Battle*, p. 163.

of the Ophelia mad scene' as 'she picks imaginary flowers to give to the characters she finds standing about her. Much better than those dry bits of poppy flowers which are normally thrust into the embarrassed hand of Claudius or Gertrude'.<sup>122</sup> For something which he called a very good investigation of the scene, the outcome that Hall mentioned was not original or seemingly explored in much detail. It seems as if Hall and the actors did not put much thought or effort into how to present Ophelia's 'madness'.

When he directed *Hamlet* at the Royal Court in 1980, Richard Eyre displayed a similar attitude to Hall as he and Jonathan Pryce worked together closely on the production and left only a limited amount of rehearsal time for the rest of the cast. Harriet Walter, who played Ophelia, commented that she barely had any rehearsal time.<sup>123</sup> Pryce's *Hamlet* was met with outstanding reviews and earned him the 1980 Best Actor Olivier Award. It remains a landmark performance of the character, particularly regarding his innovative doubling of Hamlet and the Ghost which is an idea still re-visited in twenty-first-century performance.<sup>124</sup> Aside from Pryce's performance, little else of this production was noted in theatre reviews. John Barton directed a production of *Hamlet* at the RSC in 1980 about which one critic asked of Ophelia: 'why did John Bowe's grumpy Laertes immediately think she was mad when he saw her singing her song (which she sings, sanely, in Act I) to her own accompaniment?'<sup>125</sup> That Laertes in this production knew Ophelia was 'mad' even when observing her behave as she had sanely in Act One suggests that not much thought went into any details of how to distinguish her 'madness' from her usual behaviour.

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<sup>122</sup> Ibid., p. 192.

<sup>123</sup> Harriet Walter, *Q & A with Harriet Walter, actress*, (The Shakespeare Institute, 29 April 2015).

<sup>124</sup> *Hamlet, Young Vic*, Dir. Ian Rickson, 2011; *Hamlet, who's there?* by Kelly Hunter, Flute Theatre, Dir. Kelly Hunter, 2016.

<sup>125</sup> B. A. Young, performance review, *Financial Times*, 1980.

As discussed in the introduction, this approach to Ophelia was also apparent in performances and performance criticism as a trend pre-dating the time period explored in this thesis. In his 1904 book *Shakespearean Tragedy*, A. C. Bradley called Ophelia ‘beautiful, sweet, lovable, pathetic, and dismissible’ in her ‘madness’.<sup>126</sup> Even more disparagingly, W. H. Auden spoke about Ophelia in a lecture given in 1947 and said that ‘Ophelia is a silly, repressed girl and is obscene and embarrassing when she loses her mind over her father’s death. But though her madness is very shocking and horrible, it is not well motivated. She was not so wild about her meddling Papa, nor was she tremendously interested in Papa’.<sup>127</sup> In 1935, John Dover Wilson wrote about the disturbing nature of Ophelia’s ‘madness’ with a qualification, echoing Bradley’s words, that Ophelia remains a ‘beautiful and pathetic figure [...] in her mad scenes’.<sup>128</sup> This mirrors Trewin’s description of the first Ophelia he saw in 1922, again demonstrating the early-twentieth-century fashion of Ophelias who aimed to be tragically beautiful in their ‘madness’. Wilson also argued that Ophelia ‘has passed beyond the pale of real sympathy because, her mind being completely out of control, she has ceased to be human’.<sup>129</sup> This echoes the legal custom around 1600, discussed in the introduction, by which ‘mad’ people were considered lesser than the rest of society. Indicating a continuation of this definition of ‘madness’, Michel Foucault wrote in his 1961 book *Madness and Civilization* that ‘madness does not represent the absolute form of contradiction, but instead a minority status, an aspect of itself that does not have the right to autonomy, and can live only grafted onto the world of reason. Madness is childhood’.<sup>130</sup> There is a

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<sup>126</sup> A. C. Bradley, *Shakespearean Tragedy: Lectures on Hamlet, Othello, King Lear, Macbeth*, (New York: Ballantine/Random House, 1986), pp. 138-9.

<sup>127</sup> W. H. Auden, *Lectures on Shakespeare*, ed. Arthur Kirsch, (Princeton University Press, 2015), p. 162.

<sup>128</sup> John Dover Wilson, *What Happens in Hamlet*, (Cambridge University Press, 1974), p. 222.

<sup>129</sup> *Ibid*, p. 222.

<sup>130</sup> Michel Foucault, *Madness and Civilization*, p. 252.

girlishness to Ophelia's 'madness' when it is played in an aesthetically pleasing and well-behaved way. Jonathan Miller exaggerated the childlike aspects of Ophelia when he directed the play in 1974, as Ophelia sucked her thumb in her 'madness'. Reflecting Foucault's description of 'madness' as a minority status, directors often gave Ophelia's voice little weight when she reverted to childhood in her 'madness'.

Although Ophelia was still often overlooked and silenced in performance, literary criticism, and psychological theory between 1959 and 1983, there were indications during these years that this trend of interpretations of Ophelia's 'madness' was beginning to weaken. An early example of non-conventional Ophelias in performance was the National Theatre's 1963 production directed by Laurence Olivier, mentioned at the start of this study of Ophelia as an example of the development of sexual explicitness in her 'mad' scenes. A review in *The Times* called Rosemary Harris's Ophelia 'a violent and marvellous departure from the traditional reading'<sup>131</sup> and Trewin assessed her performance to be 'both unexpected and uncompromising'.<sup>132</sup> Bamber Gascoigne, praising Harris's interpretation, observed that her 'madness' was 'done without a trace of balletic wispieness',<sup>133</sup> and B. A. Young called her 'a deb with a suppressed taste for the bawdy that is embarrassingly set free when madness overtakes her'.<sup>134</sup> Although Harris's Ophelia was generally well-received, Young's sense of embarrassment from the audience as they watched Ophelia's 'madness' provides some indication of the resistance against Ophelias considered by some people to be over-liberated in their 'madness'. This is reflective of the resistance explored in the first half of this chapter against Hamlet in 1960s performance moving away from the romantic portrayals of earlier in the century to

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<sup>131</sup> Our Dramatic Critic, 'Routine Performance of Hamlet', *The Times*, 23 October 1963.

<sup>132</sup> J. C. Trewin, 'First Night', *Illustrated London News*, 2 November 1963.

<sup>133</sup> Bamber Gascoigne, 'Extrovert at Elsinore', *The Observer*, 27 October 1963.

<sup>134</sup> B. A. Young, 'Amleto', *Financial Times*, 25 September 1964.

become a modern young man and Young's vocabulary mirrors Trewin's words, quoted earlier in this chapter, about Pryce's non-traditional interpretation of the Ghost in 1980.

### Ophelia's Silent Revolt

Drawing on the discussion of 'madness' as political rebellion in the first half of this chapter, especially in Peter Hall's 1965 RSC *Hamlet*, the youthful and contemporary 'madness' inspired by 1960s politics that David Warner embodied as Hamlet was also apparent in Glenda Jackson's performance of Ophelia in the same production. Penelope Gilliat wrote of Jackson's Ophelia that her 'madness' 'is executed with the sort of attack that is usually thought of as a quality of male acting'.<sup>135</sup> It is notable that Gilliat associates the aggression in this Ophelia's 'madness' with masculinity, seeming to expect something gentler from Ophelia. Gilliat also wrote on Ophelia's speech in Act Three, Scene One that 'the speech is jagged with pain; "blasted with ecstasy" is hideously screeched [...] and the mood is spiked with a suicidal sarcasm'.<sup>136</sup> This description of a mental descent lined with jagged pain and sarcasm is reflective of the language used in reviews of Warner's portrayal of Hamlet's 'madness'.

Echoing Gilliat's comments, performance critics found many aspects of the same rebelliousness of Warner's Hamlet in Jackson's Ophelia. Reflecting Gilliat's description of Jackson's Ophelia as 'exceptional and electric with an intelligence that harasses the court and a scornful authority full of Hamlet's own self-distaste',<sup>137</sup> Harold Hobson notes that 'Glenda Jackson is given a harsh, bitter, setting-teeth-on-edge recipe for Ophelia and she loyally cooks according to the specifications'.<sup>138</sup> Despite his acknowledgement of

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<sup>135</sup> Penelope Gilliat, performance review *The Observer*, 22 August 1965.

<sup>136</sup> *Ibid.*

<sup>137</sup> *Ibid.*

<sup>138</sup> Harold Hobson, performance review *The Sunday Times*, 22 August 1965.

Ophelia as a character who is more than pathetic and dismissible, Hobson's review also follows the critical trend of silencing Ophelia because he denies Jackson any credit for her interpretation of Ophelia's 'madness'.

Following on from the comments quoted in the first half of this chapter about this production capturing the political cynicism and apathy of young people in the 1960s through the character of Hamlet, Kott wrote of Jackson's Ophelia that she 'ends up opting for disengagement and so in different ways is unfaithful both to her father and to Hamlet. In her silent revolt, she loses her way; and so can fall back on madness, and her suicide is not a sentimental gesture but rather a gesture - the final gesture - of revolt'.<sup>139</sup> Estelle Kohler took over the role from Glenda Jackson later in the run and played the 'mad' scenes with a similar sense of revolt. Reviews suggest that Kohler's Ophelia was overall more reserved than Jackson's: 'she sees Ophelia as a girl who will not reveal anything about herself when she speaks to people - "a fantastic repression". The only important thing for her is Hamlet himself, and when he cuts himself off, the string snaps, and her mind gives way'.<sup>140</sup> Speaight's description of Kohler's Ophelia echoes this review, suggesting that Kohler's Ophelia was less demonstrative earlier in the play and had less control in her 'madness' than Jackson's Ophelia: 'Miss Kohler's Ophelia keeps her secrets, as Ophelia should, until she lets them out when she is no longer in her right mind. Here was a conventional girl doing what society expected of her but all the time her nascent womanhood was in revolt'.<sup>141</sup> Encapsulating the clash of approaches to Ophelia, Speaight simultaneously expresses an expectation that Ophelia should be a quiet, demure character and defines Kohler's interpretation of Ophelia's 'madness' as the revolt of

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<sup>139</sup> Jan Kott, performance review, *The Sunday Times*, 31 October 1965.

<sup>140</sup> 'New Ophelia', *The Birmingham Post*, 26 April 1966, (no author).

<sup>141</sup> Robert Speaight, 'Shakespeare in Britain', p. 396.

womanhood. He also places womanhood in antithesis to the expectations of society, suggesting that Ophelia in this production became a paradigm of womanhood as rebellion.

This production of *Hamlet* was preceded by a Russian film of the play directed by Grigori Kozintsev in 1964. Similarly paralleling Warner's 1960s political Hamlet and the developing connection between Hamlet's 'madness' and Laingian theory explored earlier in this chapter, Dawson wrote of Ophelia's 'madness' in this film that it seems to be 'a kind of social product. [...] Not exactly pretty in the Pre-Raphaelite way that Olivier adopted from nineteenth-century tradition, Ophelia's madness is not harsh either. Rather it is a telling social commentary'.<sup>142</sup> These Ophelias, like Hamlets of the 1960s, were given some elements of the voice of young people in the decade and carry a synergy with Laing's theories of mental illness. These are early examples of the upcoming performance trend of Ophelias who would not be subdued to the peripheries of the play and who, in later decades, became able to match or upstage their Hamlets.

### Engagement with Mental Illness

Complementing the reviews of performances of Hamlet's 'madness' discussed in the first half of this chapter, critics would also call an Ophelia's 'madness' real or suggest that it seemed convincing to them but they would not explain their definitions of real 'madness' and would also usually not describe how an actress made Ophelia's 'madness' seem convincing. Gilliat wrote of Jackson's 1965 Ophelia in Act Three, Scene One that she was 'full of rancour and fiercely unsentimental, the only Ophelia I have ever seen that

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<sup>142</sup> Anthony B. Dawson, *Shakespeare in Performance: Hamlet*, (Manchester University Press, 2000), p. 191.

has in it the real shrivelled, shrewish roots of madness'<sup>143</sup> and R. B. Marriott's review states that Jackson's Ophelia was 'particularly convincing in her madness'.<sup>144</sup> Likewise, as quoted in the introduction to this thesis, Trewin wrote that Bloom's 1948 Ophelia 'went wholly and vehemently mad'<sup>145</sup> but he did not elucidate at all as to the ways in which this Ophelia behaved that led him to define her 'madness' as such. One review also made a strange and unexplained direct reference to mental illness in response to Jackson's 1965 performance, stating that this Ophelia had the bearing of 'a nurse in a mental hospital'.<sup>146</sup> As mentioned in the first half of this chapter, it is indicative of a society sheltered from mental illness that none of these critics gave reasons for their perceptions of the reality of this Ophelia's 'madness'.

Representing Ophelia in performance as clinically mentally ill in contemporary terms was rare between 1959 and 1983 but a trend was beginning to develop. This was a change which Robert Speaight believed could be traced to Freudian theory. In 1966, Speaight wrote of Ophelia that

No part in Shakespeare has suffered more from the sentimental evasion of sexuality, and now that Freud has shown them the way actresses are tumbling over themselves to behave when they are mad in a way that they would never behave when they are sane [...] One used to be able to predict a performance of Ophelia even before the curtain went up; now you never know what you are in for and that is all to the good.<sup>147</sup>

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<sup>143</sup> Penelope Gilliat, performance review, *The Observer*, 22 August 1965.

<sup>144</sup> R. B. Marriott, 'The Peter Hall and David Warner *Hamlet* is Fresh and Free', *The Stage*, 26 August 1965.

<sup>145</sup> J. C. Trewin, *Five & Eighty Hamlets*, p. 70.

<sup>146</sup> Performance review, *Theatre World*, October 1965, (no author).

<sup>147</sup> Robert Speaight, 'Shakespeare in Britain', p. 443.

The connections between Ophelia's 'madness' and politics between 1959 and 1983 were far more limited than the political resonances directors found in Hamlet's 'madness' and Ophelia was frequently silenced in her 'madness' during these years. Despite this, performances of Ophelia that engaged with specific, physical indications of mental illness began to occur in the theatre before directors began to consider Hamlet's 'madness' as mental illness. As discussed earlier in this chapter, twentieth-century directors modernised Ophelia by inverting the sexual repression which was characteristic of Ophelia's 'madness' in the nineteenth century to an explicit sexuality which increased the violence and vehemence of the character. The production mentioned previously which dealt with Ophelia's 'madness' in this way was Olivier's 1963 *Hamlet* at the National Theatre. Another way in which this production provided an example of an Ophelia who was not traditionally well-behaved and beautiful in her 'madness' was that the stage included a tower as part of the set onto which Ophelia ran in her 'mad' scene, preparing to throw herself from the edge. Sally Bentley's performance of Ophelia in Steven Berkoff's 1979-80 production also provided an example of 'madness' which combined theatrical tradition with newer trends: 'she is not the type of actress we are accustomed to seeing later in the mad scene, lifting her dress up and walking round with her head tilted on one side in the traditional modern manner. Her madness is already there. In her sweetness and excessive gentleness there is already a withdrawal from the world'.<sup>148</sup> Although Berkoff dismissed her 'madness' as sweetness and gentleness, he gave Ophelia in his production an added presence in her death as she mimed the scene onstage during Gertrude's speech.

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<sup>148</sup> Steven Berkoff, *I Am Hamlet*, (Faber & Faber, 1989), p. 22.

The first half of this chapter found that connections between Hamlet's 'madness' and politics and psychiatric theory of the 1960s and 1970s were often received well by critics. Even those who would have preferred to see Hamlet played in the style of Gielgud's romantic and princely interpretation of the role than Warner's disaffected 1960s student mostly understood and appreciated the value of modern interpretations of the role. On the contrary, although Speaight responded positively to new trends in Ophelia's 'madness', performances of Ophelias who were mimetic in their 'madness' between 1959 and 1983 were frequently met with nonplussed and sometimes hostile responses. Richard David criticised Susan Fleetwood's performance of Ophelia's 'madness' in the 1976 production at the National Theatre with the objection that

for her mad scenes, it would seem that she had followed Ellen Terry's example and closely studied an actual patient in a mental hospital. Unfortunately, what she had chosen to reproduce was not the airy flitting of Miss Terry's model but the abrupt, jerky movements and awkward stances as well as the generally unkempt and chewed appearance of an advanced schizophrenic. Her voice, too, shifted abruptly between gruff shortness and a very high, remote wailing for the songs. All this may be true to life, but it is not true to the scene, which expressly demands that Ophelia should turn all 'to favour and to prettiness'.<sup>149</sup>

David's apparent disgust at this portrayal of Ophelia who was not traditionally beautiful in her 'madness' is an example of the strength of opinions that performance critics

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<sup>149</sup> Richard David, *Shakespeare In the Theatre*, (Cambridge University Press, 1978), p. 83

between 1959 and 1983 held on how they believed that Ophelia's 'madness' should be played. As David pointed out, Laertes specifies that Ophelia's 'madness' is pretty and so the directors who chose for Ophelia's 'madness' to be decorous and limited her self-expression were following the text and not necessarily adhering to social conventions. Despite this, directors were beginning to engage with psychiatry to modernise and give greater depth to Ophelia, deciding that the social commentary possible through staging Ophelia's 'madness' could be more valuable than adherence to the 'favour and prettiness' (IV.v.181) described by Laertes. The theatre director who has taken the connection between Ophelia and psychiatry further than any other is Jonathan Miller.

#### Jonathan Miller's *Hamlet* (1982)

One production in which the actress and director specifically aimed to present the audience with a clinically realistic depiction of Ophelia's 'madness' as mental illness between 1959 and 1983 was staged at the Warehouse in London (now the Donmar Warehouse) in 1982 and was directed by Jonathan Miller. As well as working as an actor and director, Miller is a qualified doctor with experience working in the field of neuropsychiatry, the study of effects of medications on mentally ill people; and Miller would sometimes apply his medical knowledge to his work as a director.

In his 1982 production of *Hamlet*, Miller presented the audience with an Ophelia who exhibited physical symptoms that were connected with mental illness. Critics reported that this 'is an Ophelia who, so far from distributing rosemary and rue to the court, slurps and drools and obsessively rubs her mouth and hair';<sup>150</sup> and who possesses 'curious anorectic gestures as she forced her finger down her throat in an attempt to

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<sup>150</sup> Benedict Nightingale, 'Two Hamlets on Two London Stages', *The New York Times*, 5 September 1982.

vomit'.<sup>151</sup> Showalter saw Kathryn Pogson's Ophelia specifically as schizophrenic, saying that 'she began the play with a set of nervous tics and tuggings of hair which by the mad scene had become a full set of schizophrenic routines—head banging, twitching, wincing, grimacing, and drooling'.<sup>152</sup> Two of the most widely used mental health medications between 1959 and 1983 were chlorpromazine and haloperidol, both were approved in the 1950s and both have side effects of physical tics and twitches. These movements could have once easily been mistaken for symptoms of mental illnesses rather than understood as being the side effects of medications. The potential side effects of chlorpromazine include 'dystonia (abnormal face and body movements)', 'parkinsonian symptoms (including tremor)', 'akathisia (restlessness)' and 'tardive dyskinesia (rhythmic, involuntary movements of the tongue, face and jaw)'.<sup>153</sup> These medications can also cause 'difficulty breathing or swallowing', 'tongue that sticks out of the mouth', 'fine, worm-like tongue movements', 'uncontrollable rhythmic face, mouth or jaw movements'.<sup>154</sup> Showalter's physical description of Pogson's performance of Ophelia's 'madness' seems far more reminiscent of side effects of antipsychotics from the time than symptoms of schizophrenia. Schizophrenia can have physical symptoms such as grimacing, exhibiting 'unusual mannerisms', being 'clumsy and uncoordinated', and 'repeating certain motions over and over' but the major symptoms are more psychological, such as 'lack of pleasure in everyday life', 'diminished ability to initiate and sustain planned activities', 'poor

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<sup>151</sup> Marvin Rosenberg, *The Masks of Hamlet*, p. 768.

<sup>152</sup> Elaine Showalter, 'Representing Ophelia: women, madness and the responsibilities of feminist criticism', p. 91.

<sup>153</sup> 4.2.1 Drugs used in psychoses and related disorders: Antipsychotic drugs, (no author), <[www.evidence.nhs.uk](http://www.evidence.nhs.uk)> [accessed 14 May 2015].

<sup>154</sup> Side effects of chlorpromazine and haloperidol, (no author), <<http://www.nlm.nih.gov/medlineplus/druginfo/meds/>> [accessed 15 December 2014].

executive functioning’, and ‘unusual thought processes.’<sup>155</sup> These symptoms are not easily replicated on the stage.

The desire to perform ‘madness’ in theatrically compelling ways has led late-twentieth-century and twenty-first-century directors to incorporate outdated treatments for mental illness into modern-dress productions of various Early Modern plays, such as straitjackets<sup>156</sup> and electroconvulsive therapy.<sup>157</sup> These performances of mental illness are self-distancing from medical reality because clinically truthful depictions of mental illness could generally be considered theatrically banal. In response to the use of electroconvulsive therapy in the RSC’s 2012 *Twelfth Night*, consultant psychiatrist Dr Jean Helling commented that ‘a Shakespeare play where they just took Malvolio away and talked to him [as a psychiatrist would do under the circumstances] probably would not be terribly exciting’ to watch.<sup>158</sup>

Several years after this production, however, Miller explained that Pogson’s Ophelia was indeed intended to be clinically schizophrenic. He said of Pogson’s development of Ophelia’s ‘madness’ that

one afternoon, on a train journey, she saw a girl talking to herself with all the angry, knowing quality that schizophrenics have as if they alone are privy to a secret. She re-created that easy distractibility, and exaggeration of movement on stage. [...] rather than being tyrannised by my directing, I think she was released into a performance that was both startling and

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<sup>155</sup> US Department of Health and Human Services and National Institutes of Mental Health, *Schizophrenia: Causes, Symptoms, Signs, Diagnosis, and Treatments*, (CreateSpace Independent Publishing Platform, 2012), pp. 5-6.

<sup>156</sup> Simon Russell Beale as King Lear. *King Lear*, National Theatre, Dir. Sam Mendes, (2013).

<sup>157</sup> Jonathan Slinger as Malvolio. *Twelfth Night*, Royal Shakespeare Company, Dir. David Farr, (2012).

<sup>158</sup> Dr Jean Helling, *Interview with Dr Jean Helling*, (Interviewed by Rachel Stewart), 26 October 2014.

harrowing in stark contrast to the usually charming figure of the mad Ophelia prettily handing round flowers.<sup>159</sup>

He also commented that

My approach to Ophelia has been influenced by the work of R. D. Laing, and it was not until I worked with Kathryn Pogson in 1982 that I was able to realize the full effect of schizophrenia on stage. I gave her a lot of clinical information but also simply reminded her of behaviour and mannerisms while she was constantly on the lookout for characteristics she could use onstage.<sup>160</sup>

Miller mentioned that schizophrenia had an ‘effect’ onstage without specifying what he intended to achieve by presenting audiences with an Ophelia who physicalised an unusually clinically accurate display of mental illness. His descriptions of Pogson’s performance as ‘startling’ and ‘harrowing’ imply that he wished to apply his clinical knowledge of mental illness to Ophelia’s ‘madness’ in order to shock his audience with an interpretation of ‘madness’ which was both innovative and theatrically exciting. The first half of this chapter found reflections of Laingian theory in performances of Hamlet; however, during these years only Miller drew on Laing as an inspiration for Ophelia.

Given the findings earlier in this chapter about expectations for Ophelia’s ‘madness’ expressed in performance reviews between 1959 and 1983, it is not surprising that reviews of Miller’s production indicate that critics did not find his approach to be an

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<sup>159</sup> Jonathan Miller, *Subsequent Performances*, (Faber & Faber, 1986), p. 116.

<sup>160</sup> *Ibid.*

appropriate treatment of Ophelia. John Shrapnel, who played Claudius in Miller's production, remembered of Ophelia's 'mad' scenes that they 'aroused strange, nervy reactions in our audiences'<sup>161</sup> and performance reviews showed little appreciation from critics of this display of the sort of behaviour which, at the time, would usually have been kept behind the walls of psychiatric hospitals. Mary Zenet Maher called Pogson's performance 'a medically graphic mad scene by Ophelia, whose clinical insanity offended some critics and drew horrified responses from others'.<sup>162</sup> This attitude was displayed by Michael Billington who enjoyed Pogson's portrayal of Ophelia's 'pole-axed' infatuation with Hamlet but still felt that 'her mad scenes are excessively clinical'<sup>163</sup> and Benedict Nightingale who likewise commented that the 'girl said to turn madness "to favour and to prettiness" becomes a distressing piece of clinical observation from the locked ward of a subnormality hospital'.<sup>164</sup> These reviews demonstrate a belief from these well-respected reviewers that 'madness' as a theatrical construct should be different from the realities of mental illness and that they were not comfortable watching Ophelia's 'mad' scenes played in a way that they found medically convincing.

Nightingale's reference to a psychiatric hospital as a 'subnormality' hospital is strange for a major newspaper in 1982 because such vocabulary around mental illness changed, officially at least, with the Mental Health Act 1959. This act removed degrading terminology surrounding mental illness from legal documents; for instance, the legal phrase 'a mental defective' was changed to 'suffering from mental disorder' and 'fits' of mental illness was changed to 'attacks'.<sup>165</sup> Highlighting the lack of any clear cause and

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<sup>161</sup> Michael Romain (ed.), *A Profile of Jonathan Miller*, (Cambridge University Press, 1991), p. 131.

<sup>162</sup> Mary Zenet Maher, *Modern Hamlets and Their Soliloquies*, (University of Iowa Press, 1992), p. 122.

<sup>163</sup> Michael Billington, 'Hamlet', *Guardian Weekly*, 29 August 1982.

<sup>164</sup> Benedict Nightingale, 'Two Hamlets on Two London Stages', *The New York Times*, 5 September 1982.

<sup>165</sup> Mental Health Act 1959, ch.72, The National Archives, <legislation.gov.uk> [accessed 28 June 2015].

effect between social history and cultural history, Nightingale's outdated phrasing demonstrates that there can be a considerable delay between changes in legal policy surrounding mental illness and the ruling's effects on society.

The more complimentary critics of this production also believed that the clinical elements detracted from Ophelia's 'madness', such as R. B. Marriott's review in *The Stage* which commented that 'Kathryn Pogson is very touching as Ophelia in spite of having to manage some non-theatre clinical bits and pieces, these being meant, perhaps, to be more shattering than words of Shakespeare which speaks of willows and a river'.<sup>166</sup> This comment that Ophelia's 'madness' was well-performed in spite of the clinically realistic elements demonstrates that there was a sizable distance perceived between Ophelia's 'madness' in performance and the medical and social realities of mental illness. This review also argued that Pogson performed Ophelia well in spite of the medical mimeticism of her interpretation of the character rather than because of it, demonstrating the distance between mental illness and representations of Ophelia's 'madness' by this perception of her engagement with schizophrenia as a negative detraction from her 'madness' rather than a positive addition. Another review, which did not discuss Pogson's Ophelia directly, implied in similar terms to Marriott that watching this interpretation of 'madness' was a strange experience but not a negative one: 'there are oddities in Jonathan Miller's production [...] with Anton Lesser as an unimpressive Prince. But much else is genuinely searching'.<sup>167</sup> The contention caused by this clinical approach to staging mental illness was also apparent between 1959 and 1983 through professional differences between theatre-makers.

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<sup>166</sup> R. B. Marriott, 'Possibly a Being from Another World', *The Stage*, 26 August 1982.

<sup>167</sup> 'Also Playing: Hamlet', *Illustrated London News*, 1 October 1982, (no author).

Peter Hall and Jonathan Miller disagreed on how directors should approach Shakespeare's plays. Hall strongly objected to Miller's habit of placing concepts onto plays and using theatre to expound his theories. In the 1970s, their different attitudes towards theatre led to several public disagreements and denouncements of one another. In his diaries, Hall mentioned a conversation he had with Miller in 1972 in which he remembered that 'I was pretty blunt, said I admired the clarity of his work, but did not admire his habit of directing plays as if he were advancing a theory for the New York Review of Books'.<sup>168</sup> Hall also commented of Miller that 'he is the only director I know who always likes his own work. He is fascinated by it'.<sup>169</sup> J. C. Trewin expressed a similar opinion when he wrote of Miller's 1970 Cambridge production of *Hamlet* that 'Miller, as in most of his work, examined the play as if he had picked up the book, oblivious of the pressures of tradition'.<sup>170</sup> As a neuro-psychiatrist, actor, and director who likes to engage with psychological and psychiatric theory in his work, to apply his medical expertise to the theatre, and has a tendency to ignore theatrical traditions, Jonathan Miller frequently explored drama through the lens of psychiatry and psychology between 1959 and 1983, as with his 1982 attempt at a schizophrenic Ophelia, his 1974 Ophelia who reverted to the security of childhood in her 'madness' as she sucked her thumb, and his 1973 production of *Measure for Measure* which Hall described as 'set in Freud's Vienna'.<sup>171</sup>

Concerning Miller's approach to 'mad' scenes, a comparable example to his 1982 *Hamlet* was the 1981 BBC television film of *Troilus and Cressida* which Miller directed.<sup>172</sup> Susan Willis wrote records of rehearsals for this film series and noted Miller's

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<sup>168</sup> Peter Hall, *Peter Hall's Diaries: The Story of a Dramatic Battle*, p. 14.

<sup>169</sup> *Ibid.*, p. 40

<sup>170</sup> J. C. Trewin, *Five & Eighty Hamlets*, p. 153.

<sup>171</sup> Peter Hall, *Peter Hall's Diaries: The Story of a Dramatic Battle*, p. 64.

<sup>172</sup> William Shakespeare, *Troilus and Cressida*, Dir. Jonathan Miller, (BBC Television, 1981).

belief that ‘Cassandra does not seem raving mad in Hector’s later arming scene and would not be played as such. Here they tried toning down the screaming madness of the standard stage Cassandra, all volume and little sense’. Later in rehearsals, they changed Cassandra’s ‘madness’ again. As Cassandra, Elayne Sharling

was asked to do the scene at a rip, all shouted, starting out of the cell so two large goons, male nurses, could grab her and lock her in as she raved. All the dignity and fascination that the character had earlier is lost in such a rendition. [...] Miller left Cassandra with this interpretation, later adding a rocking, hair-chewing preliminary to it modelled on the outbursts of a schizophrenic patient Miller knew.<sup>173</sup>

Unlike comments about Ophelia’s ‘madness’ in reviews of Miller’s 1982 *Hamlet*, major critical responses to this television film do not discuss Sharling’s performance of Cassandra at all.<sup>174</sup> This provides a stark contrast to Pogson’s Ophelia who received more critical attention than any other aspect of the production. Critics found a psychiatric performance of ‘madness’ more startling and more offensive when ascribed to Ophelia than Cassandra. As with many Ophelias during these years, the lack of critical engagement with this Cassandra is a form of silencing the character in her ‘madness’. The strong reaction to Pogson’s mentally ill Ophelia compared to the lack of response to

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<sup>173</sup> Susan Willis, *The BBC Shakespeare Plays: Making the Televised Series*, (University of North Carolina Press, 1991), p. 242.

<sup>174</sup> Stanley Wells, ‘Television Shakespeare’, *Shakespeare Quarterly*, Vol. 33, No. 3, (Oxford University Press, 1982), 261-277; J. D. Atkinson, ‘Troilus and Cressida: BBC Shakespeare’, *British Theatre Guide*, 2006; Michael Brooke, ‘Troilus and Cressida (1981)’, *BFI Screen Online*, <<http://www.screenonline.org.uk/tv/id/527542/index.html>> [accessed 21 January 2019]; Mike Silverman, ‘TV Talk: Shakespeare’s *Troilus and Cressida*’, *The Associated Press*, 17 May 1982; Rick Groen, ‘Troilus Echoes with Timeless Truths’, *The Globe and Mail (Canada)*, 17 May 1982; John J. O’Connor, ‘TV: BBC’s *Troilus and Cressida*’, *The New York Times*, 17 May 1982.

Sharling's Cassandra is indicative of a protectiveness over the conventional image of Ophelia's 'madness' as helplessly beautiful, a preoccupation which critics did not hold about Cassandra.

When comparing the differences between Hamlet's and Ophelia's 'madnesses', the main critical consideration is that Hamlet's 'madness' is arguably feigned whereas Ophelia's 'madness' is always interpreted as a genuine mental breakdown. It is a common twentieth- and twenty-first-century critical standpoint to interpret Ophelia's 'madness' as particularly feminine, although Hamlet's 'madness' is rarely defined as embodying masculinity. Literary theorists, performance critics, psychologists, and psychiatrists alike have all turned to gender studies when exploring the character of Ophelia. Carol Thomas Neely argues that 'Ophelia's alienated discourse invites psychological, thematic, and gendered interpretation',<sup>175</sup> something which this chapter has found was apparent in performance reviews between 1959 and 1983. Mental health professionals frequently overlooked and dismissed Ophelia, rarely analysing Ophelia's 'madness' in any terms other than in comparison to Hamlet. For example, Lidz describes Ophelia's 'madness' as the 'female counterpart' of Hamlet's 'madness' and Laing's dismissal of Ophelia's 'madness' as 'incomprehensible'<sup>176</sup> is at odds with his extensive writing on Hamlet's 'madness', something which he believed ought to be interpreted and understood. This chapter has discovered that the dismissive attitude towards Ophelia's 'madness' in favour of analysing Hamlet's mental state was represented through many productions of *Hamlet* between 1959 and 1983, both onstage and in the responses of performance critics. The acclaimed Hamlets of David Warner at the RSC in 1965 and Jonathan Pryce at The Royal

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<sup>175</sup> Carol Thomas Neely, "Documents in Madness": Reading Madness and Gender in Shakespeare's Tragedies and Early Modern Culture', *Shakespearean Tragedy and Gender*, eds. Shirley Nelson Garner and Madelon Sprengnether, (Indiana University Press, 1996), pp. 75-104, p. 81.

<sup>176</sup> See Chapter One, p. 123.

Court in 1980 overshadowed their respective Ophelias in reviews and the Ophelias received little significant critical interest.

The content of reviews suggests that the approach to staging each character's 'madness' was a major consideration when it comes to the critical reception of productions of *Hamlet* between 1959 and 1983. Performance critics had strong opinions toward productions that presented audiences with a psychological mimeticism of seemingly genuinely mentally ill characters or shocked them with a blazingly theatrical display of 'madness'. This chapter has found that the expectations of performance critics were beginning to change in the 1960s as, although several favoured the graceful and romantic interpretations of Hamlet in the style of Gielgud, they mostly accepted the value of contemporary, politically engaged Hamlets who represented the youth of the 1960s and 1970s. By contrast, contemporary Ophelias in the 1960s and 1970s drew many negative reviews and faced criticism for their lack of decorum in their 'madness'.

The first half of this chapter discovered that, between 1959 and 1983, the influences of Freud's theories were still apparent in productions of *Hamlet* but theatre practitioners during these years also began to take the new and radical ideas of theorists such as Michel Foucault and R. D. Laing into consideration as well as philosophies of anti-psychiatry. Jonathan Miller was the only director to combine Laing's theories with Ophelia's 'madness' rather than Hamlet's 'madness' and this experiment was not received particularly well. Although many reviewers between 1959 and 1983 did not wish to see a clinically accurate portrayal of Ophelia's 'madness' on stage, the critical acclaim of Pryce's quasi-clinical 'madness' suggests that a trend of mentally ill Hamlets was beginning to develop the potential to be successful.

Overall, between 1959 and 1983, Britain was in the early stages of enormous changes in the mental health system as society would become exposed to mental illness in a way that had not occurred in living memory. The system on which mental health care functioned was fundamentally changing with little theoretical investigation to guide these changes. By 1983, parallels to this social and political upheaval were becoming visible in productions of *Hamlet*. The release of several major texts of psychiatric theory and the increasing exposure to mental illness gave theatre practitioners opportunities to engage with mental illness when staging ‘madness’ in *Hamlet*, even if they had no expertise in the subject. This chapter has found that the earliest indications of engagement with these societal changes in productions of *Hamlet* occurred between 1959 and 1983 when Hamlet’s ‘madness’ became more politically driven as mental illness became an increasingly political topic and a trend of Ophelias who would not be silenced began to develop.

**‘O That Subtle Trick to Pretend the Acting Only When we are Very Near to Being  
What we Act’: Staging ‘Madness’ in RSC and Major London Productions of  
Hamlet, 1983-2005**

**‘Nor Th’exterior Nor the Inward Man Resembles That It Was’: Performing  
Hamlet’s ‘Madness’, 1983-2005**

**Deinstitutionalisation and Mental Health Act 1983**

This chapter will examine whether the growth of psychiatric care within communities rather than institutions directly or indirectly influenced the ways that theatre practitioners chose to represent Hamlet’s and Ophelia’s ‘madness’ onstage. Direct influences occurred when actors and directors drew on specific knowledge, observations, or experiences of mental illness in order to perform the characters’ ‘madness’ in a way that reflected clinical mental illness, particularly if character choices were informed by conversations between psychiatric professionals, mental health service users, actors, and directors. Indirect influences could also occur during this time period as increased general exposure led to greater familiarity and some demystification of mental illness within society.

The process of deinstitutionalisation became increasingly active nationwide through the 1980s as the predominantly Victorian-built psychiatric hospitals closed rapidly and most mentally ill people were moved into the Care in the Community system. Of the one hundred and twenty-nine Victorian asylums built in England and Wales, one hundred and twenty-four were still open and in use in 1983; however, by 2005 all but twenty-eight had closed and many of those remaining hospitals have closed since 2005.<sup>1</sup>

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<sup>1</sup> Jeremy Taylor, The Asylums List for ‘Hospital and Asylum Architecture 1840-1914’, Updated by Simon Cornwell and Peter Cracknell, *The Time Chamber*, <<http://thetimechamber.co.uk/beta/sites/asylums/asylum-history/the-asylums-list>> [accessed 1 August 2016].

In England, the number of beds available in psychiatric hospitals in 1954 was 152 000, in 1982 this number had fallen to 72 000, and by 1994 there were only 143 000 available beds. From 1954 to 1994, these figures show a 72% reduction in numbers of beds.<sup>2</sup>

This chapter covers the years 1983 to 2005 because of the major mental health legislation which occurred in each of these years. Although the Mental Health Act 1959 paved the way for deinstitutionalisation and the process had begun before 1983, the Mental Health Act (MHA) 1983 helped develop the practicalities of deinstitutionalisation. This involved increasing the rights of people with mental illnesses, including allowing them to appeal against hospital admissions, giving people the right to decline treatments, and highlighting the importance of informed consent for mental health treatment. The issue of ethics was made more prominent by the MHA 1983 and greater levels of responsibility over the welfare of mentally ill people and the processes of hospitalisation were given to society; for instance, many decisions about the welfare of service users were given to social workers. Social workers became the final applicants in the decision to hospitalise people with mental illnesses and social services became responsible for the accommodation and welfare of service users in society.<sup>3</sup> The MHA 1983 states that

a patient shall not be given any form of treatment to which this section applies unless

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<sup>2</sup> DHSS, *Health and Personal Social Services Statistics for England & Wales, (London, 1969)*, (Department of Health, Mental Health in England, London, 1995); Sarah Payne, 'Outside the Walls of the Asylum? Psychiatric Treatment in the 1980s and 1990s', in *Outside the Walls of the Asylum: The History of Care in the Community 1750-2000*, eds Peter Bartlett and David Wright, (The Athlone Press, 1999), pp. 244-265, p. 247.

<sup>3</sup> Tom Burns, 'Deinstitutionalisation and community psychiatry in the UK since 1960: Right and wrong?', *Mind, Madness and Melancholia: Ideas and institutions in psychiatry from classical antiquity to the present*, Conference Paper, (The Royal Society of Medicine, 10 May 2016).

- (a) he has consented to that treatment and either the approved clinician in charge of it or a registered medical practitioner appointed for the purposes of this Part of this Act by the regulatory authority has certified in writing that the patient is capable of understanding its nature, purpose, and likely effects and has consented to it; or
- (b) a registered medical practitioner appointed as aforesaid (not being the responsible clinician or the approved clinician in charge of the treatment in question) has certified in writing that the patient is not capable of understanding the nature, purpose, and likely effects of that treatment or being so capable has not consented to it but that it is appropriate for the treatment to be given.<sup>4</sup>

As well as the physical act of deinstitutionalising people, the increased communication between mental health professionals and mentally ill people, which became a legal requirement under the MHA 1983, encouraged more discussion around the issue of mental illness.

This chapter discusses major London and RSC productions of *Hamlet* from 1983 until 2005, when the Mental Capacity Act 2005 was passed. This ruling provided further safeguarding for mentally ill people who do not have the capacity to consent to treatment. Many people with mental illnesses were still confined to hospitals in 1983 and, familiar with the practices of psychiatry from previous decades, they would not necessarily understand or take advantage of their new rights immediately after the MHA 1983. By 2005, care for service users under the MHA 1983 was common practice and Community

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<sup>4</sup> Mental Health Act 1983, c.20, Part IV, Section 58, Treatment requiring consent or a second opinion, (3), <<http://www.legislation.gov.uk>> [accessed 1 August 2016].

Care, as opposed to hospital care, was the primary method of psychiatric treatment in the United Kingdom. This chapter seeks to explore any influence of such vast social changes in exposure to mental illness on cultural representations of ‘madness’ in major British stage productions of *Hamlet* in London and with the RSC.

### Stigma of Mental Illness

The first chapter of this thesis found a high level of ignorance about mental illness and strongly discriminatory attitudes towards mentally ill people. The most striking difference between the results of stigma studies explored in the first chapter and the findings of Crisp et al (2000), shown in Table 1, is that slightly more than half of the participants knew at least one mentally ill person.

Mental illness	Dangerousness		Hard to talk to		Could pull themselves together	
	Knows someone with mental illness n=913 (52.7%)	Does not know someone with mental illness n=802 (47.3%)	Knows someone with mental illness n=913 (52.7%)	Does not know someone with mental illness n=802 (47.3%)	Knows someone with mental illness n=913 (52.7%)	Does not know someone with mental illness n=802 (47.3%)
Severe depression	20.6 (17.8–23.3)	26.3 (22.9–29.7)	65.6 (61.8–69.4)	60.0 (56.1–63.4)	17.1 (14.1–20.1)	20.8 (17.4–24.1)
Schizophrenia	75.7 (72.6–78.8)	68.4 (65.0–71.8)	61.6 (58.1–65.2)	56.4 (52.6–60.3)	7.3 (5.4–9.2)	9.2 (7.4–11.0)
Alcoholism	69.5 (65.6–73.3)	62.2 (58.3–66.2)	62.2 (58.2–66.3)	56.7 (53.3–60.1)	51.0 (47.1–54.9)	55.6 (51.2–60.0)
Drug addiction	76.1 (72.6–80.0)	73.6 (70.3–77.0)	67.8 (64.3–71.4)	64.4 (60.4–68.4)	45.6 (42.2–49.1)	49.7 (45.4–53.9)

Data are presented for those disorders most commonly associated with dangerousness in the study (schizophrenia, alcoholism and drug addiction). Data for severe depression (which, along with panic attacks, dementia and eating disorders, was far less commonly associated with dangerousness in the study) are presented for comparison. Twenty-two of the 1737 respondents provided incomplete data regarding knowledge of someone with a mental illness.

Table 1: Attitudes to Mental Illness by Type and Whether Respondent Had Knowledge of Someone with Mental Illness<sup>5</sup>

Although several studies quoted in Chapter One blamed ignorance of mental illness for the participants’ negative attitudes, Table 1 shows little difference between the results from people who knew someone with mental health problems and those who did not; in

<sup>5</sup> Arthur H. Crisp, Michael G. Gelder, Susannah Rix, Howard I. Meltzer, Olwen J. Rowlands, ‘Stigmatisation of People with Mental Illnesses’, *The British Journal of Psychiatry*, 177, (The Royal College of Psychiatrists, 2000), 4-7, 6.

several cases, such as the perceived dangerousness of people with schizophrenia and difficulties holding a conversation with mentally ill people, personal knowledge of mentally ill people made attitudes more negative. Crisp et al summarised that ‘negative opinions indiscriminately overemphasise social handicaps that can accompany mental disorders. They contribute to social isolation, distress and difficulties in employment faced by sufferers.’<sup>6</sup> These findings suggest that the process of deinstitutionalisation increased the level of contact between mentally ill people and the rest of society but that there remained a high level of stigma around mental illness. Manning and White’s 1995 study of employers’ attitudes towards mental illness illustrates Crisp et al’s suggestion that it could be particularly difficult for mentally ill people to find jobs because of their illnesses.

Health of candidate	Percentage responses (n=109)			
	Always/usually	Sometimes	Occasionally/never	Unsure
Currently ill	4	18	50	28
Previously ill	9	52	28	19
Current depression	9	18	54	19
Current schizophrenia	1	4	66	29
Current alcoholism	0	11	73	16

Table 2: Percentage of Employers Who Would Recruit Patients<sup>7</sup>

The results in Table 2 show that half of the questioned employers said they would be unlikely to employ a person just because they had a mental illness and the number of employers who said that they would always or usually employ somebody in each of the given circumstances was extremely low. As the findings shown in Table 2 were taken from a sample of only 109 participants, it is questionable how representative these

<sup>6</sup> Ibid., 4.

<sup>7</sup> Cressida Manning and Peter D. White, ‘Attitudes of employers to the mentally ill’, *Psychiatric Bulletin*, 19, (The Royal College of Psychiatrists, 1995), 541-543, 542.

attitudes were of wider society; nevertheless, reflecting the findings of Crisp et al (2000), they indicated active discrimination towards mental illness.

Manning and White carried out this study to provide evidence to support complaints of perceived discrimination from service users: ‘patients often ask psychiatrists for advice on how to answer questions about their health when seeking employment. They fear not being employed if they declare that they have suffered from a mental illness.’ Manning and White stated that their findings ‘confirmed significant reluctance, stigma, and ignorance about employing and believing the mentally ill’.<sup>8</sup> Contrary to the amount of change in mental health care in the 1980s and 1990s, the findings of these stigma studies demonstrate little change in attitudes towards mental illness since case studies carried out in the 1960s. One of the most comprehensive stigma studies carried out in the years explored in this chapter was Mehta et al’s (2009) record of changes in participants’ responses to stigma-related phrases. They analysed trends in six different years between 1994 and 2003, with 2000 respondents in most years and 6000 respondents in 1996 and 1997.

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<sup>8</sup> Cressida Manning and Peter D. White, ‘Attitudes of employers to the mentally ill’, *Psychiatric Bulletin*, 19, (The Royal College of Psychiatrists, 1995), 541-543, 541.

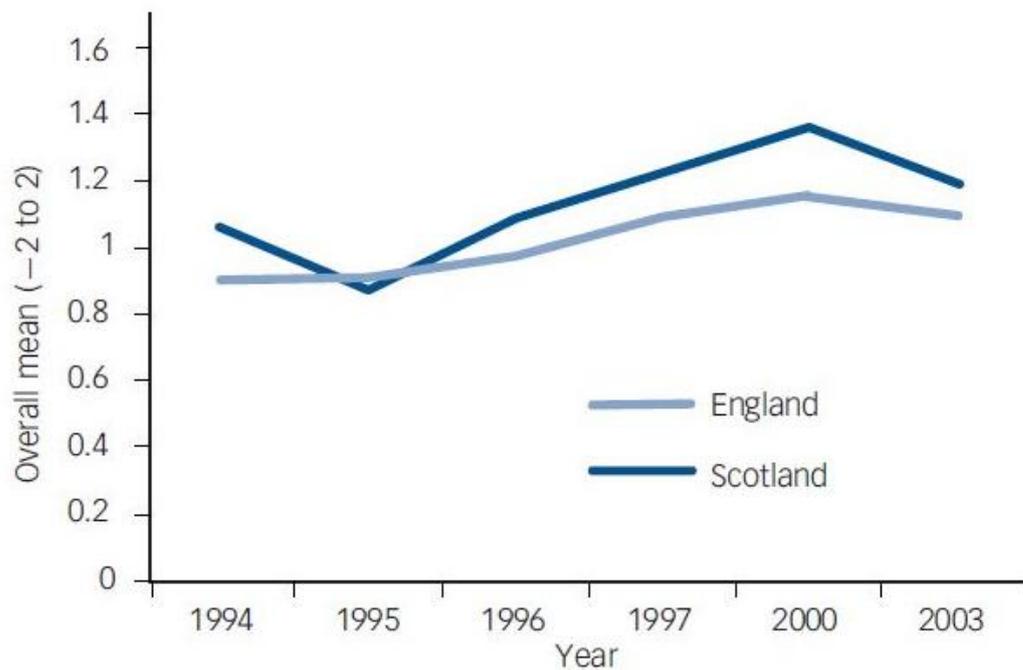


Table 3: Longitudinal Trend, England and Scotland. 'Mental Illness is an Illness Like Any Other'. Over the six time points and across both countries, attitudes significantly improved for the item. Scotland improved more significantly over time than England for this item.<sup>9</sup>

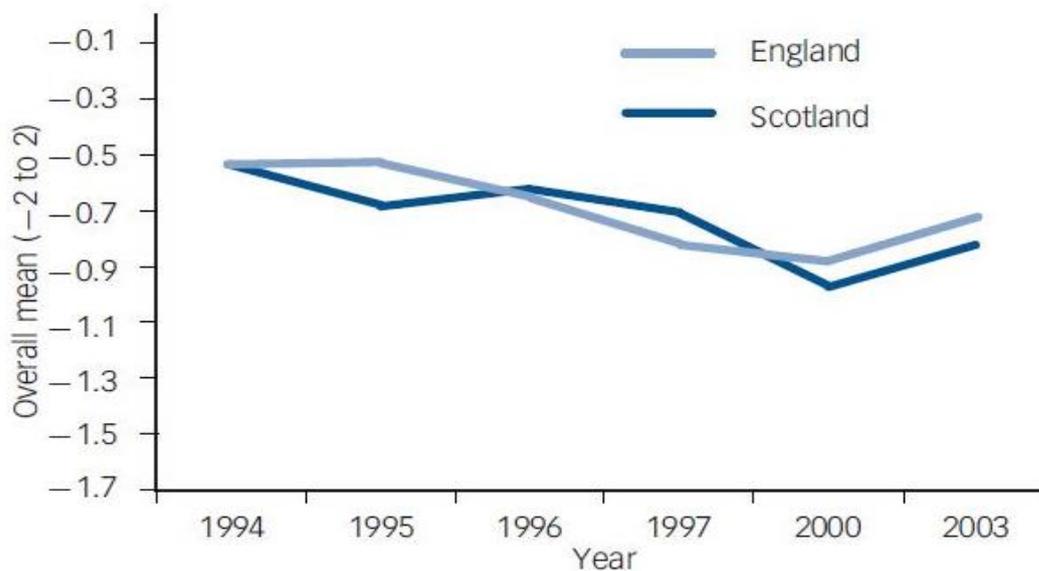


Table 4: Longitudinal Trend, England and Scotland. 'There is Something About People with Mental Illness That Makes It Easier to Tell Them Apart from Normal People'. Over the six time points and across both countries, attitudes significantly improved for this item.<sup>10</sup>

<sup>9</sup> Nisha Mehta, Aliya Kassam, Morven Leese, Georgia Butler, Graham Thornicroft, 'Public Attitudes Towards People with Mental Illnesses in England and Scotland, 1994-2003', *The British Journal of Psychiatry*, Vol. 194, (The Royal College of Psychiatrists, 2009), 278-284, 280.

<sup>10</sup> Ibid.

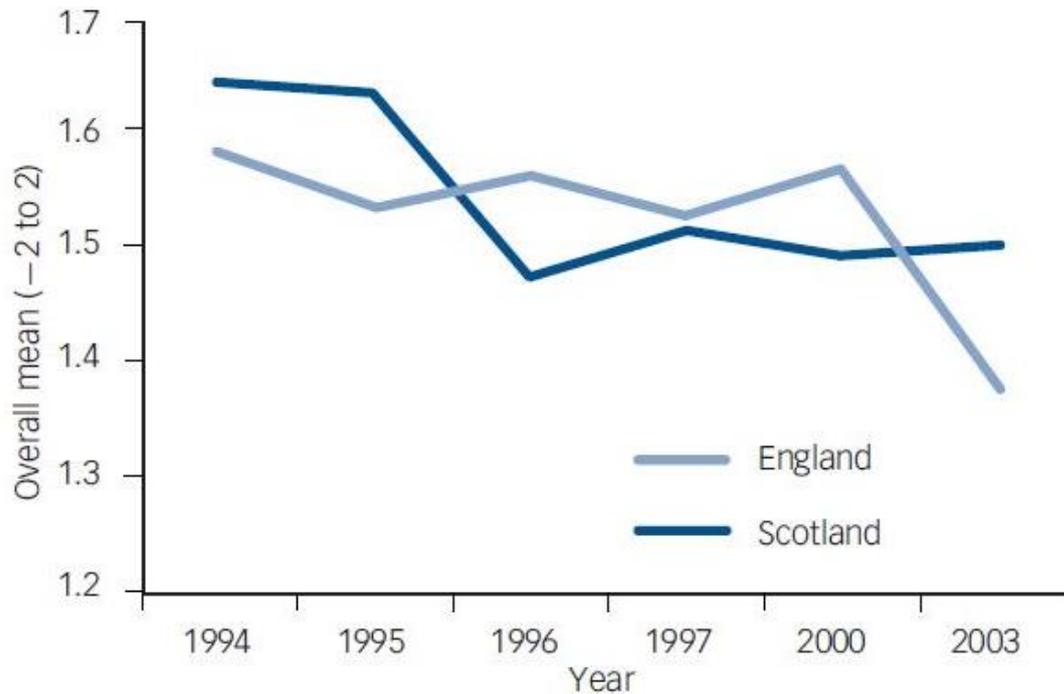


Table 5: Longitudinal Trend, England and Scotland. 'We Need to Adopt a Far More Tolerant Attitude Toward People with Mental Illness in Our Society'. Over the six time points and across both countries, attitudes significantly deteriorated for this item.<sup>11</sup>

Contrary to the findings of the previous studies, Mehta et al found some improvement in the stigma of mental illness between 1994 and 2003. More specifically, they found indications of the normalisation of mental illness, particularly through the clear development in participants' opinions that they could not necessarily tell mentally ill people apart from people without mental illness. The slight positive trend in the opinion that mental illness is an illness like any other also indicates that there was an increasing acceptance of mental illness as a medical issue. On the other hand, of these three graphs the most dramatic change is visible in in Table 5. These findings indicate that participants in 1994 felt generally positive about developing more tolerant attitudes towards mental illness, but these attitudes vastly deteriorated as deinstitutionalisation progressed.

<sup>11</sup> Ibid

Reflecting these findings, Susan Bailey carried out a study of mental illness and stigmatisation in 1999 by asking children aged 11 to 17 to respond to a questionnaire. When querying where mentally ill people should be treated, she found that substantially more people believed that they should be treated in hospitals or special homes rather than in communities or their own homes.

	<i>n (%)</i>
Special homes	23 (16.43)
Hospital	64 (45.71)
At home	33 (23.57)
Clinic	6 (4.29)
Care in the community	8 (5.71)
Special unit	5 (3.57)
General practitioner	1 (0.71)

Table 6: *Where Do You Think People with Mental Illness Should be Treated?*<sup>12</sup>

Exploring the damaging effects of stigma, Bailey also asked about derogatory words these 11 to 17-year-olds had heard used against somebody with a mental illness.

<b>Names heard</b>	<i>n (%)</i>
Lunatic	36 (8.57)
Nutter	31 (7.38)
Mental	43 (10.23)
Psychopath	72 (17.14)
Retarded	80 (19.04)
Demented	15 (3.57)
Unstable	12 (2.85)
Crazy	42 (10.00)
Spastic	61 (14.52)
Peculiar	28 (6.66)

Table 7: *What Names Have You Heard Someone with a Mental Illness Being Called?*<sup>13</sup>

<sup>12</sup> Susan Bailey, 'Young People, Mental Illness and Stigmatisation', *Psychiatric Bulletin*, Vol. 23, (The Royal College of Psychiatrists, 1999), 107-110, 109.

<sup>13</sup> *Ibid.*, 107.

One notable aspect of these results is that Bailey found greater use of medically specific words such as ‘psychopath’, ‘retarded’, and ‘spastic’ than non-medical vocabulary such as ‘peculiar’, ‘lunatic’, and ‘crazy’. This suggests that one result of the demystification of mental illness caused by deinstitutionalisation was that more vocabulary related to mental illness became commonly available and could be used casually with little or no understanding of the medical definitions of these terms. Part of the discussion of mental illness in this chapter will be a study of the use of medical terminology in theatre reviews and wider performance criticism, discovering to what extent psychiatric vocabulary was applied and asking whether or not it was used with medical understanding. The study of *Hamlet* in this chapter will begin by asking about the quantity of discussion of Hamlet’s ‘madness’ as mental illness in literary, psychological, and psychiatric theory.

#### Hamlet’s ‘Madness’ and the Vocabulary of Critics

Between 1983 and 2005, it was rare for literary and psychological critics or theorists to discuss Hamlet’s ‘madness’ as mental illness. In his 1985 book *Hamlet Closely Observed*, Martin Dodsworth searches for causes of Hamlet’s inner distress. At one point, Dodsworth uses the word ‘mad’ as a medically diagnostic term, suggesting that comparing Ophelia’s ‘madness’ to Hamlet’s does not ‘serve to show up the falsity of any diagnosis that Hamlet is mad: it cannot do so, since his conduct cannot be rationalised in its entirety’.<sup>14</sup> Similarly mixing medical and nonmedical terms, Aubrey C. Kail mostly engages with mental illness in pre-psychiatric terms in *The Medical Mind of Shakespeare* (1986), but intersperses his argument with modern psychiatric vocabulary. Kail diagnoses

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<sup>14</sup> Martin Dodsworth, *Hamlet Closely Observed*, (Bloomsbury Academic Collections, 1985. Reprinted by Bloomsbury Publishing, 2013), p. 228.

Hamlet's 'madness' as 'a feigned psychosis in a weak and indecisive individual with marked depressive overtones [...] Hamlet also exhibits some characteristic features of depression, such as self-denial and suicidal thoughts. [...] We can assume that Shakespeare presented Hamlet as a mentally ill and depressed individual, with the disease "melancholia", which had been well recognised as a fairly common complaint'.<sup>15</sup> In *The Madness of Prince Hamlet and Other Extraordinary States of Mind*, Robert Youngson begins his discourse on mental illness by referring to mentally ill people as 'mad' and 'madmen', using these words as umbrella terms for mental illnesses.<sup>16</sup> Despite his title, after the first chapter he only mentions Hamlet one more time in the rest of the book. Youngson's medical vocabulary becomes more formal after his first chapter with the odd result that he only refers to mental illness as 'madness' when writing about Hamlet. In the 2001 text *Hamlet in Pieces: Shakespeare Reworked by Peter Brook, Robert Lepage, Robert Wilson*, Andy Lavender barely engages with performances of Hamlet's 'madness' and does not discuss mental illness at all.<sup>17</sup> The approaches of these late-twentieth- and early-twenty-first-century critics show a lack of distinction between 'madness' and mental illness and only a limited amount of generalised commentary connecting Hamlet's 'madness' with psychiatric understandings of mental illness,.

Explaining the lack of connection between the works mentioned above and Hamlet's 'madness' as a medical condition, Edward Shorter suggested that, at the end of the twentieth century, people developed a tendency 'to psychologise distress, rather than

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<sup>15</sup> Aubrey C. Kail, *The Medical Mind of Shakespeare*, Williams & Wilkins, 1986), pp. 61, 64.

<sup>16</sup> Robert Youngson, *The Madness of Prince Hamlet and Other Extraordinary States of Mind*, (New York, Carroll and Graf, 1999).

<sup>17</sup> Andy Lavender, *Hamlet in Pieces: Shakespeare Reworked by Peter Brook, Robert Lepage, Robert Wilson*, (London: Nick Hern Books, 2001).

to medicalise it'.<sup>18</sup> He argued that the demand for psychological therapy consequently increased and the definition of depression widened. This chapter will test Shorter's theory by studying changes in the balance between medical and psychologically philosophical approaches to Hamlet's and Ophelia's 'madnesses' between 1983 and 2005. Psychiatrist Dr Alison Stewart commented that, since deinstitutionalisation, major mental illness has lessened but a greater number of people suffer from minor mental health issues. Dr Stewart explained that the exposure to mental illness made people 'more aware of possible treatments and conditions', sometimes leading to hypochondria. Discussing dementia patients, Dr Stewart said in 2014 that 'we do get "the worried well", as we call them, and actually in the memory clinic about 10% of our patients are the worried well. We see them and their memories are absolutely fine'.<sup>19</sup> Reflecting the findings of the previously cited stigma studies, this increase in minor mental illness and perceived mental illness is evidence that the possibility of mental illness became much more widely considered and accepted after deinstitutionalisation.

After the ground-breaking cultural theory of figures such as Foucault, Derrida, Barthes, Lacan, and Laing, far less theoretical writing which discussed literature through the lens of psychology or psychiatry was published between 1983 and 2005, and the theory which was written during these years seemed considerably less path-breaking. Terry Eagleton explains that 'the new generation came up with no comparable body of ideas of its own. [...] The generation which followed after these path-breaking figures did what generations that follow after usually do. They developed the original ideas, added

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<sup>18</sup> Edward Shorter, *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac*, (Wiley, 1998), p. 288.

<sup>19</sup> Alison Stewart, *Interview with Dr Alison Stewart, psychiatrist*, (Interviewed by Rachel Stewart, 26 October 2014).

to them, criticised them, and applied them'.<sup>20</sup> In the 1980s and 1990s, theorists transferred Laing's earlier dismissive attitude towards Ophelia, discussed in the previous chapter, over to Hamlet. This did not mean a dismissal of Hamlet's psychology, but rather that post-structuralists could no longer treat the play as capable of signifying it. Francis Barker posited that 'at the centre of Hamlet, in the interior of his mystery, there is in short, nothing. The promised essence remains beyond the scope of the text's signification: or rather signals the limit of the signification of this world by marking out the site of an absence it cannot fill'.<sup>21</sup> Similarly, Eagleton argued of Hamlet that he is 'a kind of nothing' because 'he is never identical with himself' and has 'no essence of being whatsoever, no inner sanctum to be safe-guarded: he is pure deferral and diffusion, a hollow void which offers nothing determinate to be known'.<sup>22</sup> In response to Eagleton and Barker's comments, Bridget Escolme suggested in 2005 that

perhaps the Hamlets that emerged during the 1980s were a Foucauldian blip that accompanied a more general post-modern interest in - or despair over - a shifting, externally constructed, politically disempowered self. More recently, to be sure, *Hamlet* has been read as a more certain step along a road to coherent psychological character than in these 1980s accounts.<sup>23</sup>

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<sup>20</sup> Terry Eagleton, *After Theory*, (Penguin Books, 2004), p. 2.

<sup>21</sup> Francis Barker, *The Tremulous Private Body: Essays on Subjection*, (University of Michigan Press, 1995), pp. 36-7.

<sup>22</sup> Terry Eagleton, *William Shakespeare*, (Oxford: Blackwell, 1986), pp. 73, 72.

<sup>23</sup> Bridget Escolme, *Talking to the Audience*, (Routledge, 2005), p. 53.

It is notable that dismissals several decades earlier of Ophelia as an absence of character by psychological and psychiatric theorists, discussed in Chapter One, were written at around the same time that Ophelia in performance began more frequently to engage with medical understandings of mental illness. This chapter asks whether Eagleton's and Barker's similar theories about Hamlet coincided with Hamlet's 'madness' in performance beginning to reflect the clinical realities of mental illness. By calling 1980s Hamlets post-modern and Foucauldian, Escolme perhaps suggested, too, that the character had not developed significantly in performance or theory since the 1960s and 1970s. Nevertheless, she expressed a belief that a greater psychological clarity, together with a renewed emphasis on Hamlet's selfhood and agency, had entered interpretations of the character by 2005.

Hapgood interpreted this psychological development of the character as an effect of engagement between social and cultural history, writing in 2016 that '*Hamlet's* interpreters over the past century or so have progressively enlarged the mirror they have held up to the play and thus encompassed an ever more inclusive understanding of its unity'.<sup>24</sup> Connecting Escolme's and Hapgood's perspectives, this chapter explores in greater detail than previous studies how direct connections and unconscious synergy between social and cultural history informed stage interpretations of Hamlet's 'madness' between 1983 and 2005, asking whether the issue of mental illness shaped the perceived psychological coherence (or otherwise) of the character.

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<sup>24</sup> Robert Hapgood, 'Recent stage, film, and critical interpretations, by Robert Hapgood', in *Hamlet, Prince of Denmark*, ed. Philip Edwards, The New Cambridge Shakespeare, (Cambridge University Press, 2016), pp. 72-82, p. 72.

## The Progression of Pre-1959 Performance Traditions

In her connection between 1980s Hamlets and those of earlier decades, Escolme referred to the politically disempowered figures, such as the Hamlets performed by Warner and Kingsley; however, something older trend of noble, romantic Hamlets also persisted through the 1980s. Most reviews of Roger Rees' performance of Hamlet in Ron Daniels' 1984 RSC production suggest quite an old-fashioned, romantic reading of a character who principally displays intelligence under extreme pressure. He was described by reviewers variously as 'dry, intensely cerebral';<sup>25</sup> and as a 'dry, tortured introvert who came to life only through grief'.<sup>26</sup> Demonstrating his dogged dislike of trends in stage interpretations of Hamlet since the 1960s, Michael Billington erroneously believed that 'we seem to have passed through the age of the angry young Hamlet (exemplified by Nicol Williamson and Jonathan Pryce): like Pennington before him, Rees gives Hamlet "a noble heart"'.<sup>27</sup> In a description that could be an account of Olivier's 1940s performance, Frank Rich described Rees's Hamlet as 'sardonic in intelligence, hollow-cheeked in melancholy, a bit controlled in madness'.<sup>28</sup> This comment implies that Rich was expecting something more raw and unpredictable in Rees's performance of Hamlet's 'madness'. Despite his desire for a noble, stately Hamlet in his 1985 review, Billington had previously complimented Rees on how 'real' his Hamlet's 'madness' seemed, writing that Rees

precisely captures the character's spiritual progress. Indeed, it consists of four definable phases: concave-cheeked inertia; antic disposition; real

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<sup>25</sup> Matt Wolf, 'The Universal Appeal of a Danish Prince', *The Associated Press*, 22 June 1989.

<sup>26</sup> Matt Wolf, 'Hamlet Fatigue as Britain Overdoes the Bard', *The Associated Press*, 21 January 1993.

<sup>27</sup> Michael Billington, 'The Most Noble Heart in Elsinore', *Guardian Weekly*, 28 April 1985.

<sup>28</sup> Frank Rich, 'London Quartet of Shakespeare Royalty', *The New York Times*, 26 June 1985.

madness; spiritual calm. [...] feigned oddity shades into real insanity as he hurls himself against the staircase while proclaiming Claudius's villainy as, at the height of the Play Scene, he impulsively takes over the role of the usurper and kisses the fictive queen. Mr Rees is a genuinely distracted Hamlet.<sup>29</sup>

Although he suggested that this Hamlet's 'madness' seemed real, Billington did not discuss 'madness' as mental illness at all; instead, he used the words 'real' and 'genuine' without explaining whether or not these words were references to mental illness. Although he several times called this performance of 'madness' real, there is no indication that Billington was considering Rees's Hamlet in clinical terms; he interpreted some moments of 'madness' as 'real' within the theatrical context and in opposition to Hamlet's moments of feigned 'madness'. His description of the moments that Hamlet's 'madness' seemed most real to him suggest that he saw the behaviour that he called 'real insanity' in the character's most extreme moments of violence and unpredictability.

Chapter One of this thesis found a range of strong opinions from theatre reviewers and performance critics about how Hamlet and Ophelia should be played, both encouraging and resisting echoes of pre-1959 stage traditions and newly developing performance trends. In a 1984 article combatting recent developments in performances of Hamlet, Ralph Estling was tenacious in his opinion that Hamlet should not be a modern political or mentally ill character.

Hamlet's character may be complex, but it is not that complex. When he

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<sup>29</sup> Michael Billington, 'A Prince to Watch', *Guardian Weekly*, 16 September 1984.

speaks of incestuous sheets, he is not being the spiteful adolescent, secretly and unconsciously giving vent to his longing for mum's embrace; he is being the fully mature Elizabethan adult, horrified at the union forbidden by the law of God and man, of Claudius and Gertrude. Anyone in the deepest pit in the Globe could have told us this much. And when he rejects Ophelia, it is not with raging sexual fury at the sudden realisation that she is much younger than, and looks nothing like, his mother, but with self-lacerating agony as he consciously and deliberately changes the role of lover for that of avenger. His last words about her going into a nunnery - i.e. a brothel - should be whispered in anguish, not spat in tantrum. Perhaps someday an actor, producer, or director will come to understand this, and we shall have the Shakespeare that Shakespeare wrote. The rest should be silence.<sup>30</sup>

As exemplified by Billington's response to Rees's Hamlet and Estling's dismissiveness of performances of *Hamlet* which updated the story to reflect the times in which the productions were staged, the ambivalence from critics as performance trends variously entertained and combatted trends from previous decades continued through the years explored in this chapter.

Similarly demonstrating that some early- to mid-twentieth-century performance trends persisted into the 1980s, many reviews of Daniel Day-Lewis's 1989 performance of Hamlet at the National Theatre in a production directed by Richard Eyre suggest that he, like Rees, followed the traditions of Olivier and Gielgud to create a Hamlet who was

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<sup>30</sup> Ralph Estling, 'Poor Hamlet Is Not Known Well At All', *Guardian Weekly*, 29 July 1984.

a romantically heroic figure. Reviewers variously said that ‘I was impressed by much of the playing, by Daniel Day-Lewis as a romantic Hamlet’,<sup>31</sup> ‘Daniel Day-Lewis exuded a desperate love’,<sup>32</sup> and he was ‘a soulful, Byronic figure’.<sup>33</sup> Despite the progression of Hamlet in the 1960s to a modern, political figure, reviewers appreciated this return to older performance tradition. Billington was particularly enthusiastic about this echo of mid-twentieth-century Hamlets:

The tendency in recent years has been to play Hamlet as a certifiable neurasthenic whom no sane man would want to see on the throne of Denmark. Mr Day-Lewis gives us a Hamlet who is noble, sweet-souled and gently ironic. He looks like everyone’s picture-book idea of Hamlet. [...] In the big soliloquies, I heard the words clearly without feeling I was being given access to a restless and tormented brain.<sup>34</sup>

Billington once again mixed medical and non-medical terms, calling this Hamlet officially ‘certifiable’ but diagnosable only with the outdated quasi-medical condition neurasthenia, which was removed from the *Diagnostic and Statistical Manual of Mental Disorders* in 1980.<sup>35</sup> There was some synergy between the typically negative stigma around mental illness during these years, suggesting a society generally uncomfortable with the subject and wary of mentally ill people, and this compliment to Day-Lewis on

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<sup>31</sup> William Rees-Mogg, ‘A Tale of Murder, Treachery, Spies and Incompetence’, *The Independent*, 21 March 1989.

<sup>32</sup> Benedict Nightingale, ‘Spirits Fail in our Material World’, *The Times*, 16 March 1993.

<sup>33</sup> Matt Wolf, ‘Hamlet Fatigue as Britain Overdoes the Bard’, *The Associated Press*, 21 January 1993.

<sup>34</sup> Michael Billington, ‘Prince Charming’, *Guardian Weekly*, 2 April 1989.

<sup>35</sup> Pamela Yew Schwartz, ‘Why is Neurasthenia Important in Asian Cultures?’, *The Western Journal of Medicine*, Vol. 176, No. 4, (BMJ Publishing Group, 2002), 257-8, 257.

his lack of engagement with mental illness as Hamlet. Other reviewers, however, were less enthusiastic than Billington about this Hamlet who, in some ways, belonged to an earlier decade. Frank Rich called it ‘the most unfashionable production imaginable. Romantic and straightforward in what one imagines to have been the John Barrymore manner, [...] he grows in heroic stature instead of disintegrating into madness’.<sup>36</sup> In this review, Rich restated his earlier response to Rees’s Hamlet, quoted previously, making it clear that he expected 1980s Hamlets to experiment more than Day-Lewis and Rees with the theatrical possibilities of Hamlet’s ‘madness’. He implied that some reflections of mental illness in Hamlet’s ‘madness’ would have improved the performances of both Rees and Day-Lewis. After the radical representation of Hamlet’s ‘madness’ by Jonathan Pryce in Eyre’s previous production of *Hamlet* in 1980, Day-Lewis’s performance seems surprisingly old-fashioned.

Unlike Rich and Billington, other performance reviewers saw Day-Lewis’s interpretation of Hamlet’s ‘madness’ as a possible reflection of mental illness. Peter Kemp believed that ‘Hamlet’s intelligence, in Day-Lewis’s acute portrayal, never loses its grip, but his hold over his emotions often slips. Behind the calculated simulation of lunacy, real hysteria sends him into manic spasms.’<sup>37</sup> Similarly, Irving Wardle described ‘eccentric pauses and spurts of nervous acceleration. [...] Elsewhere, he preserves a still dignity, and then breaks it with some manic gesture. [...] There is no telling from this reading whether Hamlet’s derangement is actual or assumed.’<sup>38</sup> The vocabulary of these reviews reflects Billington’s review of Rees’s performance; the reviewers combine medical and non-medical terms, discussing ‘madness’ as mental illness, with their use of

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<sup>36</sup> Ibid.

<sup>37</sup> Peter Kemp, ‘Skulls Beneath the Skin’, *The Independent*, 18 March 1989.

<sup>38</sup> Irving Wardle, ‘Setting an Example; Review of *Hamlet* at the Olivier Theatre’, *The Times*, 18 March 1989.

words such as ‘manic’, but without explaining or acknowledging their decisions to use psychiatric terms.

Although critics disagreed on how ‘real’ they found this Hamlet’s ‘madness’, Eyre’s 1989 production provided an unexpected and infamous connection between the mental state of the character and that of the actor. During the run, Day-Lewis departed suddenly from the production mid-performance after a nervous breakdown with rumours reported that he believed he had seen his father’s ghost. Day-Lewis later attributed his breakdown to exhaustion: ‘I was just beyond caring in that moment. I had done it enough. I couldn’t do it anymore’.<sup>39</sup> Suggesting that there was some connection between the mental state of a character and the actor, Day-Lewis had previously said during the rehearsal period that ‘I think this is the year of my nervous collapse. Hamlet’s a hard part to live with. It conjures up demons in you [...] This has certainly taken me closer to the abyss than anything else. And I’ve discovered fears in myself, or generated fears, I never knew before - and one they’re there, they’re very difficult to put away again’.<sup>40</sup> Following Hapgood’s comment about *Hamlet* holding a progressively clearer mirror up to nature, quoted earlier in this chapter, Day-Lewis’s experience connects Hamlet’s performed ‘madness’ with a genuine lack of mental equilibrium. He later explained of this connection between performance and reality that:

to some extent, I probably saw my father’s ghost every night, because of course if you’re working in a play like Hamlet you explore everything through your own experience. That correspondence between father and

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<sup>39</sup> ‘Paul Thomas Anderson and Daniel Day Lewis Interview’, *The Charlie Rose Show*, 21 December 2007.

<sup>40</sup> Performance review, *Daily Mail*, 13 September 1989, (no author).

son, or the son and the father who is no longer alive, played a huge part in that experience. So yes, of course, it was communication with my own dead father, but I don't remember seeing any ghosts of my father on that dreadful night.<sup>41</sup>

There are a few further examples of negative effects on an actor that can be caused by playing a 'mad' character, which this thesis will explore in greater detail in Chapter Three. Journalists continue to connect Day-Lewis's departure from the production with Hamlet's 'madness': 'the actor delved so far into Hamlet's madness that he had a breakdown himself and had to withdraw from the production'.<sup>42</sup> The potential to suggest that playing a mentally distressed character caused a manifestation of those issues in the mind of the actor playing the role was embraced by commentators and, since Day-Lewis's breakdown, very little has been written about his performance apart from retellings of this incident. This is one example that, by 1989, the desire of performance critics and theatre practitioners to connect Hamlet's 'madness' with the realities of mental illness or mental distress was becoming an increasingly popular approach to the character.

Another way in which Eyre's 1989 production revived trends from several decades previously was with the use of oedipal tones. Performance reviews reported that 'Daniel Day-Lewis gave Judi Dench's Gertrude a big, incestuous kiss on the mouth'<sup>43</sup> and that 'the prince's only real neurosis is his oedipal fixation on Gertrude'.<sup>44</sup> The continuation of this trend was also apparent in Jonathan Kent's 1995 Almeida Theatre Company production. This production was met in 1995 with several reviews suggesting

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<sup>41</sup> Wendy Ide, 'The Invisible Man', *Prospect*, 22 February 2018.

<sup>42</sup> Peter Craven, 'To Be or Not To Be the Finest', *The Age (Melbourne, Australia)*, 16 July 2011.

<sup>43</sup> Benedict Nightingale, 'Someday my Prince will come', *The Times*, 18 February 2008.

<sup>44</sup> Frank Rich, 'Fourfold View of London's Shakespeare', *The New York Times*, 21 June 1989.

that it was oedipal<sup>45</sup> and, contrary to the popularity of this trend in the 1930s and 1940s, performance critic John Heilpern complained that ‘the oedipal connection is overstated’.<sup>46</sup> Paul Taylor also disliked the oedipal connotations and commented in his review for *The Independent* that ‘[Ralph] Fiennes’ largely romantic reading feels like a throwback, and one not in tune with the temper of the age’.<sup>47</sup> The reason that critics felt this production was oedipal may not have been entirely because of performance choices but because Fiennes and Francesca Annis, who played Gertrude, began a long-term relationship during the run of *Hamlet* which attracted some publicity.

Although the reviews quoted above indicate that some critics found Fiennes’ Hamlet outdated, Michael Coveney disagreed that Fiennes gave a performance which was out of place in the 1990s. Coveney felt that there was a modern psychological element to Fiennes’ performance of Hamlet’s ‘madness’, describing Fiennes’ fast-paced delivery of Hamlet’s most famous soliloquy as marking the point where his antic disposition blurred into a recognisably modern mental distress: ‘to be or not to be is given at a seductive controlled gallop and signals an interior journey from “madness” to madness. Crawling between heaven and earth, this boy needs help’.<sup>48</sup> Vincent Canby also complimented Fiennes on his modern take on the character’s psychology, but not in medical terms, observing that the pace of this soliloquy made it sound like ‘a madman’s laundry list of options’.<sup>49</sup> From these responses simultaneously criticising Fiennes and Kent for outdated

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<sup>45</sup> Benedict Nightingale, ‘More Than Kin, Less Than Kind’, *The Times*, 2 March 1995; Nicholas de Jongh, ‘High Voltage Hamlet is Simply out of this World’, *Evening Standard*, 1 March 1995; Paul Taylor, ‘Ralph and Keanu, wimps of Denmark: First Keanu Reeves, now Ralph Fiennes - Is It Fatal Attraction that Draws Hollywood Actors to the Role of Hamlet?’, *The Independent*, 2 March 1995.

<sup>46</sup> John Heilpern, *How Good is David Mamet, Anyway? Writings on Theater and Why It Matters*, (Routledge, 2000), p. 85.

<sup>47</sup> Paul Taylor, ‘Ralph and Keanu, wimps of Denmark: First Keanu Reeves, now Ralph Fiennes - Is It Fatal Attraction that Draws Hollywood Actors to the Role of Hamlet?’, *The Independent*, 2 March 1995.

<sup>48</sup> Michael Coveney, ‘Theatre: To Be or Not To Be? To Be’, *The Observer*, 5 March 1995.

<sup>49</sup> Vincent Canby, ‘Ralph Fiennes as Mod Hamlet’, *The New York Times*, 3 May 1995.

approaches to the character and praising them for creating a modern psychological interpretation of the role, it seems that Fiennes embodied the clash between contrasting performance trends in the 1980s and 1990s.

Reflecting Kent's 1995 production, there was a strong sense of mixing contrasting performance trends in Adrian Noble's 1992 RSC *Hamlet*. Benedict Nightingale used terminology echoing theatre reviews from the 1960s when he called Kenneth Branagh's Hamlet 'the most impressively princely Hamlet I have seen in ages';<sup>50</sup> however, Coveney interpreted this princeliness in more modern terms and complimented Kenneth Branagh's attempt 'to define and reshape a notion of modern royalty'.<sup>51</sup> Agreeing with Coveney and opposing Nightingale, one reviewer praised Branagh for resisting 'those persistent but deadly romantic traditions of eighteenth- and nineteenth-century Hamlets who never got to grips with the man's awkward callous streak' and called him 'emotionally and physically [...] undoubtedly the great Hamlet of our time'.<sup>52</sup> Compared to performance reviewers mourning the gradual passing of romantic and noble Hamlets in the 1960s, this reviewer's reference to romantic Hamlets as a 'deadly' tradition indicates the changes that had occurred in the expectations of critics.

This mix of performance traditions in this production was specifically visible in their interpretation of Hamlet's 'madness'. Branagh's Hamlet taunted Polonius early in the play by dressing in a straitjacket and waving its long sleeves at him and later in the production Hamlet was physically restrained with a straitjacket. Although a straitjacket in 1992 remained a recognisable item connected with mental illness, it also distanced the audience from the clinical realities of living with mental illness in an increasingly

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<sup>50</sup> Benedict Nightingale, 'Princely and Noble in Lunacy', *The Times*, 21 December 1992.

<sup>51</sup> Michael Coveney, performance review, *The Observer*, 20 December 1992.

<sup>52</sup> Jack Tinker, 'Prince of Plays: Branagh's Role Makes Critics Eat Humble Pie', *Daily Mail*, 19 December 1992.

deinstitutionalised society. Any pressure on Noble and Branagh to engage with 1990s understandings of mental illness was lessened by their Edwardian setting of the production; nevertheless, the use of an item with a strong historical association with psychiatric treatment was a part of a newly developing trend of presenting Hamlet's 'madness' through reflections of clinical mental illness.

#### Mark Rylance as Hamlet (1989 and 2000)

One production of great value to this thesis is Ron Daniels' 1989 RSC *Hamlet*. This production provides an example of direct contact between mental illness and stagings of *Hamlet*, allowing Hamlet's 'madness' to be informed and shaped by the responses of severely mentally ill people to the production. This *Hamlet* was taken to Broadmoor Hospital, a high-security residential psychiatric hospital in Berkshire, for a performance and a workshop with the patients. The direct dialogue that consequently occurred between the actors and patients had a profound effect upon the actors and their performances of the characters' 'madnesses'. One of the actors compared performing in Broadmoor to the production's run in Stratford-upon-Avon and said of acting in Stratford that 'it makes what you are doing on the stage here perhaps glorious or romantic. But I found in Broadmoor everything becoming so much more pertinent [...] and a lot of that romanticism came down to a much more urgent and earthier level'.<sup>53</sup> The presence of this particular audience forced 'madness' to a more intimate level of mimeticism; Clare Higgins, who played Gertrude, said that the cast were warned in advance 'that no one would tolerate either boredom or untruthfulness'<sup>54</sup> in the Broadmoor audience.

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<sup>53</sup> Murray Cox (ed.), *Shakespeare Comes to Broadmoor: 'The Actors are Come Hither' - The Performance of Tragedy in a Secure Psychiatric Hospital*, (Jessica Kingsley Publishers, 1992), p. 145.

<sup>54</sup> Alan Franks, 'Rebel Without a Pause', *The Times*, 9 June 1994.

The immediacy of the issue of mental illness during this performance reduced the possibilities of romanticising the characters and of romanticising Hamlet's 'madness', a resistance to previous performance traditions which was positively received by the actors and director. Mark Rylance described the feeling of playing Hamlet in front of a Broadmoor audience as 'like a fire that burnt away any excess of ego and all the tricks you would rely on, and I just felt I have to be absolutely honest here. This Hamlet must be absolutely acid, honest'.<sup>55</sup> Daniels noted that

there was to me in that room a huge sense of precariousness, vulnerability, and humanity, and what was astonishing was how the production response acquired, from the first words spoken, a simplicity, a lack of pretentiousness. The actors were 'doing' much less and their performances acquired an ordinariness and humanity that was quite revelatory.<sup>56</sup>

Daniels and Rylance discussed mental illness at length during rehearsals and, before taking the production to Broadway, decided that Rylance's Hamlet was mentally ill. Hapgood wrote that 'reviewers felt strongly the atmosphere of a mental institution [...] he sometimes banged his head on the wall or clutched his head with terrifying self-awareness'.<sup>57</sup> The positive attitude the actors and directors felt towards Rylance's engagement with mental illness was shared by theatre reviewers. Reviewers praised Rylance's performance of Hamlet's 'madness', writing that 'derangement was stripped

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<sup>55</sup> Murray Cox (ed.), *Shakespeare Comes to Broadmoor*, p. 30.

<sup>56</sup> *Ibid.*, p. 87.

<sup>57</sup> Robert Hapgood, 'Recent stage, film, and critical interpretations, by Robert Hapgood', in *Hamlet, Prince of Denmark*, ed. Philip Edwards, *The New Cambridge Shakespeare*, (Cambridge University Press, 2016), pp. 72-82, p. 76.

of any stage decorativeness’;<sup>58</sup> his characterisation of Hamlet was a ‘deliberate embrace of wild, histrionic madness’,<sup>59</sup> including a ‘pathological depression’;<sup>60</sup> that Rylance ‘oscillates very convincingly between madness and feigned insanity. [...] twitchy and vulnerable, he suggests more the noble mind overthrown than the rose of the fair state’;<sup>61</sup> ‘the nearest thing to a wholly loony Hamlet I have ever seen’;<sup>62</sup> and ‘a triumph of originality, a salute to the rebellious energies of youth, [...] which will appeal particularly to young people’.<sup>63</sup> In contrast to Warner’s 1965 Hamlet, which received a lukewarm response for his appeal towards younger audience members, Rylance was instead praised for bringing a modern, youthful energy to the role. As with reviews of productions mentioned previously in this chapter, this mix of descriptions of Rylance’s performance of Hamlet’s ‘madness’ as pathological depression, vulnerability, twitchy, a loony, and histrionics demonstrates the mix of medical, nonmedical, outdated, and modern terms used by reviewers to describe Hamlet’s ‘madness’ in the 1980s and 1990s. However, unlike some reviews quoted earlier in this chapter, these critics praised Rylance’s departure from previous romantic traditions. The first chapter of this thesis found that, in the middle of the twentieth century, romanticising Hamlet’s ‘madness’ was still an ideal for many actors, directors, literary theorists, and performance critics and Mark Rylance’s 1989 performance was a seminal moment in the transformation of this ideal.

In contrast to the majority of performances of Hamlet’s ‘madness’ between 1959 and 1983, Daniels and Rylance engaged with mental illness and discussed Hamlet as a

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<sup>58</sup> Susannah Clapp, ‘The 10 Best Hamlets: John Simm and Rory Kinnear Both Play the Dane Next Month, in Sheffield and London Respectively. But Who Has Been the Finest Prince of them All?’, *The Guardian*, 22 August 2010.

<sup>59</sup> Ann Fitzgerald, ‘Confused? You Will Be’, *The Stage*, 11 May 1989.

<sup>60</sup> *Ibid.*

<sup>61</sup> Gerard Van Werson, ‘Play Reviews: Barbican *Hamlet*’, *The Stage*, 7 December 1989.

<sup>62</sup> Hugh Leonard, ‘Hugh Leonard’s Log’, *Sunday Independent*, 23 October 1988.

<sup>63</sup> Brian Brennan, ‘Generation Gap at Elsinore’, *Sunday Independent*, 16 October 1988.

mentally ill character before the Broadmoor performance, using personal observations of mental illness and consulting a medical professional. Daniels cited as an inspiration for his 1989 *Hamlet* 'Laing's (1960) description and evaluation of the journey of the schizophrenic, as one which contains, despite its terrors and wonders, perceptions which are of great value. It is all fascinating, absolutely fascinating'.<sup>64</sup> Daniels explained that the 'image of a schizophrenic boy, who has trouble sleeping, who wanders around the house lost, was an image that came out of my own personal life [...] it's based on a central idea of one of my family who had schizophrenia and who killed himself at age 23'.<sup>65</sup> Dr Murray Cox, who worked as a consultant psychotherapist at Broadmoor, also advised Rylance on playing Hamlet's 'madness' as well as advising Robert Stephens on his performance of Lear for the RSC's production of *King Lear*, which was also performed in Broadmoor. Although Jonathan Miller used clinical understandings of schizophrenia to inform Kathryn Pogson's portrayal of Ophelia in his 1982 production, this is the first example from a major London or RSC production of *Hamlet* of the direct influence of psychiatry on a representation of Hamlet's 'madness'.

The intimacy of the exploration of 'madness' in this production of Hamlet was deepened for the actors when, during a workshop after the performance, they performed the scene of Ophelia's funeral and were joined onstage by the Broadmoor patients. The patients were encouraged to play mourners at Ophelia's funeral and they were asked to improvise around the actors' lines. This experience gave Rylance a fuller understanding of Hamlet's mental state as, in the moment where he screamed out the line 'I loved Ophelia' (V.i.258), one of the patients came up to him and said 'I believe you'. Rylance said of this moment that

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<sup>64</sup> Murray Cox (ed.), *Shakespeare Comes to Broadmoor*, p. 92.

<sup>65</sup> *Ibid.*, p. 89.

it was extraordinary because my heart really choked up and tears flooded into my eyes and I thought - oh I really needed someone to say that. I didn't realise how much I needed to be believed [...] when this man stepped forward I felt yes, only someone like you would understand. Perhaps that is part of why I wanted to go - or Hamlet in me wanted to go; a feeling that people would understand.<sup>66</sup>

This collaboration between the RSC and Broadmoor helped develop the newly opening line of communication between the institutions of theatre and psychiatry. The distance between actor and audience was also removed in the workshop as Hamlet's 'madness' was turned into an immersive theatre experience for the patients. The responses of the actors demonstrated their desire to perform 'madness' in truthfully mimetic terms in this production, an attitude which was uncommon between 1959 and 1983.

As mass closures of psychiatric hospitals occurred in Britain throughout the 1990s, Rylance's performances of Hamlet in 1989 and 2000 occurred before and after the majority of the process of deinstitutionalisation. By 2000, Community Care had become the primary method of treating people with mental illnesses, and newer medications to treat mental illnesses with fewer aggressive side effects had been approved.<sup>67</sup> Although Rylance may not have taken this directly into account when deciding how to play Hamlet's 'madness', comparisons between Rylance's two performances in the role indicate the extent to which his performances of Hamlet's 'madness' adhered to the times

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<sup>66</sup> Ibid, pp. 41-42.

<sup>67</sup> W. Wolfgang Fleischhacker and Christian G. Widschwendter, 'Treatment of Schizophrenia Patients: Comparing New Generation Antipsychotics to Each Other', *Current Opinion in Psychiatry*, Vol. 19, No. 2, (Wolters Kluwer, 2006), 128-134.

in which each production occurred. This section will discuss whether any unconscious effects of the enormous changes in society which re-defined mental health care and living with mental illness were apparent in the differences with which the issue of ‘madness’ was handled in each of these productions.

Rylance played Hamlet for the second time in a 2000 production directed by Giles Block and staged at Shakespeare’s Globe. The main overall difference between Rylance’s two performances of Hamlet’s ‘madness’ was that he was less histrionic in the 2000 production, seeming more distressed and vulnerable. One example of a scene in which Rylance played Hamlet’s ‘madness’ very differently was Act 4, Scene 3 in which Claudius interrogates Hamlet about the death of Polonius. In the 2000 production, Hamlet cowered on the floor as Claudius threatened to attack him physically and several attendants moved to shield Hamlet from Claudius. On the threat of attack, Hamlet curled up into a foetal position and cried out in fear.<sup>68</sup> The tone of this was different to the 1989 production in which Hamlet confronted Claudius and held his position while Claudius lunged at him and had to be restrained by his attendants. This scene also felt much more light-hearted in 1989 than in the 2000 production because of the differences in Hamlet’s reactions. When Claudius attacked Hamlet in the 1989 production by submerging his head in a basin of water, Hamlet responded to this assault by laughing and kneeling by the basin in mock-obedience so that Claudius could put his head under the water again. As Claudius became increasingly frustrated, Hamlet enjoyed deliberately riling him by relishing his comebacks to Claudius’s questions and taunting him until he had to be

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<sup>68</sup> William Shakespeare, *Hamlet*, Shakespeare’s Globe, 2000, dir. Giles Block, Archive recording, Shakespeare’s Globe Archives, 24/09/00, [visited 4 September 2014].

physically restrained.<sup>69</sup> These two interpretations created an opposing balance of power between Claudius and Hamlet. Hamlet was in control of the scene in 1989, his performance was entertaining and highlighted Hamlet's wittiness while Claudius lost control. By contrast, in the 2000 production, Claudius was in control of the scene, threatening physical abuse of a weak and defenceless Hamlet. In both productions, Claudius was stopped by his attendants and the difference in their movements highlights the differences in the tones of the two interpretations of this scene. In 1989, the attendants stood behind Claudius, actively holding him away from Hamlet. In 2000, the attendants passively ran in front of Claudius to form a shield between him and Hamlet.

Hamlet's playfulness and exuberance with the Players was also substantially reduced in his 2000 performance compared to 1989. As he greeted the Players, Rylance's 1989 Hamlet jumped around the stage yelling 'masters' and then danced around before completing his line. Along with the movement, Rylance was laughing and stammering over his words and it took him a long time to get to the end of the phrase 'masters, you are welcome' (II.ii.359).<sup>70</sup> In the 2000 production, Hamlet was still animated as the Players entered and he greeted them warmly but less energetically than in his previous performance. As Hamlet delivered Pyrrhus's speech to the Players (in Act 2, Scene 2) in 1989 he gave a lively comic delivery, enjoying throwing himself around the stage with exaggerated gestures while relishing every syllable of the juicier phrases such as 'coagulate gore' (II.ii.400). In the 2000 production, he started the speech slowly and sombrely and, whereas in 1989 it felt as though he stopped because his delivery of the speech has lost its novelty and he was no longer enjoying himself, he seemed to stop in

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<sup>69</sup> William Shakespeare, *Hamlet*, Royal Shakespeare Company, 1989, dir. Ron Daniels, Archive recording, Royal Shakespeare Company Archives, Shakespeare Birthplace Trust, RSC/TS/2/2/1989/HAM1, 2/1920/24, [accessed 21 August 2014].

<sup>70</sup> *Hamlet*, RSC, 1989, Archive recording.

the 2000 version because he was losing control, as if his murderous aggression was surfacing as he delivered the speech until he could no longer continue.<sup>71</sup>

As with Rylance's 1989 Hamlet, and unlike critics quoted in Chapter One, reviewers and performance critics saw his 2000 Hamlet's 'madness' as a theatrical interpretation of mental illness. Matt Wolf mentioned this Hamlet's 'shattered psyche';<sup>72</sup> Benedict Nightingale commented that the 'whole experience leaves you wondering why he isn't banging dangerously about in a straitjacket'<sup>73</sup> and wrote that 'he isn't just faking lunacy. [...] To the end his mental control is dangerously precarious';<sup>74</sup> and Ben Brantley commented that 'Rylance's prince, in feigning madness, is clearly caught up in the clownish, theatrical pleasures of the role; he is also repeatedly lanced with pain as he remembers the reality beneath the ruse.'<sup>75</sup> Discussing the representation of clinical mental illness onstage, Russell Jackson said of Rylance's 2000 performance that

I was very surprised by Mark Rylance because I thought the extremity of his pretence of madness and its closeness to what seemed like really clinical madness - so far as I as somebody who is not a clinician understand it - was really shocking, as though Hamlet seemed to go through some kind of degradation through which he was reborn [...] It was very, very powerful and a great surprise.<sup>76</sup>

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<sup>71</sup> *Hamlet*, Shakespeare's Globe, 2000, Archive recording.

<sup>72</sup> Matt Wolf, 'The Actor's the Thing at Shakespeare's Globe', *Variety*, 5 September 2000.

<sup>73</sup> Benedict Nightingale, 'Curtain Call', *The Times*, 24 June 2000.

<sup>74</sup> Benedict Nightingale, 'Rylance's Mad-For-It Prince', *The Times*, 12 June 2000.

<sup>75</sup> Ben Brantley, 'Critic's Notebook. Season of Surprises: British Plays Trade on the Unexpected', *The New York Times*, 17 August 2000.

<sup>76</sup> *Method to Madness*, (Hop! Productions, 2002).

As Rylance had previously engaged with mental illness for his 1989 performance, reviewers did not share Jackson's surprise at seeing clinical aspects to his mental distress. Nightingale, comparing the two productions, wrote that the 'first Hamlet of his, attired in pyjamas, deep in the dejection, craziness and rages of an alarming breakdown, suggested the Prince's "antic disposition" was involuntary rather than a Revenger's pose. Rylance adopts this interpretative line again, though in grosser, less illuminating terms'<sup>77</sup> Nightingale did not separate this Hamlet's 'alarming breakdown' from his antic disposition, finding it grosser and less illuminating than Rylance's 1989 Hamlet because of the prankish nature of his feigned 'madness'.

During the time when almost all people with mental illnesses were institutionalised, it was harder for a society with little or no contact with mental illness to perceive mentally ill people as victims and easier to judge them as dangerous aggressors. Consequently, presenting his mentally ill Hamlet as more of an aggressor in 1989 and more of a victim in 2000 carries some agreement with Escolme's argument, mentioned earlier in this chapter, that Hamlets by the early 2000s were more psychologically coherent than those of the 1980s. In both of Rylance's performances of Hamlet, he played 'madness' as a combination of entertaining histrionics and mental distress; however, he shifted the balance more towards the latter for his second version of Hamlet in 2000.

#### Performances of 'Madness' in Other Early Modern Plays

Although many of the critics quoted so far in this chapter expressed a desire to move away from Hamlets who followed the older romantic performance tradition of the role or were oedipal in their 'madness' and instead complimented Hamlets who engaged

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<sup>77</sup> Nicholas de Jongh, 'Grownup Boy Truly Lost', *The Evening Standard*, 12 June 2000.

with current politics and mental illness, this was not always the case with theatrical representations of ‘madness’ in other Early Modern plays: ‘The depiction of madness in classic plays can be an embarrassment. For every King Lear, with his sublime distraction on the heath, there are the flamboyantly histrionic displays of *The Duchess of Malfi* and *The Changeling*’.<sup>78</sup> Paul Taylor’s review of *The Duchess of Malfi* at the RSC’s Swan Theatre in 1989 suggests that he found Ferdinand’s ‘madness’ too histrionic. He felt of Ferdinand that, ‘in his howling madness in the last act, [Bruce] Alexander seems to be spoofing the emotions rather than playing them for real.’<sup>79</sup> Likewise, Matt Wolf found the ‘madness’ disappointingly over-exaggerated in the National Theatre’s 2003 production. He described an

incipient madness that ultimately reduces both the doomed Duchess and her pill-popping, wild-eyed twin brother Ferdinand (Will Keen) to gibbering wrecks. The paranoid phantasmagoria that engulfed Glenn Close’s Blanche du Bois in the National’s recent *A Streetcar Named Desire* has nothing on the freakish slide show that accompanies the Duchess’ descent into drug-induced delirium. [...] The level of emotional involvement is mostly nil, leaving one to wonder whether everyone’s attention was focused on the production’s trappings at the expense of the play’s terrible and damaged heart.<sup>80</sup>

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<sup>78</sup> Michael Arditti, ‘The Sane in Spain’, *Evening Standard*, 22 December 1992.

<sup>79</sup> Paul Taylor, ‘Paste jewels in the crown: Paul Taylor on Bill Alexander’s *The Duchess of Malfi* at the Swan, Stratford’, 9 December 1989.

<sup>80</sup> Matt Wolf, ‘Review: *The Duchess of Malfi*’, *Variety*, 3 February 2003.

The drug-induced ‘madness’ feels contemporary to a 2003 production, which is at odds with Wolf’s description of the Duchess’s and Ferdinand’s ‘madness’ as a reduction to ‘gibbering wrecks’ with little emotional investment. Wolf’s terminology is closer to the vocabulary used about ‘madness’ in *Hamlet* in earlier decades than to that of a twenty-first-century review, reflecting Billington’s earlier description of mentally ill Ophelias in performance as a ‘gibbering frenzy’.<sup>81</sup> Wolf’s review suggests that he did not consider this performance of ‘madness’ to be in any way related to observations of contemporary societal issues of mental illness or drug abuse.

The staging of the madhouse in the National Theatre’s 1988 production of *The Changeling* directed by Richard Eyre was much better received than representations of ‘madness’ in these productions of *The Duchess of Malfi*. Peter Porter saw the madhouse as the highlight of the production: ‘the special triumph of Richard Eyre’s production is in his handling of William Rowley’s madhouse subplot, which is brilliantly presented’.<sup>82</sup> As with the previously mentioned productions of *The Duchess of Malfi*, this production made no effort to present ‘madness’ as mental illness. One review described the staging of the madhouse:

Phantoms from the madhouse crouch on spiralling stairways, their presence continually threatening Beatrice and De Flores. In Richard Eyre’s brilliant production, *The Changeling* is structured like a dream, the principal characters’ puppet-like-being literally set in motion by the

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<sup>81</sup> Michael Billington, ‘A Prince to Watch’, *Guardian Weekly*, 16 September 1984.

<sup>82</sup> Peter Porter, ‘Pre-echoes and paradoxes’, *Times Literary Supplement*, 8 July 1988.

madhouse inmates, and the 'madmen' physically invading the world of 'normality' and overwhelming the lovers at the end.<sup>83</sup>

Gorman's description immediately dehumanised the occupants of the madhouse, calling them phantoms. She also wrote about 'madness' as if it were a plague which had doomed the main characters from the start, with dreamlike phantoms of a 'madness' which would eventually overcome them hovering threateningly around the stage and the action of a play which can only chronicle a process whereby its characters are gradually consumed by the surrounding miasma of 'madness'. Kate Kellaway's response was oddly contradictory to Gorman's, as she saw the madhouse as primarily a place of sanctuary and protection: 'In contrast to the barbaric world beyond, the scenes inside the madhouse seem mild and recreational in spite of the fact that the lunatics live on a grey staircase and are regularly whipped. The point is perhaps that, unlike the rest of humanity, fools and madmen are safe'.<sup>84</sup> There is an echo of Laing in Kellaway's feeling that the society outside of the madhouse is a madder and more dangerous place than the madhouse, but no indication in these reviews that the contemporary reality of mental illness was a consideration of the actors, director, or audiences.

In these productions, representations of 'madness' were years behind those found in productions of *Hamlet* from the same time, both in performances of 'madness' and in reactions from performance reviewers. Undoubtedly this is partly because these plays are staged far less often than *Hamlet* and there is consequently much less pressure on directors to find new readings of the characters' 'madness'. While such stagings of 'madness' were prevalent in productions of Early Modern plays, performances of

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<sup>83</sup> Janet Gorman, 'Review', *Openmind*, 16 August 1988.

<sup>84</sup> Kate Kellaway, 'Lust Conquers All', *Observer*, 26 June 1988.

Hamlet's 'madness' conversely underwent dramatic changes as Britain gained familiarity with the presence of people with mental illnesses in communities.

### Politicising Hamlet's 'Madness' for the Twenty-First Century

When preparing to rehearse a production of *Hamlet* that he was directing for the RSC Fringe Festival in 2000, Samuel West considered the issue of 'madness' in both clinical and theatrical terms. West wrote of Hamlet that 'he'd be on something nowadays. Lithium or Prozac' and he explored options of how Hamlet's 'madness' could be staged based on the theatrical history of the play.

The 'antic disposition' costume can be of two sorts. 'mad' mad - i.e. knowingly trying to show mad (straight jacket) [*sic*] Supersane mad - i.e. EITHER mad not knowing it or (more craftily) - trying to show real madness as well as possible (pyjamas) But remember that C[laudius] doesn't see Ophelia mad until act IV - perhaps only then realises that H[amlet] is putting it on.<sup>85</sup>

West's reference to a Hamlet in pyjamas is clearly an allusion to Mark Rylance's 1989 performance, in which he famously wore pyjamas for much of the play. West suggests that he saw this interpretation of 'madness' as an attempt to present mental illness in a 'real' way, either clinically or theatrically. West also describes blatant 'madness' on stage in the year 2000 as the use of a straitjacket, suggesting that Hamlet would wear a straitjacket if he were intentionally trying to convince the other characters of his

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<sup>85</sup> Samuel West, Notes for *Hamlet*, RSC Fringe, 2000, dir. Samuel West, Shakespeare Institute Library.

‘madness’. A straitjacket is a striking theatrical image, blatant because it is unmissable by the other characters, and an item which has a long-standing connection with mental illness; despite this, it would seem out of place in a modern-dress production worn by a Hamlet who seemed mentally ill in contemporary terms.

The following year, West played Hamlet in Steven Pimlott’s 2001 RSC production and his engagement with clinical ideas of mental illness for Hamlet’s ‘madness’ was more limited. West wrote in his notebook that ‘the bind “taint not thy mind, nor let thy soul contrive against thy mother aught” saves me from matricide only at the cost of my sanity’ but he also explained away his Hamlet’s ‘madness’ in the same notebook by writing that ‘SAYING I’LL PRETEND TO BE MAD is a way of retaining some self-control while at breaking point’ and that consequently ‘madness is my refuge, and my place of truth’.<sup>86</sup> West’s approach reflects Coleridge’s famous remark on Hamlet’s ‘madness’ which West copied into his rehearsal notebook: ‘Hamlet’s wildness is but half-false. O that subtle trick to pretend the acting only when we are very near to being what we act’.<sup>87</sup> West’s notes suggest that he was aiming for a Hamlet whose mental health was at breaking point. One moment in which he captured this feeling in performance was his Rylance-like display of unpredictability as he confronted Ophelia in Act Three, Scene One with a whirlwind performance in which he clung to her, pushed her away, kissed her, threw her box of remembrances on the floor, destroyed one of his letters to her, spat in her face, and spoke to her furiously, condescendingly, and tenderly in turn.<sup>88</sup> In his script and notebook, West uses a variety of words to describe who Ophelia

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<sup>86</sup> Samuel West, Notebook for *Hamlet*, RSC, 2001, dir. Steven Pimlott, Shakespeare Institute Library, Capitalisations in original.

<sup>87</sup> Samuel Taylor Coleridge, *Lectures 1808-19 on Literature*, November 1813, ed. R. A. Foakes, vol. 1, (Princeton University Press, 1987), pp. 541-542.

<sup>88</sup> William Shakespeare, *Hamlet*, RSC, 2001, dir. Steven Pimlott, Archive Recording, Shakespeare Centre Library and Archive, 05/42/04, RSC/TS/2/2/2001/HAM1, [accessed 12 December 2013].

is to Hamlet in this scene which include ‘nymph’, ‘harpy’, ‘mother’, ‘demon’, ‘lover’, and ‘poison’,<sup>89</sup> indicating the way that his Hamlet’s treatment of Ophelia was unpredictable and swung between various extremes.

Rather than engaging directly with mental illness, West instead was inspired by political Hamlets such as David Warner’s famous 1965 performance. West played Hamlet’s anger as a form of rebellion, expressing his disgust with Claudius’s political regime. Despite the emotional weight that his Hamlet sometimes carried, West never threw himself into an investigation of the possibilities of playing a ‘mad’ character as mentally ill. This lack of engagement with psychiatry resulted in the performance of a Hamlet described by critics as keeping ‘his grip rather than losing it’.<sup>90</sup> Considering the extensiveness of West’s notes in preparation for playing Hamlet, the lack of any exploration of mental illness is a notable absence. Kate Bassett wrote of Pimlott’s *Hamlet* that ‘heart-rending moments are rare, the political outweighing the personal’.<sup>91</sup> West’s Hamlet was highly intelligent, skeptical, and met Claudius’s political regime with anger and mistrust. In performance reviews, critics observed that defining Hamlet’s ‘madness’ as a response to corrupt politics decreased the possibility that Hamlet was mentally ill. Heather Neill argued that ‘trapped in a corrupt political world with which he feels at odds, he never seems in danger of losing his mind. This lessens the excitement, the intensity that other actors have found in the role, but West is a rebel [that] young audiences will find attractive’.<sup>92</sup> Neill’s suggestion that West’s Hamlet would appeal specifically to

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<sup>89</sup> Samuel West, Annotated script and notebook for *Hamlet*, RSC, 2001, dir. Steven Pimlott, Shakespeare Institute Library.

<sup>90</sup> Nicholas de Jongh, ‘Hamlet Plays it Cool’, *The Evening Standard*, 13 December 2001.

<sup>91</sup> Kate Bassett, ‘*Hamlet* RST, Stratford-upon-Avon’, *Independent on Sunday*, 6 May 2001.

<sup>92</sup> Heather Neill, ‘Set Play’, *The Times Educational Supplement*, 18 January 2002.

younger audience members echoes reviews of Warner's 1965 and Rylance's 1989 performances

Neill's statement that a Hamlet who does not lose his mind decreases the overall excitement and intensity of the production again highlights the changes in expectations of performance critics since the 1960s, many of whom preferred thoroughly sane Hamlets. Also demonstrating changes in expectations of critics since the productions explored in Chapter One, Michael Billington found energy and excitement in the centrality of politics in Pimlott's production. Billington wrote that that 'Pimlott puts the power back at the play's centre and, with West, makes it enthrallingly clear that Hamlet's tragedy is that he is the paralysed individual conscience in a world of realpolitik'.<sup>93</sup> Again indicating changing expectations of performances of Hamlet, Billington was one of the more adamant critical voices in previous decades against the development of performance trends which resisted the traditions of figures such as Olivier and Gielgud.

As with Billington's enthusiastic response to the modern political aspects of Pimlott's production, West's Hamlet was met overall with much more positive reviews than Warner's performance in 1965. Nicholas de Jongh wrote that 'Pimlott's thoroughly modern production is set upon confounding traditional expectations and sometimes he manages to do so with a vengeance'.<sup>94</sup> Lyn Gardner similarly praised West's performance, claiming that 'this is a young Hamlet, an urgent Hamlet, and a tough, hard Hamlet for our tough, hard times'.<sup>95</sup> As well as West's performance, the movement which began in the 1960s of Hamlet as disillusioned with society and politics continued between 1983 and 2005 with a trend of politically disheartened and angry Hamlets. Ralph Fiennes'

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<sup>93</sup> Michael Billington, 'Pistols and Politics in Denmark', *The Guardian*, 4 May 2001.

<sup>94</sup> Nicholas de Jongh, 'Devastating Death of a Thoroughly Modern Hamlet', *Evening Standard*, 3 May 2001.

<sup>95</sup> Lyn Gardner, 'Hamlet the Danish Detective', *The Guardian*, 13 December 2001.

1995 Hamlet was described in one review as having ‘a degree in Rebellion Studies’.<sup>96</sup> Likewise, Dominic Cavendish described Ben Whishaw’s 2004 Hamlet as ‘angular, intense, seething with feeling’<sup>97</sup> and Michael Billington called Simon Russell Beale’s 2000 performance of Hamlet at the National Theatre ‘another smack in the face of tradition’ and ‘a perfect Hamlet for the age of irony’.<sup>98</sup> Similarly, John Peter wrote of Stephen Dillane’s 1994 Hamlet that ‘it is the private and public politics of the play that shape this tense, edgy and thrilling performance’.<sup>99</sup> The connections between politics and Hamlet’s ‘madness’ provide an overarching performance trend, new and radical in the 1960s and far more accepted and expected by 2005.

### Suicidal Hamlets

Between 1983 and 2005, many Hamlets displayed a rawness of emotion which exceeded that of most Hamlets in RSC and major London productions explored in Chapter One. A patient at Broadmoor Hospital responded to Rylance’s 1989 performance by saying that ‘the emotion coming from Hamlet was so raw. I could feel that. [...] There was rage and confusion. All the raw emotion bubbling up’.<sup>100</sup> Likewise, in Adrian Noble’s 1992 RSC *Hamlet*, Kenneth Branagh experimented with the unpredictability of the character as he moved from tenderness to rage and, according to Benedict Nightingale, troubled ‘even Horatio with the intensity of his tantrums’. As with Billington’s response to Rees’s Hamlet, quoted earlier in this chapter, this unpredictability may have given

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<sup>96</sup> Nicholas de Jongh, performance review, *The Evening Standard*, 1 March 1995.

<sup>97</sup> Dominic Cavendish, ‘The 10 Great Hamlets of our Time’, *The Telegraph*, 5 August 2015.

<sup>98</sup> Michael Billington, ‘The Role to Die For: As David Tennant Prepares to Take on Hamlet, Michael Billington Picks the 10 Greatest Performances of the Part That Celebrates - and Defines - the Art of Acting’, *The Guardian*, 31 July 2008.

<sup>99</sup> John Peter, ‘This Play’s the Thing’, *Sunday Times*, 13 November 1994.

<sup>100</sup> Murray Cox (ed.), *Shakespeare Comes to Broadmoor*, p. 135.

Hamlet's 'madness' some sense of mental illness. Nightingale suggested that 'presumably Branagh means to be a bit mad as well as "mad in craft"'<sup>101</sup> and in response to Peter Hall's 1994 *Hamlet* at the Gielgud Theatre, John Peter commented on the representation of Hamlet's 'madness' that 'Stephen Dillane makes utterly clear that Hamlet knows he is teetering at the edge of a nervous breakdown. His 'madness' is both sublimation and pretence: it uses up the energy of his grief and stokes it up again, and gives him time to breathe, observe and despair'.<sup>102</sup> Other actors playing Hamlet who intensified his emotional state beyond the majority of performances between 1959 and 1983 include Ralph Fiennes who found an uncontainable rage to the character in 1995; Toby Stephens' performance of an emotionally wrought Hamlet at the RSC in 2004; and, although Samuel West's 2001 RSC Hamlet was often cold, detached and political, his interpretation of his confrontation with Ophelia in Act Three, Scene One was extremely moving, particularly his helpless and broken delivery of the line 'what should such fellows as I do crawling between earth and heaven?' (III.i.126-7).<sup>103</sup>

One way in which performances of Hamlet engaged with mental illness during these years was through the emergence of a trend of actively suicidal Hamlets. As the gravedigger suggests that she may have 'drowned herself wittingly' (V.i.12-13), suicide has long-standing connections with Ophelia but only became a performance trend for Hamlet in the 1990s. There is a synergy with mental illness in Hamlet's suicidal behaviour because statistics show that suicide rates in society are generally much higher among men than women:

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<sup>101</sup> Benedict Nightingale, 'Princely and Noble in Lunacy', *The Times*, 21 December 1992.

<sup>102</sup> John Peter, 'The Play's the Thing', *Sunday Times*, 13 November 1994.

<sup>103</sup> William Shakespeare, *Hamlet*, Royal Shakespeare Company, 2001, dir. Steven Pimlott, Archive Recording, Shakespeare Centre Library and Archive, 05/42/04, RSC/TS/2/2/2001/HAM1, [accessed 12 December 2013].

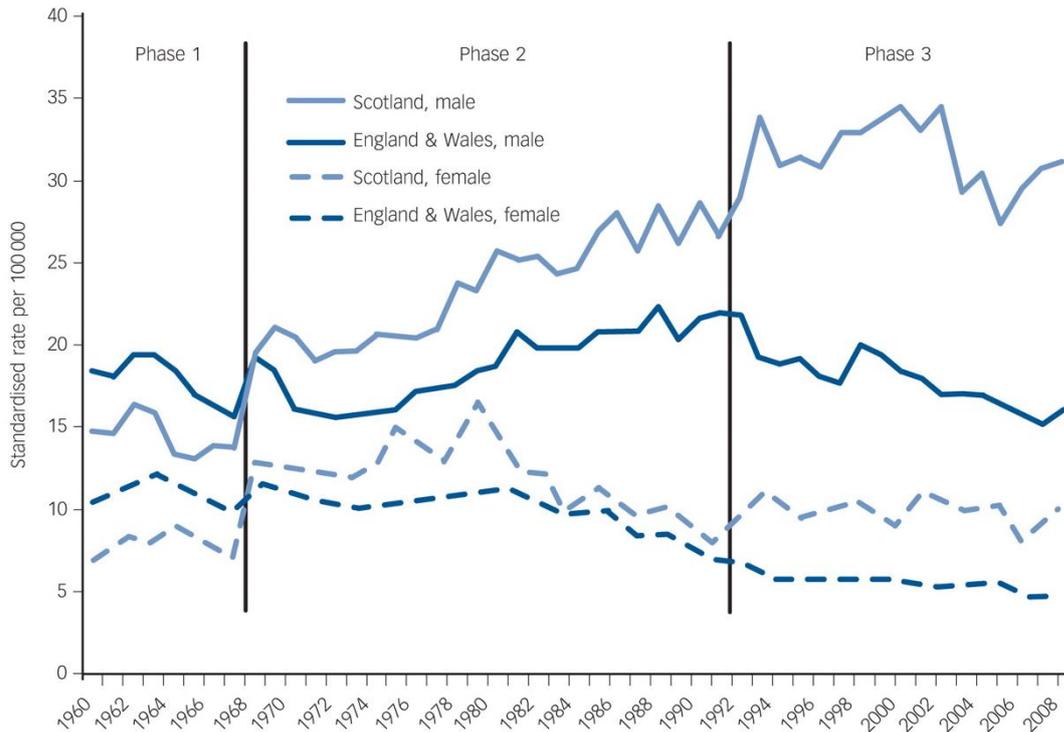


Table 8: Age-Standardised Suicide Rates 1960–2008, Analysed by Country and by Gender. Suicide Rates Include Deaths from Self-Inflicted Injury and ‘Undetermined Intent’.<sup>104</sup>

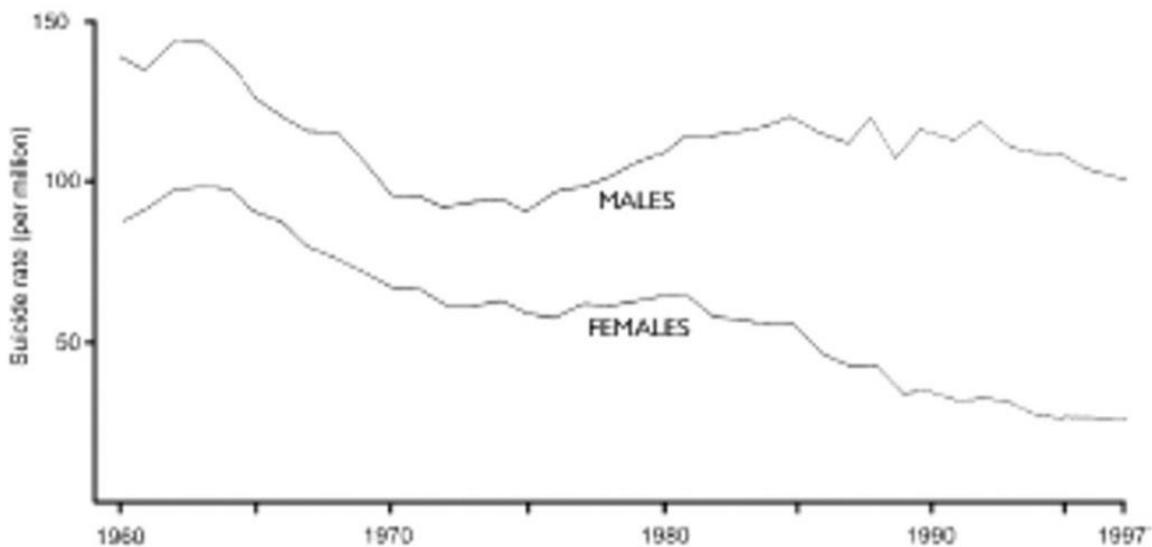


Table 9: Suicide Rates for all Ages of Both Genders Between 1960 and 1997.<sup>105</sup>

<sup>104</sup> Pearl L. H. Mok, et al, ‘Trends in national suicide rates for Scotland and for England & Wales, 1960–2008’, *The British Journal of Psychiatry*, Vol. 200, No. 3, (March 2012), DOI: 10.1192/bjp.bp.111.092908, 245-251, 256.

<sup>105</sup> G. M. G. McClure, ‘Changes in Suicide in England and Wales, 1960-1997’, *The British Journal of Psychiatry*, Vol. 176, No. 1, (January 2000), DOI: 10.1192/bjp.176.1.64, 64-67, 66.

In the RSC's 1997 production directed by Matthew Warchus, Alex Jennings' Hamlet spoke 'To be or not to be' (III.i.55) as a challenge to his audience while pointing a pistol at them and then turning it on himself, finally lowering the pistol as he soliloquised his doubts about suicide. West's 2001 RSC Hamlet also pointed a gun at his own head in Act One, Scene Two before being interrupted by the arrival of Horatio; this occurred before Hamlet saw the Ghost and was therefore an indication of a depression which went beyond his antic disposition, depression which was present before he decided to feign 'madness'. This theatrical decision carries the implication that there were deeper psychological levels to Hamlet's 'madness' than his antic disposition. In Trevor Nunn's 2004 production of *Hamlet* at the Old Vic, Ben Whishaw as Hamlet began speaking 'To be or not to be' (III.i.55) while directly considering suicide as he looked at drugs that he held in his hand and then, later in the soliloquy, he also contemplated a dagger. Whishaw's Hamlet turned his head away sharply a split second before he was about to take the pills as the fear of 'what dreams may come' gave him pause (III.i.65).<sup>106</sup>

Clinical indications of mental illness were apparent in Trevor Nunn's 2004 production beyond the suicidal behaviour of Whishaw's Hamlet. The Ghost was cut from the 'closet scene' so that, like Gertrude, the audience were unable to see or hear the figure with whom Hamlet spoke. The Ghost's echoes of 'swear' (I.v.149, 155, 160, 179) were also cut and therefore unable to be heard by anybody except for Hamlet.<sup>107</sup> The consequence of these edits was that Hamlet was the only person in the play to have any direct interaction with the Ghost or to hear his voice, enhancing the unreality of the character and encouraging the interpretation of the Ghost as a part of Hamlet's 'madness'.

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<sup>106</sup> William Shakespeare, *Hamlet*, Old Vic, 2004, dir. Trevor Nunn, Archive Recording, V&A Theatre and Performance Archives, 04/07/A4/9001 and 9002, [accessed 13 May 2016].

<sup>107</sup> *Hamlet*, Old Vic, 2004, dir. Trevor Nunn, Archive Recording, V&A Theatre and Performance Archives, 04/07/A4/9001 and 9002, [accessed 13 May 2016].

The suicidal tendencies and potential psychosis of Whishaw's Hamlet were often sidelined in Nunn's production, featuring prominently in certain scenes but not as an important part of the overall theatrical interpretation of the play. Instead, these clinical aspects of mental illness were approached casually and did not make Whishaw's Hamlet seem a frightening or dangerous figure.

This investigation of performances of Hamlet's 'madness' in RSC and major London productions of *Hamlet* between 1983 and 2005 has found that performance critics during these years more commonly began referring to Hamlet's 'madness' using the terminology of clinical mental illness. This occurred partly because Hamlets gave more indications of mental illness in performance than before 1983 and also perhaps because increased general knowledge of mental illness placed psychiatric vocabulary at the disposal of critics. There was also a stronger emphasis in both performance and criticism on Hamlet's confinement in a corrupt political world and his resistance against it.

The findings of this chapter so far disagree with Shorter's theory that, by the end of the twentieth century, people would often psychologise rather than medicalise mental illness.<sup>108</sup> During the years explored in this chapter, actors engaged more with clinical aspects of psychiatry and, as well as writing about Hamlet's 'madness' as mental illness more frequently, many reviewers also further separated the ideas of performative 'madness' and theatrical interpretations of mental illness. Although there was not always direct contact between the fields of psychiatry and theatre, the ways in which Hamlet's 'madness' was realised onstage undoubtedly developed and expanded as deinstitutionalisation occurred. The performance of Ron Daniels' *Hamlet* which took place in Broadmoor Hospital demonstrated that there was also some simultaneous

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<sup>108</sup> See Chapter Two, pp. 157-8.

development of a dialogue between the institution of psychiatry and actors playing 'mad' characters in *Hamlet*.

## **‘There the Men are as Mad as [S]he’: Performing Ophelia’s ‘Madness’, 1983-2005**

### Finding Ophelia’s Voice

The first chapter of this thesis found that Ophelia was most commonly submissive in her ‘madness’ in stage productions of *Hamlet* and overlooked in literary theory and performance criticism between 1959 and 1983. This chapter will explore the development of Ophelia in performance during the years when the majority of psychiatric deinstitutionalisation took place, examining how Ophelia’s ‘madness’ was used to enhance her voice in the story of *Hamlet* and questioning whether the reintegration of people with mental illnesses into communities was a factor in the development of Ophelia’s prominence in *Hamlet*.

A major progression in attitudes towards Ophelia expressed in theoretical works occurred in the 1980s as several feminist writers engaged with Ophelia and opposed the dismissive attitudes of previous theorists, discussed in Chapter One of this thesis. For instance, in her 1983 book *Still Harping on Daughters: Women and Drama in the Age of Shakespeare*, Lisa Jardine argues against the oppression of Ophelia and Gertrude, among other female characters from Shakespeare plays.<sup>109</sup> In 1985, Carol Thomas Neely’s book *Broken Nuptials in Shakespeare’s Plays* was published, similarly opposing Laing’s dismissive view of Ophelia in her ‘madness’ and instead positing that ‘Ophelia’s movement from submissive daughter to mad prophet reveals the combination of powerlessness and freedom that women in the tragedies achieve by virtue of their isolation from men’.<sup>110</sup> Although Neely agrees with Laing that ‘until her madness,

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<sup>109</sup> Lisa Jardine, *Still Harping on Daughters: Women and Drama in the Age of Shakespeare*, (Harvester Press, 1983).

<sup>110</sup> Carol Thomas Neely, *Broken Nuptials in Shakespeare’s Plays*, (Illini Books, 1993), p. 103.

Ophelia scarcely exists outside of men's use of her', she argues that Ophelia's 'madness' is an 'expression of the earlier pressures on her' and that 'she is not simply driven to this madness, but freed for it'.<sup>111</sup> Through these words, Neely demonstrates a similar desire to understand and explain, and even celebrate, Ophelia's 'madness' that earlier theorists had demonstrated towards Hamlet.

The most groundbreaking publication on *Hamlet* within 1980s feminist theory was Elaine Showalter's 1985 essay 'Representing Ophelia: women, madness, and the responsibilities of feminist criticism'. As quoted in Chapter One, Showalter opens her essay with the quotation from a talk about Ophelia given by Jacques Lacan in 1959 in which he called her 'that piece of bait'.<sup>112</sup> Showalter criticises him for his objectification of Ophelia: 'despite his promising come-on, Lacan was *not* as good as his word. He goes on for some 41 pages to speak about Hamlet, and when he does mention Ophelia, she is merely what Lacan calls "the object Ophelia" – that is, the object of Hamlet's male desire'.<sup>113</sup> Showalter discusses three points of criticism in previous approaches towards Ophelia. First, she explores the argument that Ophelia's biography is impossible to construct, that she has no story without Hamlet. Second, Showalter criticises mid-twentieth-century theorists, such as Lacan and R. D. Laing, for overlooking Ophelia. Showalter's 1985 criticism of Laing is that 'despite his sympathy for Ophelia, Laing's reading silences her, equates her with "nothing"'.<sup>114</sup> This is a response to *The Divided Self*, in which Laing calls Ophelia 'incomprehensible' and 'a nothing'.<sup>115</sup> In Laing's

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<sup>111</sup> Ibid.

<sup>112</sup> Jacques Lacan, Jacques-Alain Miller, James Hulbert, 'Desire and the Interpretations of Desire in Hamlet', p. 11.

<sup>113</sup> Elaine Showalter, 'Representing Ophelia: women, madness and the responsibilities of feminist criticism', in *Shakespeare & the Question of Theory*, eds. Patricia Parker and Geoffrey Hartman, (Routledge: New York and London, 1990), pp. 77-94. p. 77.

<sup>114</sup> Elaine Showalter, 'Representing Ophelia: women, madness and the responsibilities of feminist criticism', p. 91.

<sup>115</sup> R. D. Laing, *The Divided Self*, (Penguin Modern Classics, 2010), p. 195.

theory, Showalter argues that ‘deprived of thought, sexuality, language, Ophelia’s story becomes the story of O – the zero, the empty circle or mystery of feminine difference, the cipher of female sexuality to be deciphered by feminist interpretation’.<sup>116</sup> Finally, Showalter examines theories of Ophelia as ‘the repressed story of Hamlet’ and ‘the female subtext of the tragedy’.<sup>117</sup> This critical viewpoint was exemplified by Lacan and Lidz, explored in my first chapter, as their interest in Ophelia was rooted in what she can tell us about the character of Hamlet. Showalter wrote that ‘I would like to propose instead that Ophelia *does* have a story of her own that feminist criticism can tell; it is neither her life story, nor her love story, nor Lacan’s story, but rather the *history* of her representation’.<sup>118</sup> Feminist theory resisted the critics of the 1960s who had sought to silence and dismiss Ophelia, arguing instead that greater attention should be given to Ophelia’s story.

In her extensive writing on Ophelia’s ‘madness’, Showalter made little distinction between the concepts of ‘madness’ and mental illness, not engaging with medical understandings of mental illness at all. She called the Ophelias directed by Jonathan Miller ‘the sickest on the contemporary stage’ because one ‘sucked her thumb’ and the other had nervous tics which, Showalter assessed, became ‘a full set of schizophrenic routines’.<sup>119</sup> Although Miller, as quoted in Chapter One, informed an interviewer that the latter Ophelia in his 1982 production was an attempt to present schizophrenia onstage, Showalter does not reference Miller’s words on this production, give any reason why she diagnosed this Ophelia as schizophrenic, or give any explanation of why the former

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<sup>116</sup> Elaine Showalter, ‘Representing Ophelia: women, madness and the responsibilities of feminist criticism’, p. 79.

<sup>117</sup> *Ibid.*, p. 79.

<sup>118</sup> *Ibid.*, p. 79.

<sup>119</sup> *Ibid.*, p. 90.

Ophelia she mentioned seemed unusually mentally ill for 1970s performance because she sucked her thumb. Showalter barely engages with mental illness in this essay and addresses Miller's productions with the belief that his psychiatric interpretations 'only make Ophelia a graphic study of mental pathology'.<sup>120</sup> Showalter's criticism of Miller's treatment of Ophelia lies in her opinion that performing Ophelia as mentally ill is limiting to the character. Although this thesis generally supports and seeks to extend Showalter's discourse, we disagree on this point. This thesis suggests instead that representations of Ophelia as a mentally ill character have increased her presence and voice both within and without the context of the play to the extent that they have provided richer material than any other approach to the character for the story of the history of her representation.

During the 1980s, performances of Ophelia reflected the attitudes of these feminist theorists, resisting many of the earlier performances of Ophelia's 'madness'. Directors began to explore a wider variety of possible explanations for Ophelia's 'madness' and, as a consequence, a trend towards Ophelias who would or could not be silenced and dismissed began to emerge in theatres. The progression of the development of the strength of Ophelia's voice in her 'madness' during the 1980s is apparent in the differences between the Ophelias in two RSC productions of *Hamlet* directed by Ron Daniels, one staged in 1984 and the other in 1989. For his 1984 production, Daniels chose for Ophelia to follow the theatrical trend of the beautiful singing madwoman which was discussed in the first chapter of this thesis. After Jonathan Miller's innovative psychiatric take on Ophelia at the Warehouse in 1982, Daniels' step backwards received a mixed critical response. Reviewing the production for *Shakespeare Survey*, Nicholas Shrimpton wrote:

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<sup>120</sup> Ibid., p. 90.

The most immediately disappointing quality of this *Hamlet*, however, was the extent to which it represented a regression from Jonathan Miller's distinguished production of 1982. Miller's Ophelia was a genuinely disturbing mental case. His Osric was a tough royal 'minder'. His Claudius and Gertrude were middle-aged lovers caught up in a sensual fascination which they could not master. Some cobwebs at least, one felt, had been swept for ever from the face of *Hamlet*. Ron Daniels' production gave no sign that he was even aware of these perceptive innovations.<sup>121</sup>

After Miller's production of *Hamlet* presented audiences with a professional clinical understanding of psychiatry in a time when psychiatric care was changing significantly, it seems that some performance critics, such as Shrimpton, felt there was little place left in the theatre for an Ophelia whose 'madness' was acted prettily. Hence his criticism of this production was that it was not of its time. According to Shrimpton, Frances Barber's Ophelia was 'sweetly pretty even in her madness and delivered her songs in a ringingly operatic bel canto'<sup>122</sup> and that overall it was 'a production more pretty than penetrating'.<sup>123</sup> In contrast to some of the performances discussed in Chapter One where Ophelia's 'madness' was intended to be pretty and performance reviews where critics were protective of this aesthetically pleasing image of Ophelia, Shrimpton used the word 'pretty' as a criticism of the production.

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<sup>121</sup> Nicholas Shrimpton, 'Shakespeare Performances in Stratford-upon-Avon and London 1983-4', *Shakespeare Survey*, (Cambridge University Press, 2007), pp. 201-214, p. 209.

<sup>122</sup> *Ibid.*, p. 209.

<sup>123</sup> *Ibid.*, p. 212.

Approaching the role, Barber said: ‘I had a fairly traditional image of Ophelia in my mind. [...] This invariably took on a visual image of nightgowns and flowers.’<sup>124</sup> It was only after seeing Harriet Walter play Ophelia at the Royal Court in 1980 that Barber was inspired to give Ophelia a stronger voice and a greater level of courage, intelligence, and independence. During their first discussion about the role, Daniels met this attitude with the words ‘Frankie, you *can ’t* play her as a feminist, it’s not in the text’.<sup>125</sup> Reflecting the combative approach of feminist critics against theorists who had previously oppressed or silenced and dismissed Ophelia, this conversation in which an older male director pressurised a young female actress against engaging with feminist viewpoints in her approach to Ophelia demonstrates the struggle to modernise Ophelia in performance during the 1980s. As Miller found that performance critics did not feel that a modern mentally ill Ophelia was appropriate in 1982, Daniels could not comprehend a feminist Ophelia in 1984.

On the other hand, despite Barber’s seemingly dated performance of Ophelia’s ‘madness’ in Daniels’ 1984 production and Shrimpton’s criticism that Ophelia’s ‘madness’ was too pretty for the time, Barber claims that she did consider understandings of psychiatry from the 1980s. She tried to find a physical expression of Ophelia’s ‘madness’ which

seemed to fit in with the research I had done on ‘madness’ as we know it today: people are ‘certified’ if they are likely to do harm to others or to themselves. I wanted to suggest that whilst Hamlet is likely to do harm to

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<sup>124</sup> Frances Barber, ‘Ophelia’, *Players of Shakespeare 2*, eds. Russell Jackson and Robert Smallwood, (Cambridge University Press, 1998), pp. 137-150, p. 137.

<sup>125</sup> *Ibid.*, p. 139. Italics in original.

others at his most revengeful, Ophelia is capable of doing herself great harm at her most tranquil.<sup>126</sup>

According to Daniels' conversation with Barber, the early-twentieth-century tradition of Ophelia dying in the style of a tragic heroine from Pre-Raphaelite art is far more consistent with descriptions of Ophelia's 'madness' and death in the text of Shakespeare's play than any incorporation of recent understandings of psychiatry or of feminism. Critically and performatively, there was a tension in the 1980s between the desire for faithfulness to Shakespeare's text, along with the assumption that these parts of Shakespeare's text consist solely of 'favour' and 'prettiness' (IV.v.181), when performing Ophelia's 'madness' and the belief that the potential for relevant social commentary through her 'madness' could be more important than the text.

Barber's performance embodied the struggle between these contrasting approaches to Ophelia and she worked to find a balance between long-standing performance traditions and new attitudes towards the character. Displaying a preference for theatrical interpretations of Ophelia whose 'madness' adhered to Laertes' description that she turns everything 'to favour and to prettiness' (IV.v.181) in her 'madness', Billington complimented Barber's performance because her Ophelia was 'driven not into the usual cabaret-show freakishness but a wanderwitted regret'.<sup>127</sup> Billington also voiced his dislike of the newly developing trend of Ophelias whose 'madness' was unsettling rather than well-behaved when he referred to the new and more clinically psychiatric performance trend towards representing Ophelia's 'madness' as a 'gibbering frenzy'.<sup>128</sup>

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<sup>126</sup> Frances Barber, 'Ophelia', pp.145-6.

<sup>127</sup> Michael Billington, 'The Most Noble Heart in Elsinore', *Guardian Weekly*, 28 April 1985.

<sup>128</sup> Michael Billington, 'A Prince to Watch', *Guardian Weekly*, 16 September 1984.

Billington's words echo reviews of Pogson's 1982 performance and, as explored in my first chapter, demonstrate the strength of opinions against the modernisation of Ophelia and the protectiveness over Ophelia as a character who goes 'mad' prettily. As well as the differing viewpoints of Daniels and Barber, the tension between the traditionally picturesque image of the 'mad' Ophelia and modernisations of the character is apparent in the differences between Billington's and Shrimpton's responses to Barber's performance.

One reflection of Ophelia in earlier decades occurred in this 1984 production when, following Lidz and Lacan's earlier Hamlet-based theories on the character, Barber paralleled Ophelia's 'madness' to Hamlet's 'madness'. Barber called Ophelia 'the female counterpart and counterpoint to him'; she also mixed feminist viewpoints with the dismissal of Ophelia from previous decades, suggesting that the character has no autonomy apart from Hamlet, when she argued that Ophelia 'provides the feminine qualities lacking in his sensibilities'.<sup>129</sup> Barber physically made Ophelia's 'madness' a counterpart to Hamlet's 'madness' by copying his gestures: one example of this was when Hamlet hit his chest after the Ghost scene and Ophelia directly and unconsciously replicated this image in her 'mad' scene.<sup>130</sup> Displaying a distaste for connections between Ophelia and mental illness reflective of Billington's review of this production, Roger Warren wrote of Barber's performance that she 'was equally convincing in her heart-broken response to Hamlet's cruelty and in her madness, which, by avoiding both the pastoral and the psychotic, succeeded where most Ophelias fail'.<sup>131</sup> Warren's belief that this was Ophelia was convincing and successful because she found a middle ground

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<sup>129</sup> Frances Barber, 'Ophelia', p. 139.

<sup>130</sup> *Ibid.*, p. 145.

<sup>131</sup> Roger Warren, 'Shakespeare at Stratford-upon-Avon', *Shakespeare Quarterly*, Vol. 36, No. 1, (Oxford University Press, 1985), pp. 79-87, p. 81.

between older, more pastoral images of Ophelia's 'madness' and modern understandings of mental illness is indicative of a cultural development in staging Ophelia's 'madness' which had moved past one interpretation but remained uneasy about the newly developing connections between Ophelia's 'madness' and clinical mental illness.

Daniels' next production of *Hamlet*, also performed with the RSC, took place in 1989. There was some contrast to the ambivalence of theatre practitioners and critics towards Ophelia's 'madness' in Daniels' 1984 production. Demonstrating some resistance to the modernisation of Ophelia, specifically in feminist terms, one reviewer wrote that Ophelia in this production was 'neither Victorian weakling nor brittle-minded feminist but a girl who suffers by being torn between family and lover'.<sup>132</sup> On the other hand, the idea of a mentally ill Ophelia had become more accepted than previously by the end of the 1980s, as demonstrated by Irving Wardle who praised Rebecca Saire for performing Ophelia's 'madness' 'with searing clinical accuracy'.<sup>133</sup> The connections between 'madness' and mental illness were enhanced in this production, as discussed in the first half of this chapter, by a visit to high-security psychiatric hospital Broadmoor for a performance followed by a discussion and workshop with the patients.

The experience of taking the play to Broadmoor Hospital provided an example of the development of Ophelia's prominence in the play and the increase in attention given to the character. This was specifically apparent during the group discussion after the performance. When the actors, patients, and mental health professionals gathered to talk about the play, it turned into a conversation about Ophelia because the patients were more interested in her story than in the stories of any of the other characters, including Hamlet. Clare Higgins, who played Gertrude, commented that she 'realised at the workshop that

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<sup>132</sup> Christopher Murray, 'Hamlet', *Sunday Tribune*, 16 October 1989.

<sup>133</sup> Irving Wardle, 'Court Without Cobwebs', *The Times*, 25 November 1989.

these people were telling me that we have forgotten about Ophelia - and that they have information that I do not have because I am so trained'.<sup>134</sup> At one point during her 'mad' scene as Ophelia in Broadmoor Hospital, inspired by her surroundings, Saire instinctively clawed at her legs, digging her fingernails into her skin. This was an action she had never previously used as Ophelia and she decided to incorporate it into her performance for the rest of the run. This spontaneous moment caught the attention of the Broadmoor audience, several of whom commented on how representational it was of mental illness: 'How did Ophelia know how to scratch her legs like she did? All women do things to themselves like that here; cut their wrists, scratch their faces. Men hurt other people, women hurt themselves'.<sup>135</sup> This Broadmoor patient's observation that men were more likely to externalise and women to internalise mental illness readily connects to the story of *Hamlet*. Despite Hamlet's self-disgust, as he says that he must 'unpack my heart with words' (II.ii.520) and his self-criticism throughout this soliloquy, Hamlet also berates other characters such as Ophelia, Gertrude, Rosencrantz and Guildenstern, whereas Ophelia does not rebuke anybody else. Hamlet is also responsible for the deaths of multiple characters, but not himself, while Ophelia is only responsible for her own death.

Paralleling Saire's use of observation of mental illness to represent 'madness', other actresses between 1983 and 2005 drew on real-life inspirations for their performances of 'madness'. John Caird's *Hamlet* at the National Theatre in 2000 contained a specific example of the realities of mental illness finding their way into the theatre through an unexpected source of inspiration for Cathryn Bradshaw's performance of Ophelia's 'madness':

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<sup>134</sup> Murray Cox (ed.), *Shakespeare Comes to Broadmoor*, p. 72.

<sup>135</sup> *Ibid.*, p. 136.

I was frightened of the mad scene, because if you don't hit it properly it can be very embarrassing. But I got a lot from seeing a mad woman on the train the other day. I've been using gestures she used – for instance she did a lot of stamping. She was so vehement, and I've been trying to catch the intensity of her contact with people. It really helped me, seeing someone who was on her own track, yet saying quite profound things. You couldn't make any sense of it, but she obviously had a theme.<sup>136</sup>

This anecdote provides strong evidence of changes in society affecting the ways in which social issues are presented on the stage. Regardless of whether the woman Bradshaw saw on the train was mentally ill or not, an actress could not have found inspiration for playing a mentally ill character onstage by an everyday encounter such as this before the closure of most psychiatric hospitals.

Another example of this form of mimeticism occurred in Kate Fleetwood's performance of the Jailer's Daughter in *The Two Noble Kinsmen* directed by Tim Carroll at Shakespeare's Globe in 2000. This character is an early response to Ophelia, closely echoing her story. Reviewers wrote of this performance that 'Kate Fleetwood is equally fine - vivid, sensual and captivating - in the role of their female counterpart in the obsession stakes, the Jailer's daughter who veers into Ophelia-like madness for unrequited love of Palamon.'<sup>137</sup> Similarly specifically comparing her to Ophelia, reviews called her 'an admirer in demented pursuit' and 'a sort of hyper-bawdy Ophelia',<sup>138</sup> and wrote that, in her 'madness', she 'veers into an obscene Ophelia-like derangement from

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<sup>136</sup> Jonathan Croall, *Hamlet Observed: That National Theatre at Work*, (NT Publications, 2001), p 30.

<sup>137</sup> Paul Taylor, 'New Light Shone on Bard's Black Comedy', *The Independent*, 5 August 2000.

<sup>138</sup> Matt Wolf, 'The Actor's the Thing at Shakespeare's Globe', *Variety*, 5 September 2000.

unrequited love of Palamon.<sup>139</sup> Notably, the vocabulary of these reviews is more reflective of the way critics discussed ‘madness’ in reviews quoted in Chapter One than approaches to Hamlet’s and Ophelia’s ‘madness’ in 2000. Like reviews quoted in the first chapter of this thesis, there is a confusing use of the psychiatric term ‘demented’ and, echoing earlier attitudes to Ophelia, Paul Taylor calls the Jailor’s Daughter the ‘female counterpart’ of Palamon and Arcite. In contrast to these reviews reflecting approaches to Ophelia from earlier decades Fleetwood drew on observation of mental illness in preparation for the role: “It’s very interesting trying to chart that journey into madness,” says Kate, who has been diligently doing her background reading on erotomania. “My uncle is a schizophrenic and I’ve been looking at how my family has dealt with him”.<sup>140</sup> Fleetwood’s approach to the Jailor’s Daughter echoes the mix of old and new attitudes to Ophelia from Barber’s 1984 performance. Both sides of the struggle to modernise ‘mad’ young women when staging Early Modern plays are represented through Fleetwood’s approach to ‘madness’ as she studied both erotomania, a concept understood during Shakespeare’s lifetime but no longer considered to be a mental illness, and the modern mental illness schizophrenia.

### Sexualised, Abused, and Self-Harming Ophelias

After experiments in socially relevant performances of Ophelia’s ‘madness’ gained purchase through the 1980s, explorations of Ophelia’s ‘madness’ as mental illness or as a response to trauma or abuse became the dominant interpretations of Ophelia in 1990s London and RSC productions. In Adrian Noble’s 1992 RSC *Hamlet*, Joanne

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<sup>139</sup> Paul Taylor, ‘The Tragicomedy of Eros: Two Noble Kinsmen, The Globe, London’, *The Independent*, 7 August 2000.

<sup>140</sup> Robin Stringer, ‘Truly, Madly, Deeply in Love with the Bard’s Last Words’, *The Evening Standard*, 4 August 2000.

Pearce's Ophelia wore her father's blood-stained clothes in her 'mad' scene. This physical representation of her emotional distress followed the trend of Ophelias whose 'madness' was visually graphic and this was also an Ophelia who was abused by Hamlet. Benedict Nightingale wrote:

Branagh's scenes with Pearce are particularly forceful: a tender cuddle followed by a burst of rage in which she gets hurled to the floor and his old love letters ripped up; another desperate clinch after which he spits in her face and, a bit later, publicly humiliates her even more savagely than is usual nowadays. It is easy to see why Pearce's Ophelia runs dramatically amok, but harder to assess Branagh's own state of mind.<sup>141</sup>

This review gives little detail on Ophelia's 'madness' aside from Nightingale's observation that he could make sense of her mental breakdown. Although he discussed Ophelia's 'madness' only in terms of Hamlet's treatment of her, he saw a logic in Ophelia's behaviour which he did not find in Hamlet. In contrast to directors who overlooked Ophelia between 1959 and 1983, Noble emphasised the importance of Ophelia towards the end of the play as the state of Elsinore and Ophelia's 'madness' paralleled and represented one another. In her 'madness', Ophelia lifted a cloth covering the centre stage area

revealing a desolate landscape with the painted piano as centre piece, overturned table and grey chairs, broken wreaths and clumps of dried

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<sup>141</sup> Benedict Nightingale, 'Princely and Noble in Lunacy', *The Times*, 21 December 1992.

leaves and flowers on the floor. This arresting image, so eloquently reflecting Ophelia's mental state, [...] remained on view for the rest of the performance. Here was a shattered society, all its images of harmony and significance blasted, the graveyard on the apron now linked to this cultural junkyard composed only of fragments.<sup>142</sup>

This connection between Ophelia's mental state and the political state placed her firmly at the centre of the play where her voice became the voice of the society.

Continuing from responses to modern Ophelias in performance in the 1980s, there was some resistance from critics who preferred Ophelia's 'madness' to be played with 'favour' and 'prettiness' (IV.v.181) and did not think that Early Modern drama and recent theories and practices of psychiatry should share a stage: 'Joanne Pearce's Ophelia, moving enough initially to earn forgiveness for the mad scene which she plays in her dead father's bloodstained evening suit and goes clean over the top.'<sup>143</sup> Showing a dislike of any connections between Ophelia's 'madness' and mental illness, psychiatrist Derek Russell Davis wrote in 1992 that

Ophelia's self-disgust has recently been said to be a part of bulimia, a clinical syndrome related to anorexia nervosa, in which refusal of food alternates with a tendency to overeat and then vomit. These symptoms are not reported by Shakespeare. Such resort to clinical studies is

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<sup>142</sup> Anthony B. Dawson, *Shakespeare in Performance: Hamlet*, 1995, (Manchester University Press, 2000), p.15.

<sup>143</sup> Kenneth Hurren, 'Hamlet Falts at Summit', *Mail on Sunday*, 20 December 1992.

extraordinary and hardly to be recommended – far better to stay within the bounds of the text'.<sup>144</sup>

Davis did not give any source for his perceived connection between Ophelia and bulimia and did not reference any performances that portrayed Ophelia in this way. Hurren's review and Davis' opinion of Ophelia's 'madness' demonstrate that the conflicting attitudes towards newly developing psychiatric trends in staging Ophelia's 'madness' continued into the 1990s; however, the examples mentioned previously of Ophelias drawing on observation of mental illness as inspiration for their performances of 'madness' demonstrate that the trend of finding greater mimeticism in Ophelia's 'madness' gained strength in performance during the years explored in this chapter. Comparing Ophelia with King Lear, Ralph Berry wrote that

Ophelia is the passive victim of mental illness [...] The medical aspects are relevant with Ophelia, too. This is a subtler case of madness, hard to diagnose and describe. There are two main difficulties. First, Ophelia is a passive sufferer. [...] Second, this is a two-part play, for Ophelia as for others. In Part One she is perfectly sane, a demure and apparently normal young woman very much ruled by her father and brother. In Part Two she is deranged. How to account for this eclipse of the mind?<sup>145</sup>

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<sup>144</sup> Derek Russell Davis, *Scenes of Madness: A Psychiatrist at the Theatre*, (Tavistock/Routledge: New York and London, 1992), p. 23.

<sup>145</sup> Ralph Berry, 'Raging Madness, Sanity, and Identity', *New Straits Times*, 5 July 1995.

Engagement with Ophelia of this sort which discussed and sought to justify her ‘madness’ became a pattern in the approaches to Ophelia of theatre practitioners, performance critics, and literary theorists between 1983 and 2005. On the other hand, although he engaged with Ophelia and discussed her ‘madness’, Berry’s words suggest that he found accounting for Ophelia’s transition into ‘madness’ difficult. By contrast, theatre practitioners during these years did not find her ‘madness’ as inexplicable as Berry found it. The desire to expand the reasoning behind Ophelia’s ‘madness’ and to modernise it beyond the gentle and picturesque performances from earlier decades became the main theatrical trend for Ophelia during these years and, by 2005, Ophelia in performance was rarely a ‘passive sufferer’ anymore.

One way in which directors experimented with Ophelia’s ‘madness’ in 1990s performance was through the growth and modernisation of the pre-existent tradition connecting Ophelia’s ‘madness’ with eroticism. Theatre practitioners would sometimes use sexual abuse directed towards Ophelia to create an added reason for her mental breakdown. During her ‘mad’ scenes in Peter Hall’s 1994 *Hamlet* at the Gielgud Theatre, Gina Bellman’s Ophelia

carefully laid out Polonius’s clothes on the ground to suggest his corpse and then obscenely rode on them, like a parody of sex, echoing the feigning of sex with which Hamlet [Stephen Dillane] had assaulted Gertrude. It was with great difficulty that, later in the scene, Laertes held Ophelia away to avoid the full, open-mouthed kiss she was trying to give him.<sup>146</sup>

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<sup>146</sup> Peter Holland, ‘Shakespeare Performances in England, 1994-1995’, *Shakespeare Survey*, vol. 49, (Cambridge University Press, 1996), 235-268, 236.

Although the interpretation of Ophelia's 'madness' as erotomania has a long history in both theory and performance, as discussed by Showalter,<sup>147</sup> the consideration of her 'madness' as a response to sexual abuse from the other characters was only beginning to be explored frequently in 1990s productions. In Jonathan Kent's 1995 Almeida Theatre Company production, Hamlet's treatment of Ophelia was described in a review as 'powered by a violent, flailing revulsion from the girl's sexuality'.<sup>148</sup> Consequently, he used sexual violence against her: 'Hamlet's sexual violence had been clear in the nunnery scene where he poked at Ophelia's crotch with his hand, spat on his shirt-tail and used it to smear her lipstick across her face and finally pulled up her skirt to rape her, very quickly from behind'. During the staging of *The Mousetrap*, Peter Holland wrote that these experiences had left Ophelia as 'a traumatized rape victim, perched on the edge of her chair as she suffered the physical pain consequent of Hamlet's actions'.<sup>149</sup> Holland found similarities between Ophelia's trauma in this production and Gertrude's response to Hamlet's treatment of her. Kent highlighted Gertrude's deteriorating mental state in the second half of the play as, after Hamlet confronted Gertrude in her closet in Act Three, Scene Four,

on Claudius's touch she shrieked and pulled away in revulsion, weeping but also traumatised, pulling the covers around her in a parody of decorum as Rosencrantz and Guildenstern entered. Through the second half of the

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<sup>147</sup> Elaine Showalter, 'Representing Ophelia: women, madness, and the responsibilities of feminist criticism', pp. 80-81.

<sup>148</sup> Nicholas de Jongh, 'High Voltage Hamlet is Simply out of this World', *Evening Standard*, 1 March 1995.

<sup>149</sup> Peter Holland, 'Shakespeare Performances in England, 1994-1995', 239.

play, Gertrude's ability to keep control of herself collapsed and she quivered on the edge of madness. By the final scene she sat with her head twitching, her make-up a terrible mask, her suffering ignored by all about her. I have never seen the consequences of Hamlet's treatment of Gertrude so graphically and horrifyingly exposed.<sup>150</sup>

Several critics mentioned the emotional focus on the female characters in this production, particularly their belief Ophelia and Gertrude were played with more clinically realistic depictions of trauma than Hamlet. Michael Coveney noted in his review that 'Tara Fitzgerald's sturdily affecting Ophelia loses her mind and her hair, which she cuts off in strands and calls wild flowers. Francesca Annis's sexy, full-blown Gertrude has no inkling of Claudius's crime and is unhinged by the news'.<sup>151</sup> Holland argued the effect of this on Hamlet was that, 'by comparison with the women's suffering, Hamlet's madness seemed only an actor's performance and his treatment of them unmistakably brutal, callous and self-regarding'.<sup>152</sup> These performance choices from 1995 received a much warmer critical response than Pogson's portrayal of Ophelia in Miller's 1982 production. The attitude displayed in earlier reviews that performances of Ophelia's 'madness' which were not picturesque to watch were consequently distasteful was diminishing by 1995, concurrently with the reintegration of the majority of mentally ill people into communities and the attendant increase in familiarity with mental illness in society.

Through his choice that Ophelia's 'madness' should echo Gertrude's trauma, Kent also provided an added level of reasoning behind Ophelia's 'madness' by presenting

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<sup>150</sup> Peter Holland, 'Shakespeare Performances in England, 1994-1995', 239.

<sup>151</sup> Michael Coveney, 'Theatre To Be or Not To Be? To Be', *The Observer*, 5 March 1995.

<sup>152</sup> Peter Holland, 'Shakespeare Performances in England, 1994-1995', 239.

similar physical indications of trauma from a character generally not considered to be 'mad'. As quoted in the discussion of Hamlet's 'madness' earlier in this chapter, Escolme commented that Hamlet had become a more psychologically coherent character by the early twenty-first century than he was in the 1980s;<sup>153</sup> in performance, these productions indicate that this development of psychological coherence also had some application to Ophelia.

In contrast to the preferences shown by some literary theorists and performance critics for interpretations of Ophelia that avoided clinical understandings of mental illness, Ralph Berry wrote an article in 1995 which criticised the failure of theatres to depict Ophelia's 'madness' as mental illness:

In practice, the stage usually fails to solve the problems that Ophelia raises. The norm is a two-stage show, in which the audience sees a perfectly ordinary young woman who later kicks off into a Star Turn, Ophelia's Mad Scene. This is deeply embarrassing, and much more fun for the actress than anyone else. Once only have I seen the madness of Ophelia convincingly portrayed: and this was under the direction of Jonathan Miller.<sup>154</sup>

Berry's reference to Ophelia's 'madness' played dramatically and very theatrically with no engagement with mental illness as 'embarrassing' suggests that he saw no place for such interpretations of 'madness' in performances of Ophelia in 1990s theatre. As with 1980s reviews, this range of comments on Ophelia's 'madness' in performance

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<sup>153</sup> Bridget Escolme, *Talking to the Audience*, (Routledge, 2005), p. 53.

<sup>154</sup> Ralph Berry, 'Raging Madness, Sanity and Identity', *New Straits Times*, 5 July 1995.

demonstrates some level of ambivalence from performance critics as to how psychiatrically they felt Ophelia's 'madness' was best performed and some uncertainty about how much or little engagement with mental illness they expected or wanted to see.

In extension to the abuse of Ophelia by other characters, Ophelias in performance between 1983 and 2005 began more frequently to abuse themselves. The self-harming aspect of mental illness that was displayed by Rebecca Saire in 1989 also appeared in Matthew Warchus's 1997 RSC *Hamlet*. Derbhle Crotty's Ophelia took pills throughout the play which she then scattered around the stage in her 'mad' scene, during which she also tore out sections of her hair. On the RSC's 'Past Productions' web page for *Hamlet*, Dr Nick Walton from the Shakespeare Birthplace Trust has written details of productions of *Hamlet* which include a short tagline to sum up the style of each production, one of the most memorable aspects that particular interpretation of *Hamlet*, or a way in which it stands apart from other versions of the same play. For Warchus's production, the tagline is 'Ophelia on pills' and it is one of only two productions given a tagline about Ophelia.<sup>155</sup> It seems that, at least according to Walton, the use of pills and consequent connection between the character and mental illness made Derbhle Crotty's Ophelia the most memorable or most distinctive part of Warchus's staging of the play. This is another example of the trend of Ophelias growing away from the peripheries of the play and refusing to be theatrically obliterated by their Hamlets.

Warchus, like Kent and Hall, chose to use physical sex as a focus during Ophelia's 'mad' scenes as Derbhle Crotty's Ophelia was described by one performance critic as conveying 'sexual dementia by masturbating during her mad scene'.<sup>156</sup> The increase in

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<sup>155</sup> Nick Walton, 'Hamlet: Past Productions', <[http://www.bbc.co.uk/hamlet/past\\_productions](http://www.bbc.co.uk/hamlet/past_productions)> [accessed 16 February 2017].

<sup>156</sup> Ben Brantley, 'Trying to make *Hamlet* Less Depressing', *The New York Times*, 23 May 1998.

sexualisation and sexual abuse of Ophelia was a part of the performance trend of expanding the reasoning behind her mental breakdown. Giving Ophelia a graphic story of sexual abuse and exploring her ‘madness’ as an aggressive response to trauma allows her greater dominance in the play because Ophelia’s story becomes the story of a young woman suffering from the effects of abuse and trauma, as well as mental illness. This broadens the mimeticism of the role, allowing her to engage with a wider range of social and familial issues. Nancy Carroll began her professional career as an actress by playing Ophelia in Gemma Bodinetz’s production at Bristol Old Vic in 1999. In this production, Carroll physically represented her character’s departure from rationality by playing the ‘mad’ scene naked. Carroll’s Ophelia was met with a review complimenting this unknown actress for holding ‘Ophelia’s battered soul tightly in a fascinating distinctive portrayal’.<sup>157</sup> The stories of such Ophelias are far more shocking, memorable, and powerful than those of the dismissed Ophelias from early- to mid-twentieth-century productions.

Discussing the development of Ophelia’s voice in the 1980s and 1990s, Ralph Berry wrote that ‘the well-bred young woman of the Play Scene, who finds Hamlet’s risqué remarks so painful, speaks freely and sometimes grossly of the sexual undercurrents. Sanity, it turns out, is inhibition. Madness is Liberation’.<sup>158</sup> An increased level of liberation in Ophelia’s ‘madness’ occurred more strongly in the 1990s than in previous decades because of the wider range of choices actors and directors explored when performing Ophelia’s ‘mad’ scenes. The extent of theatrical possibility when presenting a clinically mentally ill Ophelia has been a large part of the trend of drawing Ophelia out of the shadows of the play.

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<sup>157</sup> Gerry Parker, ‘Fearless in Face of Great’, *The Bristol Post*, 1 November 1999.

<sup>158</sup> Ralph Berry, ‘Raging Madness, Sanity and Identity’, *New Straits Times*, 5 July 1995.

These interpretations of Ophelia directly resist the trend from early in the twentieth century of the character as a picturesque singing madwoman. In 1985, Showalter claimed that previous attempts to champion Ophelia, even by feminist writers, had only been done 'with a certain embarrassment'.<sup>159</sup> The 'embarrassment' that Showalter found in mid-twentieth-century theorists' interpretations of Ophelia was present during a time when performances of Ophelia were beginning to move away from the seemingly harmless and alluring vision of the well-behaved, visually Pre-Raphaelite madwoman. Such gentle and inoffensive interpretations of her 'madness' allowed Ophelia to become representative of an accepted and aesthetically pleasing image of a female victim: an attitude towards the character which was violently demolished by these abused Ophelias of the 1990s.

At the start of the twenty-first century, several teenage actresses were cast to play Ophelia. When Ophelia is barely an adult, it can give her a greater voice within the play as her victimhood is more tragic and the abuse of Ophelia more shocking; however, especially when performing with significantly older Hamlets, youthful Ophelias can be obliterated. In Steven Pimlott's 2001 RSC production, 18-year-old Kerry Condon played Ophelia opposite Samuel West as Hamlet, who was in his mid-thirties at the time of the production. Condon's Ophelia was described by critics with the use of diminishing terminology such as: 'slight, fey',<sup>160</sup> 'waif-like',<sup>161</sup> and 'under-powered'.<sup>162</sup> She was ineffectual both in her 'madness' and in her confrontation with Hamlet in Act Three, Scene One, during which she was upstaged to the point of obliteration by West as she fed

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<sup>159</sup> Elaine Showalter, 'Representing Ophelia: women, madness, and the responsibilities of feminist criticism', p. 77.

<sup>160</sup> Michael Billington, 'Pistols and Politics in Denmark', *The Guardian*, 4 May 2001.

<sup>161</sup> Michael Coveney, 'Hamlet off the leash', *Daily Mail*, 4 May 2001.

<sup>162</sup> Georgina Brown, 'Hip Hamlet with a Spliff of Danger', *Mail on Sunday*, 6 May 2001.

him cue lines while he delivered a high-energy, whirlwind performance as Hamlet. For this scene, Samuel West wrote the note in his script to ‘beat her up with words. She takes it so I hit harder’.<sup>163</sup> He gave a high-speed and high-intensity performance to which Condon barely had time to react. As with Barber in 1984, Condon had no desire to play the role in this way but Pimlott insisted that Ophelia should not be able to fight against Hamlet’s treatment of her. This, again, is an example of the agency of the character reduced by the attitude of an older male director and his power over the performance decisions made by a young actress. As an Ophelia with no chance of resisting Hamlet’s treatment of her, Condon’s performance followed the trend from the 1990s of Ophelias who were victims of abuse.

As a consequence of these performance choices, West’s Hamlet and Condon’s Ophelia were not a convincing romantic couple. Critics missed the romance or sexual tension between Hamlet and Ophelia in this production and they blamed this absence on Condon’s Ophelia. Michael Billington wrote that ‘if I miss anything in his performance, it is the youthful sexual confusion vividly highlighted by Stephen Dillane; but that is partly because Kerry Condon’s slight, fey [...] Ophelia seems an unlikely lover for this Hamlet’.<sup>164</sup> Georgina Brown agreed that ‘he is not a convincing lover, [...] Ophelia is an unlikely match for him’.<sup>165</sup> The generally poor reception from performance critics to this Ophelia is indicative of the changing expectations surrounding Ophelia by the millennium; these negative responses from reviewers and from the actress demonstrate that, by 2001, there was little place left in the theatre for an Ophelia who was ineffectual in comparison with Hamlet and who was given no voice.

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<sup>163</sup> Samuel West, Script for *Hamlet*, RSC, 2001, dir. Steven Pimlott, Shakespeare Institute Library.

<sup>164</sup> Michael Billington, ‘Pistols and Politics in Denmark’, *The Guardian*, 4 May 2001.

<sup>165</sup> Georgina Brown, ‘Hip Hamlet with a Spliff of Danger’, *Mail on Sunday*, 6 May 2001.

Another production with a teenage actress as Ophelia was the 2004 *Hamlet* at the Old Vic, directed by Trevor Nunn. Nunn put together an unusually young cast including the 23-year-old Ben Whishaw as Hamlet and 19-year-old Samantha Whittaker as Ophelia. Reflecting Carroll's young Ophelia in 1999, Whittaker gave a very different performance of Ophelia to Condon. Like Condon, her age gave the character an added vulnerability but Whittaker's Ophelia was neither weak nor ineffectual. The poignancy behind this Ophelia's 'madness' was due to her interactions with Rory Kinnear's Laertes. This is an early example of a performance trend of focusing on family relationships rather than clinical mental illness when performing 'madness' in *Hamlet*. This is a trend which will be explored in greater depth in Chapter Three of this thesis. The closeness between Ophelia and Laertes was apparent in their first scene together and then movingly highlighted during her second 'mad' scene. Despite his own grief for his father's death and sister's distraction, Kinnear's Laertes tried hard to reach out to Ophelia and to comfort her, chasing her around the stage; and as her energetic, angry grief gave way to a more placid sorrow they clung to one another, both heartbroken.<sup>166</sup> In this production, Polonius's bloody corpse was also wheeled out for Ophelia to see in her final moment onstage before she succumbed to 'madness'. As with the use of abuse towards Ophelia in 1990s performances, the creation of this specific visual trigger by which this Ophelia reached breaking point gave an added level of logic to the character.

### Shifting the Balance Between Hamlet and Ophelia

As with many performance critics and literary theorists between 1959 and 1983, Ophelia sometimes continued to be overlooked and silenced between 1983 and 2005. In

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<sup>166</sup> *Hamlet*, Old Vic, 2004, dir. Trevor Nunn, Archive Recording, V&A Theatre and Performance Archives, 04/07/A4/9001 and 9002, [visited 13 May 2016].

1989, Ralph Berry wrote of Ophelia that ‘effectively, she is a support actor. Ophelia is there to divert the audience during the extended interval, while the star is resting’.<sup>167</sup> With similarly dated language, Harold Bloom commented of Hamlet’s behaviour that, compared to Polonius, Rosencrantz, and Guildenstern, ‘the fragile and lovely Ophelia is quite another matter, and Hamlet is monstrous to torment her into true madness’.<sup>168</sup> Demonstrating an old-fashioned Millais-esque concept of Ophelia in her ‘madness’ and death in the screenplay of his 1996 film of *Hamlet*, Kenneth Branagh specified that Ophelia should be ‘a beautiful, ghostly corpse’.<sup>169</sup> Conversely, Branagh chose Ophelia in his film to wear a straitjacket in her ‘mad’ scenes. Although this represents the way that she is dismissed, contained, and controlled by the other characters, a straitjacket is also a historical indication of mental illness and this decision suggests that Branagh wanted the connection between Ophelia and psychiatry to be stronger than any link between Hamlet and mental illness.

Unlike in previous decades, these outdated approaches to Ophelia were overshadowed between 1983 and 2005 by theatre practitioners, academics, and theatre reviewers engaging with Ophelia and discussing the nature of her ‘madness’. Duncan Salkeld wrote that Ophelia ‘breaks from the subjection of a vehemently patriarchal society and makes public display, in her verses, of the body she has been taught to suppress’.<sup>170</sup> The reflection in Salkeld’s words of 1980s feminist criticism of Ophelia

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<sup>167</sup> Ralph Berry, ‘Hamlet and the Audience’, *Shakespeare and the Sense of Performance: Essays in the Tradition of Performance Criticism in Honour of Bernard Beckerman*, eds. Marvin Thompson and Ruth Thompson, (Newark: University of Delaware Press, 1989), pp. 24-28, p. 25.

<sup>168</sup> Harold Bloom, *Hamlet: Poem Unlimited*, (Canongate, 2003), p. 42.

<sup>169</sup> Kenneth Branagh, *Hamlet by William Shakespeare*, (W. W. Norton & Company, 1996), p. 141.

<sup>170</sup> Duncan Salkeld, *Madness and Drama in the Age of Shakespeare*, (Manchester University Press, 1993), p. 95.

indicates some developing acceptance of the notion of Ophelia as a feminist character, an approach resisted in some 1980s performance reviews.

Echoing Salkeld's words in a 2001 interview for *The Telegraph*, Samuel West said of Ophelia's 'madness' that 'if you've ever seen an Ophelia who plays the mad scene totally logically, it's shattering, because there is an awful lot of truth and sanity in it. It's almost as if Ophelia has been given licence to tell the absolute truth for five minutes, and then has to kill herself'.<sup>171</sup> As well as playing Hamlet in Pimlott's 2001 production, West directed *Hamlet* at The Other Place for the RSC Fringe Festival in 2000. As part of his notes on Ophelia for his 2000 production of *Hamlet*, West approached Ophelia's 'madness' in terms of its logic, writing that 'she goes mad because of something in herself – a personality squashed and hidden has all the time been so painfully open to impressions that they usurp her reflexes and take possession [*sic*] of her. Her life has been all restraints – when they are removed, a secret life rises up and floods her'.<sup>172</sup> Hapgood noted in 1999 that Ophelias performed towards the end of the twentieth century 'differed from earlier ones in several ways. Especially in recent productions, Ophelia's sexuality has received much more emphasis than before [...] Modern Ophelias have also been more assertive than their predecessors'.<sup>173</sup> The productions discussed in this chapter prove that there was a performance trend of Ophelia becoming a more assertive character than the Ophelias of previous decades. This chapter has also found an increase in Ophelia's assertiveness through the ways she was discussed by performance critics and literary theorists, especially in feminist criticism.

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<sup>171</sup> Sarah Crompton, 'How to Play Hamlet', *The Telegraph*, 28 April 2001.

<sup>172</sup> Samuel West, Notes on *Hamlet*, RSC Fringe Festival, 2000, dir. Samuel West, Shakespeare Institute Library.

<sup>173</sup> Robert Hapgood (ed.), *Shakespeare in Production: Hamlet*, (Cambridge University Press, 1999), p. 91.

Ophelia's prominence also progressed during this time period outside of the context of the play as the idea progressed that Ophelia's small amount of stage time in *Hamlet* does not do justice to the character. She developed a greater cultural life through plays such as Jean Bett's comedy *Ophelia Thinks Harder*,<sup>174</sup> *The Secret Love Life of Ophelia* by Steven Berkoff,<sup>175</sup> and Bryony Lavery's 1997 play *Ophelia*. She was also used as an emblematic figure for psychological non-fiction books such as *Reviving Ophelia: Saving the Selves of Adolescent Girls* by Mary Pipher,<sup>176</sup> *Ophelia Speaks: Adolescent Girls Write About their Search for Self* by Sara Shandler,<sup>177</sup> and *Surviving Ophelia: Mothers Share Their Wisdom in Navigating the Tumultuous Teenage Years* by Cheryl Dellasega.<sup>178</sup>

This chapter has found that Ophelia began to make her way out of the peripheries of performances of *Hamlet* between 1983 and 2005, sometimes in quite an aggressive way. A common performance choice which allowed this shift in the prominence of Ophelia to take place was for Ophelias to out-mad their Hamlets. Daniels' 1989 RSC production and Kent's 1995 Almeida Theatre Company *Hamlet* at the Hackney Empire are the key examples which demonstrated Ophelias overtaking and outperforming their Hamlets in clinical considerations of 'madness'. From the 1980s, landmark performances of Ophelia could be said to exist as well as landmark Hamlets; for instance, despite the ambivalence from critics at the time, Kathryn Pogson's 1982 Ophelia in Jonathan Miller's production seems to have been much more memorable than Anton Lesser's Hamlet and considered

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<sup>174</sup> Jean Betts, *Ophelia Thinks Harder*, (Women's Play Press, 1994).

<sup>175</sup> Steven Berkoff, *The Secret Love Life of Ophelia*, (Faber & Faber, 2001).

<sup>176</sup> Mary Pipher, *Reviving Ophelia: Saving the Selves of Adolescent Girls*, (Riverhead Books, 1994).

<sup>177</sup> Sara Shandler, *Ophelia Speaks: Adolescent Girls Write About Their Search for Self*, (HarperCollins, 1999).

<sup>178</sup> Cheryl Dellasega, *Surviving Ophelia: Mothers Share Their Wisdom in Navigating the Tumultuous Teenage Years*, (Ballantine Books, 2002).

more favourably in retrospect than in 1982 reviews. As previously quoted, Pogson's performance was referenced as a landmark by Nicholas Shrimpton who suggested that this production, and particularly the interpretation of Ophelia's 'madness', should have changed *Hamlet* in performance forever.<sup>179</sup>

While actresses playing Ophelia more frequently considered mental illness, multiple Hamlets between 1983 and 2005 also drew inspiration from psychiatry for their representations of 'madness'. One way in which Hamlet was more closely connected with mental illness than before was through the trend of actively suicidal Hamlets mentioned earlier in this chapter. Several Hamlets between 1983 and 2005 also struggled with anger, mentally collapsed beneath the pressure of a corrupt political state, or were broken down by an all-consuming depression. Between 1983 and 2005, some reviewers strongly maintained the view that 'madness' in productions of *Hamlet* did not require, and perhaps should not contain, any clinical reflections of mental illness. Despite this, many performance critics and theatre reviewers began to desire and expect some indications of mental illness weaved into performances of 'madness' in *Hamlet*. This change of attitude was synergetic with the growing familiarity with mental illness in Britain during these years, which developed alongside the process of deinstitutionalisation. This synergy is especially present in the normalisation of mental illness between 1983 and 2005 and simultaneous attempts from literary theorists, performance critics, and theatre practitioners to decipher the behaviour from Ophelia that Laing in the 1960s considered 'incomprehensible'.<sup>180</sup> In response to Escolme's argument that Hamlet had become a more coherent figure psychologically by the twenty-first century than he was in the

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<sup>179</sup> Nicholas Shrimpton, 'Shakespeare Performances in Stratford-upon-Avon and London 1983-4', p. 209.

<sup>180</sup> R. D. Laing, *The Divided Self*, p.195.

1980s,<sup>181</sup> this chapter has discovered that this change was apparent in performances of Hamlet by 2005 but has found that this statement has greater application to the developments of Ophelia in performance during these years than it does to Hamlet.

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<sup>181</sup> Bridget Escolme, *Talking to the Audience*, p. 53.

**‘Like Reflections Caught by a Shattered Mirror’: Staging ‘Madness’ in Major  
London and RSC Productions of *Hamlet*, 2005-2019**

**‘Madness in Great Ones Must Not Unwatched Go’: Performing Hamlet’s  
‘Madness’, 2005-2019**

This chapter concerns developments in performances of Hamlet’s and Ophelia’s ‘madness’ between 2005 and 2019. The study of *Hamlet* in this chapter begins in 2005 because the Mental Capacity Act was passed in that year; this act applied alongside the Mental Health Act 1983 continues to shape the treatment of mental health service users in Britain. Between 2005 and 2019, much of the process of mass deinstitutionalisation was complete and so this chapter will explore some of the effects of creating theatre in a society in which the majority of mentally ill people lived in communities rather than hospitals. This chapter will explore the application of psychiatric panopticism in a society in which the physical Panopticon had been removed. As these changes continued in society, developments also occurred in ways that the topic of ‘madness’ in *Hamlet* was approached in public and private discussions between mental health workers, theatre practitioners, and theatre audiences. This chapter will explore connections between these fields, questioning whether it became increasingly common for theatre practitioners during these years to engage with clinical ideas of mental illness when rehearsing *Hamlet* and investigating whether the presence of mentally ill people within communities caused actors to feel a responsibility to perform ‘madness’ as mental illness and to represent it accurately and respectfully onstage. The first half of this chapter focuses on trends in performances of Hamlet’s ‘madness’. This exploration continues the discussion in the second chapter about the growing divergence between theatrical concepts of ‘madness’

and ‘mental illness’. This chapter will also explore cultural trends which occurred in Britain between 2005 and 2019, such as the increased use of social media platforms, asking how these can be connected to Hamlet’s ‘madness’. This section will focus on the extent and effect of the use of the motifs of scattered voices, fragmentation, reduction, and self-analysis on performances of Hamlet’s ‘madness’, exploring connections with mental illness and asking if there is was a synergy with the approaches of mental health care during these years.

### Mental Health Care and the Stigma of Mental Illness

The understandings and experiences of mental illness in twenty-first-century British society are a product of many longer term and initially latent effects of deinstitutionalisation, a process which has continued to develop since 2005. The Mental Capacity Act 2005 encouraged more person-centred care as any test, treatment, or decision about health requires consent under this legislation. The act states that ‘a person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain’.<sup>1</sup> Before 2005, the legal rights of people considered not to have capacity were extremely limited but, since the 2005 act, the welfare of people without capacity has gained greater attention as medical decisions are discussed between families, social workers, and doctors. Assessments of a person’s capacity need to be repeated for each patient at least once per year and often more frequently; for instance, if the person changes hospital or care home the assessments need to be re-done.<sup>2</sup> The Mental

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<sup>1</sup> Mental Capacity Act 2005, c. 9, Part 1, Preliminary, Section 2 (1), <[www.legislation.gov.uk](http://www.legislation.gov.uk)> [accessed 23 July 2016].

<sup>2</sup> Alison Stewart, *Interview with Dr Alison Stewart, psychiatrist*, (Interviewed by Rachel Stewart, 26 October 2014).

Capacity Act 2005 increased the rights of mental health service users and their families and promoted treatment on an individual basis, which helped further reduce segregation between people with mental illnesses and the rest of society.

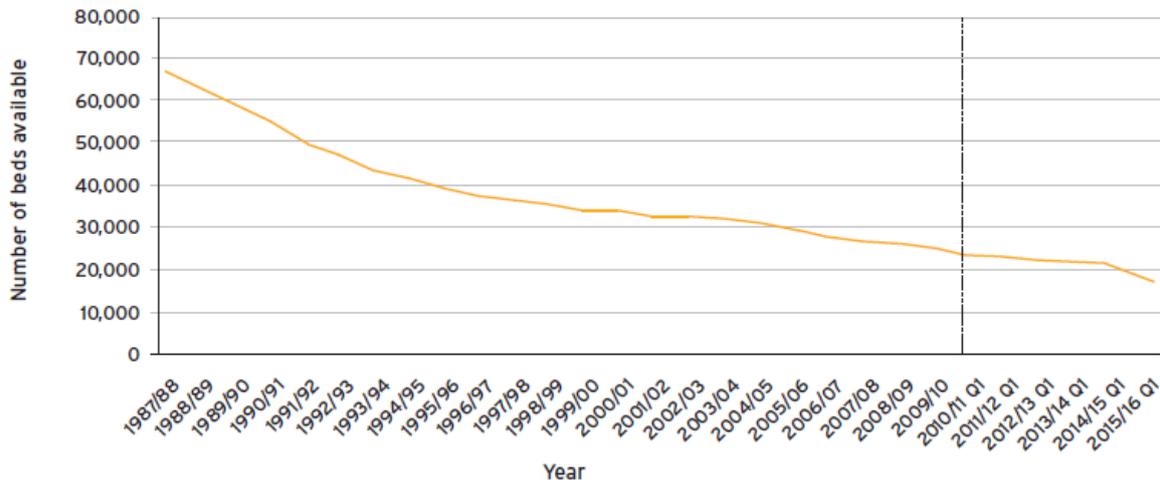


Table 10: Number of Beds Available Across the Mental Health Sector Between 1987/88 and 2015/16.<sup>3</sup>

As well as providing a comparative indication of the numbers of mentally ill people who were living in the community rather than institutions, the findings shown in Table 10 were caused by a decrease in quantity of beds in psychiatric hospitals as they continued to close and many of those left open were placed under pressure to reduce their numbers of beds. An example of this is the Berkshire Healthcare Foundation Trust who closed the psychiatric wards at Heatherwood Hospital in Ascot, Wexham Park Hospital in Slough, and St Mark’s Hospital in Maidenhead in the 2010s. All of the patients were moved to Prospect Park Hospital in Reading.<sup>4</sup> A problematic effect of deinstitutionalisation was that, since most psychiatric hospitals closed, many people who would once have been

<sup>3</sup> N. Crisp, G. Smith, and K. Nicholson, *Old Problems, New Solutions – Improving Acute Psychiatric Care for Adults in England*, (The Commission on Acute Adult Psychiatric Care, 2016), p.14.

<sup>4</sup> Alison Stewart, *Interview with Dr Alison Stewart, psychiatrist*, (Interviewed by Rachel Stewart, 26 October 2014).

housed in these institutions were placed into prisons instead. This particularly became the case in the USA.<sup>5</sup> The continuing process of deinstitutionalisation and the consequent developing demystification of mental illness within society, discussed in Chapter Two, had by 2005 reached a stage in which all children and younger adults had never lived in a society where the majority of mentally ill people were institutionalised. Another effect was that most people under treatment from mental health services in 2005 had never been detained in a psychiatric hospital.

One initially latent result of deinstitutionalisation was that minor mental illness became much more widespread between 2005 and 2016.

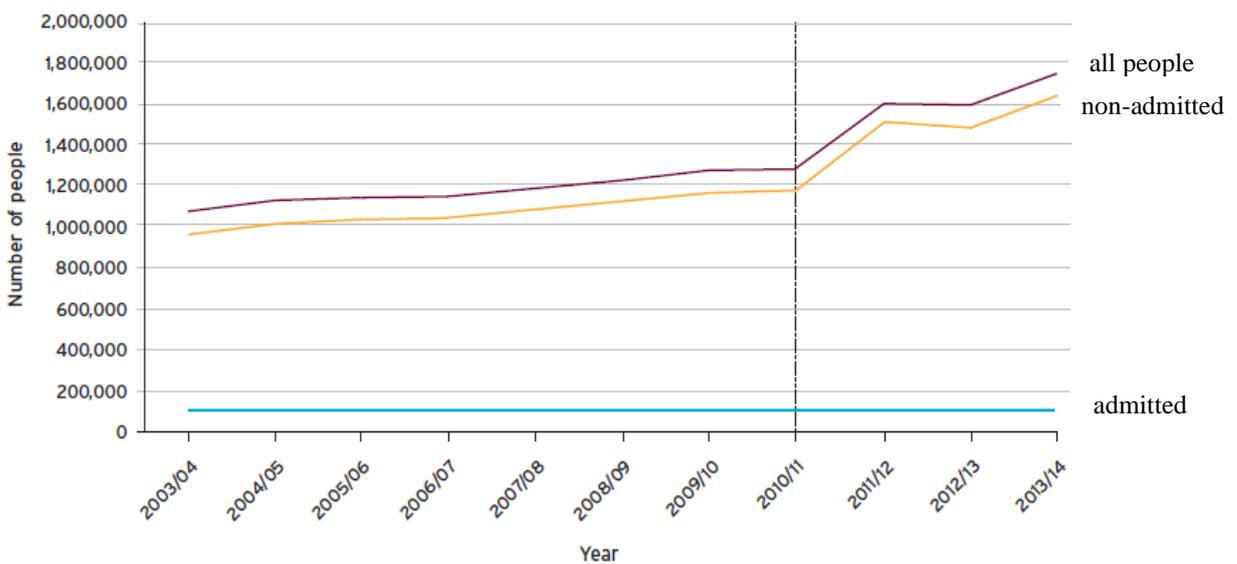


Table 11: The Number of People in Contact with Mental Health Care Services (Adult and Older Adult) by Highest Level of Care Between 2003/4 and 2013/14.<sup>6</sup>

<sup>5</sup> Jacques Baillargeon, et al., ‘Psychiatric Disorders and Repeat Incarcerations: The Revolving Prison Door’, *The American Journal of Psychiatry*, Vol. 166, No. 1, (The American Journal of Psychiatry Online, 2009), 103–109; Steven Raphael, Michael. A. Stoll, ‘Assessing the Contribution of the Deinstitutionalization of the Mentally Ill to Growth in the U.S. Incarceration Rate’, *The Journal of Legal Studies*, Vol. 42, No. 1, (The University of Chicago Press, January 2013), 187–222.

<sup>6</sup> N. Crisp, G. Smith, and K. Nicholson, *Old Problems, New Solutions – Improving Acute Psychiatric Care for Adults in England*, p.14.

Table 11 shows that the number of people in contact with mental health services increased by more than 700 000 over ten years but that the number of people who were institutionalised remained reasonably constant. The consistency in the numbers of people admitted to hospitals despite the growth of deinstitutionalisation occurred because hospital admissions became shorter in the early twenty-first century and a larger number of revolving door cases developed, in which people were repeatedly admitted and discharged. These types of hospital admissions became more common because better treatment meant that many mentally ill people did not need to be kept in hospital for so long, they were often able to discharge themselves and were given the right to appeal against admissions, and better community care also allowed people to be discharged earlier.<sup>7</sup> The presence of mentally ill people within communities and the increasingly widespread nature of minor mental illness in twenty-first-century Britain furthered the demystification and normalisation of mental illness discussed in the second chapter of this thesis.

Psychiatric research between 2005 and 2019 shows that there has been an overall reduction in the level of stigma surrounding mental illness and discrimination experienced by service users, but findings also show that these issues continue to be problematic. One easily trackable change is the formal terminology surrounding mental illness. Since the Mental Health Act 1959 adjusted legal and medical vocabulary, as mentioned in Chapter One, it has continued to evolve.

Over the years, stigma attached to mental illness may have lessened following changes to the vocabulary of psychiatric taxonomy. For

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<sup>7</sup> Alison Stewart, *Interview with Dr Alison Stewart, psychiatrist*, (Interviewed by Rachel Stewart, 26 October 2014).

example, the term ‘manic depression’ originated from German psychiatrist Emil Kraepelin in the late 19th century. As knowledge of the illness evolved, Leonhard in 1957 used the word ‘bipolar’ to distinguish between people who experienced mania and depression, and ‘unipolar’ for those with depression only. The terminology was adopted into modern psychiatric practice and ‘bipolar disorder’ has replaced ‘manic depression’ over the past two decades.<sup>8</sup>

An example of a similar change in vocabulary is that people undergoing treatment for mental illness were formally called ‘mental patients’ in 1959, a term that persisted until the 1980s when the correct legal and medical phrase became ‘mental health patients’. As the number of people in contact with mental health services but not hospitalised increased, the term ‘patient’ fell into question. By 2019, ‘patients’ in legal and medical documentation referred only to hospital residents and people treated through the Care in the Community system were formally termed ‘service users’. These examples of legal and medical institutions editing formal terminology in favour of more neutral vocabulary for mentally ill people demonstrates an effort to reduce stigma.

A 2003 study by Angermeyer and Matschinger found that labelling a person as mentally ill had ‘practically no effect on public attitudes towards people with major depression’.<sup>9</sup> Reflecting these findings, Corker et al carried out a study directly comparing perceived discrimination from mental health service users in 2008 and 2011:

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<sup>8</sup> Diana Chan and Lester Sireling, ‘‘I want to be bipolar’ ... a new phenomenon’, *The Psychiatrist*, Vol. 34, (The Royal College of Psychiatrists, 2010), 103-105, 103.

<sup>9</sup> M. C. Angermeyer and H. Matschinger, ‘The stigma of mental illness: effects of labelling on public attitudes towards people with mental disorder’, *Acta Psychiatr Scand*, Vol. 108, (Blackwell Munksgaard, 2003), 304-9, 308.

Life area	Participants reporting discrimination, %		Direction of change 2008-2011
	2008	2011	
Being shunned	57.9	50	Reduction
Friends	53.3	39.4	Reduction
Family	53.1	43.7	Reduction
Social life	43.2	31.5	Reduction
Neighbours	25.3	22.7	Reduction
Mental health staff	34.3	30.4	Reduction
Dating	30.9	22.1	Reduction
Physical health	29.6	28.9	Reduction
Finding a job	24.2	18.6	Reduction
Privacy	21.6	20.0	Reduction
Safety	19.6	24.8	Increase
Benefits	19.0	24.9	Increase
Parenting	18.6	15.6	Reduction
Keeping a job	16.9	16.6	Reduction
Police	16.4	16.1	Reduction
Housing	14.7	13.3	Reduction
Education	12.3	10.2	Reduction
Marriage	12.1	17.3	Increase
Transport	11.4	12.0	Increase
Starting a family	10.8	6.9	Reduction
Religious activities	10.1	4.3	Reduction

Table 12: Negative Discrimination 2008-2011<sup>10</sup>

They found that the level of perceived discrimination in almost every life area listed was lower in 2011 than in 2008. A 1995 stigma study mentioned in Chapter Two found that half of the questioned employers would only occasionally or would never employ a currently mentally ill people and just 4% said that they definitely would.<sup>11</sup> In comparison, the statistics in Table 12 indicate a markedly lower level of discrimination faced by mentally ill people when applying for jobs and staying in employment, with most participants reporting no discrimination in these areas.

<sup>10</sup> E. Corker, S. Hamilton, C. Henderson, C. Weeks, V. Pinfold, D. Rose, P. Williams, C. Flach, V. Gill, E. Lewis-Holmes, G. Thornicroft, 'Experiences of Discrimination Among Young People Using Mental Health Services in England 2008-2011', *The British Journal of Psychiatry*, Vol. 202, (The Royal College of Psychiatrists, 2013), 58-63, 61.

<sup>11</sup> See Chapter Two, p. 151.

Likewise, examining stigma surrounding mental illness in a 2011 study comparing attitudes towards people presented as mentally ill and as stressed, Luty et al found that ‘there was no statistical difference between stigmatised attitudes towards a person with a mental illness whether he was presented as ill or stressed’.<sup>12</sup> These findings may not be a commentary on the reduction of stigma surrounding mental illness, but rather an indication that participants were not always able to tell the difference between stress and mental illness, further indicating a sense of normalisation. An issue with twenty-first-century NHS healthcare is that General Practitioners are allocated ten minutes for each standard appointment. Although there is no evidence to suggest this occurs, it would be much quicker and simpler for a GP with only ten minutes to speak to a patient to give a worried person who has self-diagnosed as mentally ill mild antidepressants than it would be to convince them they are not depressed.

In a discussion about the rising numbers of people medicated for mental illnesses quoted in the second chapter of this thesis, psychiatrist Dr Alison Stewart highlighted that better psychiatric care may have reduced the overall severity of mental illness in the United Kingdom, but that deinstitutionalisation has caused minor mental illness to increase. Exploring this notion, a 2011 study compared attitudes towards mental illness in 1990 and 2011 in Germany, a country whose developments in mental health care moved in a very similar pattern and time frame to those in Britain. This study concluded that ‘it is evident that consulting a psychiatrist or a psychotherapist has become a less unusual and more accepted way to deal with mental health problems than it used to be in

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<sup>12</sup> Jason Luty, Joby Maducolil Easow, Vania Mendes, ‘Stigmatised Attitudes Towards the ‘Stressed’ or ‘Ill’ Models of Mental Illness’, *The Psychiatrist*, (Royal College of Psychiatrists, 2011), 370-373, 372.

the past'.<sup>13</sup> In their 2010 article 'I want to be bipolar ... a new phenomenon', Chan and Sireling suggested that the normalisation of mental illness may have reached a more extreme level than merely a larger number of mental health service users. They recorded their finding that, 'despite the stigma attached to mental illness, we have noticed in our clinical practice a new and unusual phenomenon, where patients present to psychiatrists with self-diagnosed bipolar disorder'.<sup>14</sup> As well as highlighting that the re-integration of people with mental illnesses into communities and better treatment for mental illness has blurred the mad/sane binary discussed by Foucault in *Discipline and Punish*,<sup>15</sup> making mentally ill people less of a social 'other', this raises the frightening question of whether being diagnosed with a mental illness and taking medication for mental illness has begun to develop into a fashion. Between 2005 and 2019, influential public figures discussed struggles with mental illness on public platforms more frequently and openly than ever before. Although these discussions were rooted in a positive effort to encourage people to seek help and not to deal with mental illness alone as well as to reduce shame, the experiences of Chan and Sireling could suggest that public discussions about personal experiences of mental illness between celebrities who are role models to young people may be a factor in this recent development of a desire from some people to be mentally ill.

Although the above case studies have demonstrated reduction in the stigma surrounding mental illness in general, other studies have found that schizophrenia has continued to be perceived with high levels of discrimination and fear. Angermeyer and

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<sup>13</sup> Matthias C. Angermeyer, Herbert Matschinger, Georg Schomerus, 'Attitudes towards psychiatric treatment and people with mental illness: changes over two decades', *The British Journal of Psychiatry*, vol. 203, (The Royal College of Psychiatrists, 2013), 146-151, 150.

<sup>14</sup> Diana Chan and Lester Sireling, 'I want to be bipolar' ... a new phenomenon', *The Psychiatrist*, Vol 34, (The Royal College of Psychiatrists, 2010), 103-105, 103.

<sup>15</sup> See Introduction, p. 38.

Matschinger drew attention to the continuation of a high level of stigma surrounding schizophrenia: ‘labelling as mental illness has an impact on public attitudes towards people with schizophrenia, with negative effects clearly outweighing positive effects. Endorsing the stereotype of dangerousness has a strong negative effect on the way people react emotionally to someone with schizophrenia and increases the preference for social distance’.<sup>16</sup> Howe et al (2010) also found that, when facing a probable diagnosis of schizophrenia, ‘avoidance preceded diagnosis; participants hid their experiences to avoid being labelled with schizophrenia, consequently receiving inappropriate treatments. This highlights participants’ determination to evade the specific diagnosis of schizophrenia to protect themselves from stigma at the price of receiving more appropriate treatment’.<sup>17</sup> Echoing these findings, Kingdon et al examined the stigma around mental illness held by psychiatrists, medical students, and the general population in 2008. They found a large disparity between opinions.

Opinion	General population (%)	Medical students (%)	Psychiatrists (%)
Danger to others	71.3	24.5	5.8
Unpredictable	77.3	64.2	39.1
Hard to talk to	58.4	34.2	35.4
Feel different	57.9	29.3	30.5
Themselves to blame	7.6	3.4	0.7
Cannot pull self together	8.1	12.1	2.5
Not improve with treatment	15.2	4.3	1.8
Never recover	50.8	34.9	22.1

Table 13: Respondents Holding Negative Opinions About Schizophrenia<sup>18</sup>

<sup>16</sup> M. C. Angermeyer and H. Matschinger, ‘The stigma of mental illness: effects of labelling on public attitudes towards people with mental disorder’, *Acta Psychiatr Scand*, (Blackwell Munksgaard, 2003), Vol. 108, 304-9, 308.

<sup>17</sup> Lorna Howe, Anna Tickle, Ian Brown, ‘‘Schizophrenia is a dirty word’’: service users experiences of receiving a diagnosis of schizophrenia’, *Psychiatric Bulletin*, Vol. 38, (Royal College of Psychiatrists, 2010), 154-158, 157.

<sup>18</sup> David Kingdon, Selvarej Vincent, Yoshihiro Kinoshita, Douglas Turkington, ‘Destigmatising Schizophrenia: Does Changing Terminology Reduce Negative Attitudes?’, *Psychiatric Bulletin*, Vol. 32, (Royal College of Psychiatrists, 2008), 419-422, 420.

The level of difference between the figures in each column of Table 13 shows that education about mental illness and exposure to mental illness have profound effects on stigma. These statistics also highlight the lack of knowledge about mental illness amongst the general population, even after several decades of living in a society where Community Care dominated mental health care.

Similarly demonstrating how regular contact with mentally ill people can lower stigma, a 2006 study of support workers (people who were not trained doctors or nurses but had regular contact with mentally ill people) demonstrates only a slightly higher overall level of stigma towards people with schizophrenia compared to illnesses such as depression and anxiety.

Opinion	Severe depression	Panic attacks	Schizo-phrenia	Eating disorders	Alcohol addiction	Drug addiction	Dementia
Danger to others	6.3 (2.7–11.9)	10.9 (6.1–17.7)	17.6 (11.4–25.4)	2.4 (0.5–6.9)	38.6 (30.1–47.6)	46.3 (37.3–55.6)	15.6 (9.6–23.2)
Unpredictable	28.9 (21.2–37.6)	38.3 (29.8–47.3)	46.8 (37.9–55.9)	21.8 (14.9–30.1)	57.5 (48.4–66.2)	63.4 (54.3–71.9)	57.4 (48.1–66.3)
Hard to talk to	60.5 (51.5–69.0)	9.4 (5.0–15.9)	30.6 (22.7–39.6)	29.8 (22.0–38.7)	37.8 (29.3–46.8)	39.8 (31.1–49.1)	55.7 (46.5–64.7)
Feel different to others	57.0 (48.0–65.7)	52.8 (43.7–61.7)	68.8 (59.9–76.8)	56.5 (47.3–65.3)	35.4 (27.2–44.4)	43.1 (34.2–52.3)	70.5 (61.6–78.4)
Have themselves to blame	3.9 (1.3–8.8)	3.9 (1.3–8.9)	5.6 (2.3–11.3)	7.3 (3.4–13.3)	16.5 (10.5–24.2)	19.4 (12.8–27.4)	3.3 (0.9–8.2)
Could pull themselves together	2.3 (0.5–6.7)	4.7 (1.8–10.0)	4.0 (1.3–9.1)	9.7 (5.1–16.3)	22.0 (15.2–30.3)	24.2 (17.0–32.7)	0.8 (0.2–4.5)
Would not improve if treated	9.4 (5.0–15.9)	12.5 (7.3–19.5)	17.1 (10.9–24.9)	8.9 (4.5–15.3)	7.8 (3.9–14.1)	7.3 (3.4–13.4)	58.2 (48.9–67.1)
Will never recover fully	19.7 (13.2–27.7)	15.1 (9.3–22.5)	48.4 (39.3–57.5)	12.3 (7.0–19.5)	25.2 (17.9–33.7)	11.3 (6.3–18.2)	91.0 (84.4–95.4)

Table 14: Support Workers Expressing a Negative Opinion of Seven Disorders, %<sup>19</sup>

Julian Leff and Richard Warner noted the difference that exposure to mental illness and education about mental illness make on attitudes: ‘the public’s stigmatising attitudes to

<sup>19</sup> Rebecca Tipper, Deborah Mountain, Stuart Lorimer, Andrew McIntosh, ‘Support Worker’s Attitudes to Mental Illness: Implications for Reducing Stigma’, *Psychiatric Bulletin*, Vol. 30, (Royal College of Psychiatrists, 2006), 179-181, 180.

people with psychiatric conditions are based on stereotyping, which flourishes when there is inadequate knowledge, misconceptions, and little contact with mentally ill people to correct them'.<sup>20</sup> The above case studies demonstrate a significant improvement in stigma around mental illness since the studies mentioned in the second chapter of this thesis, but they also show that stigma is still a prevalent issue. Philip T. Yanos drew attention to the continuing struggle against stigma in his 2018 book *Written Off*. At the start of the chapter 'Does Mental Health Stigma Really Exist?', Yanos quoted an unidentified psychiatrist who asserted at a professional meeting in 2015 that 'there is no problem with stigma - these are inferior persons'.<sup>21</sup> Part of the continuing problem is the level of negative publicity concerning mental illness. Chen and Lawrie inform us that 'media portrayals of mental illness have long been recognised as being misleading and stigmatising'.<sup>22</sup> In 2017, they explored comments from newspapers about mental and physical illness in nearly 1000 recent articles.

<b>Table 2</b> Comparison of variables between physical and mental health reporting		
Variable	Physical health, n (%)	Mental health, n (%)
Total number of articles	763	200
Positive	218 (28.6)	44 (22.0)
Negative	251 (32.9)	101 (50.5)
Neutral	290 (38.0)	55 (27.5)
Quote from patient/charity	150 (19.7)	45 (22.5)
Quote from professional	285 (37.4)	58 (29.0)
Association with violence	2 (0.3)	37 (18.5)
Mention of treatment/rehabilitation	217 (28.4)	48 (24.0)
Substance misuse	31 (4.1)	22 (11.0)
Medical advocacy/raising awareness	131 (17.2)	26 (13.0)
System failure/negligence	118 (15.5)	25 (12.5)
Innovations in research	184 (24.1)	22 (11.0)

Table 15: Comparison of Variables Between Physical and Mental Health Reporting<sup>23</sup>

<sup>20</sup> Julian Leff and Richard Warner, 'The Nature of Stigma', *Social Inclusion of People with Mental Illness*, (Cambridge University Press, 2006), p. 39.

<sup>21</sup> Philip T. Yanos, *Written Off: Mental Health Stigma and the Loss of Human Potential*, (Cambridge University Press, 2018), p. 16.

<sup>22</sup> Marian Chen and Stephen Lawrie, 'Newspaper depictions of mental and physical health', *Psychiatric Bulletin*, Vol. 41, (Royal College of Psychiatrists, 2017), 308-313, 308.

<sup>23</sup> *Ibid.*, 310.

In a similar study of 200 articles, they also found that ‘over half of the articles on mental health were negative in tone: 18% indicated an association with violence’.<sup>24</sup> Reflecting these findings, another 2017 study assessed articles about suicide alongside the guidelines from the Samaritans about how suicide should and should not be reported.<sup>25</sup> ‘We identified 229 articles, of which 199 failed to comply with at least one of the Samaritans’ guidelines. Failure to mention support sources, excessive detail about the method used and undue speculation about the trigger for suicide were the most commonly breached guidelines. Significant differences were found between the quality of local and national media sources, with local media sources being broadly more compliant with guidelines.’<sup>26</sup> Likewise, a 2015 study of the reports of homicides and suicides in newspapers found that ‘a fascination with extreme violence, vulnerable victims, and having someone to blame made homicide-suicides newsworthy. Some offenders were portrayed in a stereotypical manner and pejorative language was used to describe mental illness. The findings showed evidence of inaccurate and speculative reference to mental disorder in newspaper reports’.<sup>27</sup> Because vocabulary around mental illness has been gradually neutralised since the Mental Health Act 1959, these findings demonstrate that legal changes can take decades to filter through society and that they may never reshape the way that a topic such as mental illness is discussed, even on formal public platforms.

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<sup>24</sup> *Ibid.*, 308.

<sup>25</sup> Samaritans, ‘Media Guidelines for Reporting Suicide’, (Samaritans, 2013), <<http://www.samaritans.org/sites/default/files/kcfinder/files/press/Samaritans%20Media%20Guidelines%202013%20UK.pdf>> [accessed 1 April 2019].

<sup>26</sup> Michael Utterson, Jason Daoud, Rina Dutta, ‘Online Media Reporting of Suicides: Analysis of Adherence to Existing Guidelines’, *British Journal of Psychiatry*, Vol. 41, (Royal College of Psychiatrists, 2017), 83-86, 83.

<sup>27</sup> Sandra Flynn, Linda Gask, Jenny Shaw, ‘Newspaper Reporting of Homicide-Suicide and Mental Illness’, *The British Journal of Psychiatry*, Vol. 39, (Royal College of Psychiatrists, 2015), 268-272, 268.

## Institutionalising ‘Madness’ in the Theatre

As the majority of physical psychiatric institutions had been closed for decades by 2005, some theatre directors turned the psychiatric institution into a fictionalised theatrical device. As theatre renders behaviour as performance and fact as fiction, as well as sometimes representing mental illness, a psychiatric hospital onstage in a deinstitutionalised society can alternatively be applied to create a mimetic distance from mental illness. Although clinically mentally ill Ophelias became more common onstage from the 1980s, and certain productions also interpreted Hamlet in this way, the number of mentally ill Hamlets increased intensely between 2005 and 2019, forming a strong theatrical trend. A prime example of this is Ian Rickson’s 2011 production at the Young Vic in which Rickson set the entire play in a psychiatric hospital. Rickson drew on general clinical concepts of mental illness inspired by twentieth-century psychological and psychiatric theory for his interpretation of the play, such as the writings of Laing and Jung.<sup>28</sup> In her review of the production, Kate Bassett reported that ‘Sheen’s scruffy, sweat-drenched Hamlet grins nervously when it’s his turn to speak - fast-talking with spasmodic hesitations, eyes darting’<sup>29</sup> and Susannah Clapp described Sheen’s Hamlet as ‘a firecracker who at moments of greatest sadness suggests with his racing eyes, his dandelion hair, his choppy speech, his running, the twists of his body, a comic frenzy’.<sup>30</sup> Despite the behavioural similarities to Pogson’s schizophrenic Ophelia in 1982 and Rickson’s claim that he drew on the works of Laing and Jung, most of Rickson’s use of this hospital setting indicates that he focused on the dramatic potential of the door

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<sup>28</sup> Ian Rickson, *Interview with Ian Rickson*, (Interviewed by Heath Neill for *Theatre Voice*, 16 December 2011), [accessed 30 January 2016].

<sup>29</sup> Kate Bassett, ‘Hamlet, Young Vic, London’, *Independent on Sunday*, 13 November 2011.

<sup>30</sup> Susannah Clapp, ‘You Do Have to be Mad to Work Here: Elsinore is a Psychiatric Hospital and Michael Sheen’s Firecracker Hamlet Its Sanest Inmate in Ian Rickson’s Ingenious Production at The Young Vic’, *The Guardian*, 13 November 2011.

clanging shut behind the audience, the inescapable confinement of the characters, and high level of surveillance rather than employing this location as a mechanism through which to portray mental illness with clinical accuracy.

Rickson's production began with an immersive theatre technique in which 'the audience approach their seats (unnecessarily but not uninterestingly) through a backstage maze of corridors, passing a gym, a library and a number of long-faced functionaries scribbling notes'<sup>31</sup> and the audience were then detained in this hospital for the duration of the performance. Critic Matt Wolf described the experience of arriving at the theatre:

Audiences who arrive early are taken on what is billed as a 'pre-show journey', which amounts to a proper glimpse of goings-on backstage at a royal castle that looks an awful lot like the secure unit of a psychiatric institution. Grim-faced men sit peering at clipboards while white noise hums and steel doors clang open and shut. When the play proper begins, we are advised to 'turn off all electronic devices as they interfere with treatment'.<sup>32</sup>

Perhaps alluding to the increased presence of therapy in twenty-first-century society, this is a joke which identifies theatrical performance as a form of contemporary therapy for the audience. As mentioned previously, seeing a psychiatrist, taking medication, and contact with therapeutic services has become more common over the past twenty years;

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<sup>31</sup> Susannah Clapp, 'You Do Have to be Mad to Work Here: Elsinore is a Psychiatric Hospital and Michael Sheen's Firecracker Hamlet Its Sanest Inmate in Ian Rickson's Ingenious Production at The Young Vic', *The Guardian*, 13 November 2011.

<sup>32</sup> Matt Wolf, 'In a Castle-Turned-Psychiatric Unit, the Haunted Eyes of Hamlet; Starring Michael Sheen, Ian Rickson's Revisionist Hipster Staging Triumphs', *The New York Times*, 22 November 2011.

therefore, this level of intimacy between theatre and mental health care gives productions of *Hamlet* a new kind of modernity.

Rickson's production replicated Jonathan Pryce's interpretation of the Ghost from Richard Eyre's 1980 Royal Court production, discussed in Chapter One. In Rickson's production, the Ghost was signified by King Hamlet's coat: 'whenever Michael Sheen's Hamlet pulls on his beloved father's greatcoat, he becomes possessed by the old man urging his son to seek vengeance for his murder'.<sup>33</sup> This echo of an earlier production provides some insight into how much the attitudes and expectations of performance critics had changed. The Ghost in Eyre's 1980 production was critically acclaimed and Pryce was awarded the 1980 Best Actor Olivier Award; however, in 2011, the reception was less enthusiastic with critics writing that 'Sheen plays the Ghost atrociously, clamouring the lines like a road-rage victim and entirely missing their beauty and their magnificent tolling music'<sup>34</sup> and 'I gather this worked well when Jonathan Pryce did the same thing at the Royal Court 30 years ago, but here it seems like little more than one of Rickson's tiresome novelties'.<sup>35</sup> Although the performance reviewers in 1980 did not perceive Pryce's Hamlet as mentally ill, they were very quick to label Sheen's Hamlet. With reference to Pryce's Hamlet, two reviews mentioned that his movements bore a resemblance to an epileptic seizure<sup>36</sup> and one called Hamlet 'a man possessed'.<sup>37</sup> On the other hand, when Michael Sheen played Hamlet, reviewers variously referred to the Ghost as 'a bipolar hallucination',<sup>38</sup> 'a figment of Hamlet's schizophrenia',<sup>39</sup> 'some kind of

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<sup>33</sup> Georgina Brown, 'Hamlet', *Mail on Sunday*, 20 November 2011.

<sup>34</sup> Lloyd Evans, 'Sheer Madness', *The Spectator*, 19 November 2011.

<sup>35</sup> Charles Spencer, 'Hamlet Twisted to Destruction', *The Telegraph*, 21 November 2011.

<sup>36</sup> Jack Kroll, 'The Hamlet of Our Time', *Newsweek*, 2 June 1980; Norman Webster, 'Ghostless Hamlet Startles Theatre World', *The Globe and Mail* (Canada), 10 June 1980.

<sup>37</sup> Norman Webster, 'Ghostless Hamlet Startles Theatre World', *The Globe and Mail* (Canada), 10 June 1980.

<sup>38</sup> Lloyd Evans, 'Sheer Madness', *The Spectator*, 19 November 2011.

<sup>39</sup> Marika Lysandrou, 'Hamlet', *Morning Star*, 14 November 2011.

psychosis’,<sup>40</sup> ‘a case of demonic possession’,<sup>41</sup> Hamlet ‘possessed by his father’s spirit’,<sup>42</sup> and one critic asserted that ‘the boy has multiple personality disorder’.<sup>43</sup> This provides a striking contrast to 1980 when critics did not seem to think of this interpretation of the Ghost as a representation of mental illness. This is evidence of increased confidence in understanding and use of mental health terminology amongst people who were not medical professionals; however, considering that critics labelled Sheen’s Hamlet as possessing almost every major form of mental illness in existence, it seems that this confidence was misplaced.

The theatricalisation of the psychiatric institution when staging Early Modern plays was not specific to *Hamlet* during the years explored in this chapter. The madhouse subplot of Middleton and Rowley’s play *The Changeling* invites theatrical representations of mental illness and commentary on ‘madness’. In response to Cheek By Jowl’s 2006 production at The Barbican, Declan Donnellan’s staging of the madhouse caused some confusion amongst critics who disagreed about the nature of Donnellan’s interpretations of ‘madness’. Billington viewed the madhouse as a metaphor for the main plotline and only discussed ‘madness’ in terms fitting the Early Modern context of the play rather than current understandings of psychiatry.

The perennial problem lies in reconciling this grim tragedy with the comic subplot in which a madhouse keeper’s wife is assailed by counterfeit

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<sup>40</sup> Jasper Rees, “‘It’s Nuts, What We’re Doing. Nuts!’” A One-Man Macbeth Set in a Mental Hospital is the Latest Challenge for Impish Actor Alan Cumming and he’s Not Worried About the Curse’, *The Daily Telegraph*, 7 June 2012.

<sup>41</sup> Paul Taylor, ‘This Hamlet is One Part Method, Two Parts Madness’, *The Independent*, 10 November 2011.

<sup>42</sup> Charles Spencer, ‘Hamlet Twisted to Destruction’, *The Telegraph*, 21 November 2011.

<sup>43</sup> Andrew Billen, ‘Hamlet (Young Vic, London)’, *New Statesman*, 16 November 2011.

lunatics. But Donnellan solves this at a stroke by turning the actors in the main story into the asylum inmates. Instantly we realise that Beatrice Joanna and her suitors are themselves close to madness. The heroine is a frenzied neurotic insanely attracted to the loathed De Flores. Alsemero, who she weds, keeps a well-stocked library of sex manuals. Even De Flores, though assuming a sardonic rationalism, cuts off dead men's fingers with gratuitously savage relish.<sup>44</sup>

Billington also limited himself to Early Modern concepts of 'madness' when reviewing Joe Hill-Gibbins' 2012 production at The Young Vic. Although the production was modern dress, he viewed 'madness' as neurosis and sexual mania: 'everything [...] exists at a tangent to normality. Jessica Raine's enticing heroine may look sane enough, but her constant criticisms of the "foul chops" of Daniel Cerqueira's perfectly decent-looking De Flores are edged with sexual neurosis [...] it captures perfectly the play's atmosphere of mad excess'.<sup>45</sup> Giving an opposing interpretation of 'madness' to Billington, David Benedict's comments on Donnellan's 2006 production reflect some of the reviews of Kathryn Pogson's schizophrenic Ophelia from 1982, whose physicality was considered by many critics to be excessive and too clinically realistic.

A merciless parade of lunatics may have gone over well when it was first performed in 1624, but antics with antic dispositions sit uneasily with modern audiences. [...] The production is at its weakest in the mad scenes, played beneath hard strip-lighting. Donnellan's actors perform what

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<sup>44</sup> Michael Billington, 'The Changeling', *The Guardian*, 16 May 2006.

<sup>45</sup> Michael Billington, 'The Changeling - review', *The Guardian*, 3 February 2012.

amounts to a modish concerto of tics, twitches and obsessive behavioural mannerisms that may well be authentically observed but collectively look like a bunch of actors doing mad acting.<sup>46</sup>

Benedict suggests that he believed the interpretations of the madhouse residents could have been psychiatrically authentic but, as with the reviewers of Miller's 1982 *Hamlet*, quoted in Chapter One, he gives little reason for holding this belief while suggesting that such interpretations of 'madness' are out of place on a modern stage. Reviews of Dominic Dromgoole's 2015 production of *The Changeling* at the Globe's Sam Wanamaker Playhouse display a comparable approach to performances of 'madness', which comments such as: 'madhouse scenes are also problematic for modern audiences [...] but I found the gurning portrayals of the Bedlam inmates to be neither that funny nor poignant enough to bring a thoughtful pay-off'<sup>47</sup> and 'the lunatics of the subplot – some faking madness, some genuinely afflicted – cast insufficient shadow, with their writhings and jumpings'.<sup>48</sup> Several reviews combined similar comments about their perceptions of the distastefulness of actors' physicalities in these performances of 'madness' with references to modern psychiatry. Cavendish wrote about Pearce Quigley as the asylum warden Lollo: 'at once droll and menacing, in the barely concealed threat of his manner towards the defenceless, gurning inmates, you get hideous glimpses not of life 400 years ago but of the madhouse of "care homes" today.'<sup>49</sup> Similarly, Billington vaguely alluded to

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<sup>46</sup> David Benedict, 'Reviews: The Changeling', *Variety*, 28 May 2006.

<sup>47</sup> Holly Williams, 'The Changeling, Sam Wanamaker Playhouse, review: Morahan shines but not enough chills', *The Independent*, 25 January 2015.

<sup>48</sup> Susannah Clapp, 'The Changeling review - Middleton and Rowley's tragedy has never been so acutely funny', *The Guardian*, 25 January 2015.

<sup>49</sup> Dominic Cavendish, 'The Changeling, San Wanamaker Playhouse, review: 'incandescent'', *The Telegraph*, 22 January 2015.

psychiatric terminology when he wrote of Beatrice Joanna in this production that, ‘as [Hattie] Morahan showed in *A Doll’s House*, she is expert at playing women on the edge of neurosis and from the start here she suggests there is something weirdly compulsive about her obsession with De Flores’.<sup>50</sup> As with previously quoted reviews that have mentioned mental illness in psychiatric terms, Billington makes a clear reference to obsessive-compulsive disorder (OCD) with no explanation of why he connects this character with a specific mental illness or of why he draws a parallel between OCD and the much older term ‘neurosis’.

For his 2012 Young Vic production of *The Changeling*, Hill-Gibbins drew on Artaud’s Theatre of Cruelty<sup>51</sup> for the madhouse. As with Donnellan’s production, this drew an odd mix of responses as ‘madness’ was variously interpreted in reviews as engaging with Early Modern medical knowledge, theatrically stylised ‘madness’, and psychiatry understood in modern medical terms. Writing for the British Library, Natasha Tripney discussed the use of Artaud in the madhouse scenes, arguing that it was ‘a madhouse populated by grotesques. The characters jibber and dribble as Hill-Gibbins revels in the “mess of the body”. Jelly and ice-cream are splattered about with abandon, and the production ended in a disorientating looping, the same line repeated into a microphone until the words cease to have any meaning’.<sup>52</sup> Although Tripney did not seem to consider this ‘madness’ as mental illness, her mention of the characters’ jabbering and dribbling is reflective of some of the pejorative language used towards Pogson’s 1982 *Ophelia* as well as the madhouse residents of Donnellan’s and Dromgoole’s productions

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<sup>50</sup> Michael Billington, ‘The Changeling review - Hattie Morahan is chillingly good in grisly masterpiece’, *The Guardian*, 21 January 2015.

<sup>51</sup> See Introduction, pp. 89-90.

<sup>52</sup> Natasha Tripney, ‘Antonin Artaud and the Theatre of Cruelty’, *Discovering Literature: 20<sup>th</sup> century*, (The British Library, 2017). <<https://www.bl.uk/20th-century-literature/articles/antonin-artaud-and-the-theatre-of-cruelty>> [Accessed 1 August 2018]

of *The Changeling*. With a similar use of language against the residents of the madhouse, Charles Spencer wrote about an attempt at playacting ‘madness’ in Hill-Gibbin’s production: ‘feigning the symptoms of cerebral palsy, mangling his language and writhing in his wheelchair sporting a grotesque pink plastic safety helmet, it certainly taps into the sick heart of a play about madness and desire’.<sup>53</sup> This review contains an unexpected and unexplained reference to cerebral palsy, reflecting the eagerness of performance reviewers to diagnose Sheen’s Hamlet. The confusion about mental illness and the judgemental language used towards the characters in these reviews provides evidence reflecting the studies carried out in the fields of psychology and psychiatry, quoted earlier in this chapter, finding that articles would often report mental illness in misleading and condemnatory ways. It seems that this was also the case when discussing the mental illnesses of fictional characters.

Further evidence that attitudes towards ‘madness’ in performance reviews during these years had not modernised in response to productions of *The Changeling* as much as *Hamlet* is apparent in the reflection of the lack of engagement of critics with psychiatry. Performance reviews of *Hamlet* quoted in Chapter One found little discussion about psychiatry but, as Chapter Two demonstrated, the engagement of performance reviewers with mental illness increased between 1983 and 2005. A further comment from Benedict about Donnellan’s 2006 production echoed reviews and performance criticism of Hamlet’s ‘madness’ from earlier decades. As performance critics between 1959 and 1983 would sometimes non-specifically say that Hamlet’s ‘madness’ seemed to go ‘deeper’ than an antic disposition or that Ophelia’s ‘madness’ became ‘convincing’ at some moments<sup>54</sup>, Benedict wrote that, ‘as lunatic lover Antonio, Phil Cheadle switches between

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<sup>53</sup> Charles Spencer, ‘The Changeling, Young Vic, review’, *The Telegraph*, 3 February 2012.

<sup>54</sup> See Chapter One, pp. 108, 133.

fakery and truth at gleefully lightning speed'.<sup>55</sup> Aside from Benedict's review, there was no mention of 'madness' in implied psychiatric terms in published responses to Donnellan's 2006 production of *The Changeling*. Likewise, there are very few mentions of mental illness in reviews of recent productions of *The Duchess of Malfi*. The only comment about 'madness' in a review of Fiona Buffini's 2015 production was that Chris Jared as Ferdinand handled 'his character's hysteria and eventual descent into madness splendidly'.<sup>56</sup> Again, this reflects the vagueness of discussions about 'madness' in reviews of *Hamlet* from earlier decades. Similarly, vague references to 'madness' with no commentary on how it was played were present in Billington's review of the RSC's 2018 production of *The Duchess of Malfi*: 'the intended focus is on "masculinity and madness". [...] The play's action is underscored by a hefty male chorus who oscillate between a crack commando unit, a martial arts team and "a wild consort of madmen". Madness is also ever-present in the shape of the feverish Calabrian Duke Ferdinand and his clerical sibling, who exact cruel revenge on their sister'.<sup>57</sup> These reviews suggest that performance journalism has not undergone the same development in attitudes towards performances of 'madness' for all Early Modern plays.

On the other hand, comments about 'madness' from reviews of Donnellan's 2006 production of *The Changeling* were sometimes kept separate from the context of psychiatry and Early Modern concepts of 'madness': 'the point about this play, with its world view darker than Shakespeare, is its psychological richness. It proposes the most barbaric yet totally understandable human behaviour';<sup>58</sup> 'the great moment comes when

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<sup>55</sup> David Benedict, 'Reviews: The Changeling', *Variety*, 28 May 2006.

<sup>56</sup> Alan Geary, 'What's it all about, Malfi? It's only the year's best!', *Nottingham Post*, 4 November 2015.

<sup>57</sup> Michael Billington, '*The Duchess of Malfi* review - so bloody you need a blanket; The Swan, Stratford-upon-Avon. The front row are given protection for the second half of Maria Aberg's RSC staging of Webster's Jacobean tragedy - a brutal tale of female defiance', *The Guardian*, 9 March 2018.

<sup>58</sup> Michael Coveney, 'The Changeling, Barbican, London', *The Independent*, 17 May 2006.

the inhabitants of both worlds join forces in a wild wedding dance that links love and madness, and suggests there is scarcely a cigarette-paper between them'.<sup>59</sup> These approaches to 'madness' were much more similar to recent reviews of *Hamlet* which have drawn attention to the blurring of the lines between 'madness' and sanity. In a discussion between Andrew Dickson and Declan Donnellan about *The Changeling* and *The Duchess of Malfi*, with specific reference to Hill-Gibbins' 2012 production of *The Changeling*, they agreed that 'the plays offer a kind of hope. Perhaps by observing such horrors, we escape the need to perform them for real. "It reminds us of madnesses that are present in all of us," Donnellan says. "Every so often it's important to empty our prisons and see who we've got locked up there. Even if it's just the prisons of our imagination"'.<sup>60</sup> Combining all of these approaches to 'madness' in reviews of productions of *The Changeling* since 2005, Matt Trueman's review of Dromgoole's 2015 staging of the play presents a confusing and rapid journey from the pejorative, animalistic language he used to describe Early Modern asylum 'madmen' and his Laingian discussion of the contemporaneity and universality of this interpretation of 'madness':

his madmen, rattling their cages and howling at the moon, cannot conceal their urges. [...] The sane, Dromgoole suggests, are simply better at hiding desires and keeping motives unseen. [...] That's how Dromgoole makes the two halves of this problem play – asylum and castle – make sense of

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<sup>59</sup> Michael Billington, 'The Changeling', *The Guardian*, 16 May 2006.

<sup>60</sup> Andrew Dickson, 'Review: Arts: Of love and death: With new productions of *The Changeling* and *The Duchess of Malfi* about to open, it seems we can't get enough of revenge tragedies. Is it the forbidden desire? The political intrigue? The murders? Andrew Dickson on a gruesome addiction', *The Guardian*, 21 January 2012.

each other. His characters are just as split down the middle; all two-tone personalities, saintly and sinning – as all of us are.<sup>61</sup>

As explored in the second chapter of this thesis, attitudes towards the theatrical engagement of Ophelia's 'madness' with psychiatry became much more receptive and positive between 1982 and the early twenty-first century; however, with some exceptions, these reviews of *The Changeling* overall do not follow the same pattern. A reason for this is that the physical image of a madhouse, the career of asylum keeper, and the reality of feigning 'madness' to enter a madhouse are all more specific to the Early Modern historical context of the play than is Shakespeare's portrayal of 'madness' in *Hamlet*. The setting of the subplot of *The Changeling* encourages distance between the characters' 'madness' and the realities of mental illness.

#### Exploring the Borderlines Between 'Madness' and Mental Illness

As previously stated, breaking down the physical institutions of psychiatry in favour of a non-physical, socially integrated institution reduced the binary view of 'madness' and sanity, as explored by Foucault, demystifying and normalising mental illness. As this change occurred, there was a synergetic change in theatrical interpretations of Hamlet's 'madness' which began to draw apart from the theatrical concept of mental illness between 2005 and 2019. Rory Kinnear played Hamlet in 2010 at the National Theatre in a production directed by the theatre's artistic director at the time, Nicholas Hytner. David Lister explained in his review for *The Independent* that this Hamlet's 'descent into madness (or assumed madness) is rather a descent into depression'.<sup>62</sup> A

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<sup>61</sup> Matt Trueman, 'The Changeling (Sam Wanamaker Playhouse)', *What's on Stage*, 21 January 2015.

<sup>62</sup> David Lister, 'Here Comes the Son, with Ghosts of Hamlet Past', *The Independent*, 8 October 2010.

reviewer writing that a twenty-first-century Hamlet's 'madness' was not 'madness', instead it was a mental illness, demonstrates that, by 2010, 'madness' and 'mental illness' had drawn further apart as theatrical concepts. By 2010, knowledge of mental illness in society had a specificity which seemed separate from the generalised term 'madness'. This was ingrained into the national consciousness to the extent that both theatre practitioners and performance critics could choose to approach Hamlet's mental illness in performance as a separate issue from his 'madness'.

In Hytner's 2010 National Theatre production, Rory Kinnear's Hamlet was labelled as a depressive and as bipolar by cast, crew, and performance critics. They described Hamlet's 'madness' as 'bipolar mood swings',<sup>63</sup> said that his 'feigned madness eloquently underscored a genuine malaise and emotional distress',<sup>64</sup> and Kinnear explained of his interpretation of Hamlet that his 'madness' was generally feigned and yet there was also an 'attendant depression'.<sup>65</sup> These were two interpretations of Hamlet's 'madness' which Kinnear kept distinct from one another so that his Hamlet's depression seemed to have little influence over the specifics of his seemingly 'mad' behaviour.

The distinction between Hamlet's antic disposition and his seeming depression are clear at certain moments in the play. For instance, Shakespeare wrote Hamlet's mockery of Polonius in a very different style to his urgent self-questioning and self-admonishment. There is a playfulness to Hamlet's 'madness' as he speaks to Polonius: 'for yourself, sir, shall grow old as I am – if, like a crab, you could go backward' (II.ii.200-201). This attitude is not present in Hamlet's soliloquies:

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<sup>63</sup> Charles Spencer, 'Thrilling Hamlet in a Hoodie', *The Daily Telegraph*, 8 October 2010.

<sup>64</sup> David Bevington, *Murder Most Foul: Hamlet Through the Ages*, (Oxford University Press, 2011), p. 190.

<sup>65</sup> Dan Poole and Giles Terera, 'Interview with Rory Kinnear', *Muse of Fire – The Resource*, <<http://globeplayer.tv/museoffire>> [accessed 25 April 2016].

Why, what an ass am I: this is most brave,  
That I, the son of a dear father murdered,  
Prompted to my revenge by heaven and hell,  
Must like a whore unpack my heart with words  
And fall a-cursing like a very drab,  
A stallion! Fie upon't, foh! About, my brains! (II.ii.517-522).

Hamlet's much harsher, more unforgiving language during his soliloquies contrasts with his performance of 'madness' for Polonius, creating the opportunity for an actor who wishes to play Hamlet as mentally ill to separate moments such as Hamlet's conversation with Polonius from any engagement with mental illness.

Kinnear decided of his Hamlet's 'madness' that 'to begin with, an audience should see that he is able to switch it on and off, but he's been doing it for two months and the boundaries must be beginning to be blurred' between his feigned 'madness' and 'the attendant, and increasing, depression'.<sup>66</sup> As is generally the case in productions of *Hamlet*, this Hamlet's performance of 'madness' with Polonius in particular was blatantly feigned. Putting on his antic disposition, Kinnear's Hamlet climbed inside his university trunk and partly closed the lid over himself. He also threw a duvet over his head, repeating Polonius's words in a high-pitched voice. Hytner decided that there had been a gap of a few months between Hamlet seeing the Ghost and his next scene, by which time Hamlet was bored of playing 'mad' and amused himself by mocking Polonius as well as allowing his comments to become more personal and dangerous. Part of the way through

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<sup>66</sup> Rory Kinnear, Interviewed by Mark Lawson for *Front Row*, (BBC Radio 4, 7 October 2010).

rehearsals, Kinnear was interviewed by Ben Power and he argued that ‘there are two levels to Hamlet’s madness, one that is performative and one that seems to overcome him so that, in a moment of rashness, he kills Polonius’.<sup>67</sup> Kinnear successfully combined Hamlet’s playful feigned ‘madness’ with indications of a seeming depression, maintaining a logical clarity to every element of his Hamlet’s behaviour.

Engaging with elements of both a performative ‘madness’ and mental illness to play Hamlet and separating many aspects of these two concepts, like Kinnear, became a common theatrical trend between 2005 and 2019. David Tennant played Hamlet in Gregory Doran’s 2008 RSC production with high energy and a maniacal quality to his ‘madness’. Peter Conrad wrote that ‘the mind of Tennant’s Hamlet races with mad, free-associating velocity, but his body outruns it. He whirls like a psychotic top’.<sup>68</sup> Conrad’s use of word ‘psychotic’ is notable because, as with performance critics’ diagnoses of Sheen’s Hamlet and comments about productions of *The Changeling*, it is unclear why he decided to use a specifically psychiatric term to describe this Hamlet’s ‘madness’. Like Kinnear, Tennant kept separate the enjoyment of playing ‘mad’ with the potential clinical realities of mental illness and Conrad responded to this with the belief that ‘the only violence Tennant’s Hamlet is capable of doing is to himself’.<sup>69</sup> Conrad’s impression of self-harming behaviour from Tennant’s interpretation of the role is a continuation of the trend of suicidal Hamlets that emerged between 1983 and 2005 as well as a reflection of previous approaches to Ophelia, discussed in Chapter Two, such as the Broadmoor patient’s comment about the physical accuracy of Ophelia’s ‘madness’ in Daniels’ 1989

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<sup>67</sup> Rory Kinnear, Interviewed by Ben Power, Programme for *Hamlet*, National Theatre, 2010, dir. Nicholas Hytner, National Theatre Archives, RNT/PP/1/3/295, [accessed 18 December 2013].

<sup>68</sup> Peter Conrad, ‘David Tennant Plays Hamlet as a Hyperactive Child, Acting Out with Manic Exclamations Never Envisaged by Shakespeare and the Result is a Triumph’, *The Observer*, 16 August 2008.

<sup>69</sup> *Ibid.*

production and Barber's comment that Ophelia is capable of doing harm to herself at her most tranquil. The study of Ophelia in Chapter Two of this thesis found that reviewers more frequently discussed her 'madness' psychiatrically than they did with Hamlet. Conrad's description of Tennant's Hamlet provides an example of a review approaching Hamlet's 'madness' in the same way that Ophelia's 'madness' had been discussed in previous decades but Hamlet's 'madness' had not.

In David Farr's 2013 RSC *Hamlet*, Jonathan Slinger's Hamlet possessed more specifically clinical indications of mental illness than Pippa Nixon's Ophelia. The image of mental illness was partly visualised through Hamlet spending much of the play wearing a fencing jacket with the straps undone and hanging down in a reflection of the shape of a straitjacket. Of the approach to mental illness in this production, Slinger said that 'David, I think, had an idea right from quite early on that Hamlet was bipolar' but that, 'if my Hamlet is bipolar, he doesn't know it. He hasn't been diagnosed. He's completely unaware. But I would relish the differences, the enormous changes of mood, between one scene and another sometimes'.<sup>70</sup> A bipolar friend of Slinger's saw the production and nearly left at the interval because she found it too much to cope with, 'she said what was disturbing was it reminded her of herself before she was diagnosed'.<sup>71</sup> Billington was convinced by Slinger's performance as a clinical portrayal of mental illness which reflected bipolar disorder, writing that 'Slinger's Hamlet is a vigorous depressive who, in his violent mood-swings between reflective lassitude and feverish action, verges on the bipolar: this is certainly the first Hamlet to enter singing Ken Dodd's "Happiness", before launching into "To be or not to be"'.<sup>72</sup> This performance of Hamlet's 'madness' was also

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<sup>70</sup> Jonathan Slinger, *British Graduate Shakespeare Conference*, (The Shakespeare Institute, 7 June 2013).

<sup>71</sup> *Ibid.*

<sup>72</sup> Michael Billington, 'Compelling Hamlet Gives us Mind, Body - and a Blast of Ken Dodd', *The Guardian*, 27 March 2013.

a part of the trend shown in Kinnear's and Tennant's performances of swinging dramatically from one emotional extreme to another. Whereas Rylance largely mixed the notions of 'madness' and mental illness together in 1989, Tennant and Slinger drew out moments where 'madness' and mental illness crossed over but mostly kept them distinct. In these productions, 'madness' and mental illness simultaneously divided and merged as the actors and directors considered only certain moments of Hamlet's 'madness' as mental illness.

Further blurring the lines between Hamlet's 'madness', mental illness, and sanity, Kelly Hunter adapted *Hamlet* into a ninety-minute play for six actors titled *Hamlet, who's there?* which was first performed at the Gdansk Shakespeare Festival in August 2015. In Hunter's adaptation, the story takes place over a single night and by sunrise only one gravedigger is still alive. The action of the play and Hamlet's downwardly spiralling mentality are triggered when 'Hamlet, alone in his bedroom, is possessed by the tortured ghost of his father, rising from his own disturbed consciousness',<sup>73</sup> an interpretation of the Ghost which echoes previous performances by Jonathan Pryce and Michael Sheen. As Hamlet, Mark Quartley would writhe in agony before the Ghost's voice burst out of him, a voice deeper and slower than Hamlet's. Quartley would also leave lengthy gaps between speaking as the Ghost and as Hamlet, through which he physicalised Hamlet's pain as he was unable to keep still and seemingly unable to speak. The labelling which was apparent when Sheen played Hamlet was also present in reviews of *Hamlet, who's there?* as one reviewer described Quartley's Hamlet as 'an angsty, tormented young man disgusted by his elders. He excellently embodies the grief that tips him into schizophrenia,

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<sup>73</sup> Neil D'Arcy Jones, 'RSC Actor's Unique Take on Shakespeare's Classic Tragedy', *Daily Gazette*, 31 March 2016.

making him believe he is his dead father'.<sup>74</sup> However, in contrast to the response to Rickson's *Hamlet* in 2011, performance critics did not perceive this as a gimmick and both the interpretation of the Ghost and the entire production were well-received.

When Pryce's *Hamlet* was divided between the characters of Hamlet and the Ghost, no performance critics made any connection to Laing. When Rickson doubled Hamlet and the Ghost, only one review mentioned the connection to Laing and used this as negative commentary on the production.<sup>75</sup> Neil D'Arcy Jones wrote of *Hamlet, who's there?* that 'this unique new production explores notions of the divided self through contemporary attitudes towards mental health'.<sup>76</sup> Through his use of the phrase 'divided self', D'Arcy Jones suggests that the inspiration of this interpretation of mental illness was taken from the works of Laing. Directly referencing Laing, Kelly Hunter ends her notes on the published script of *Hamlet, who's there?* with the thought that Hamlet in her adaptation 'dies unfinished; a triumphant child, an unfulfilled man, a lunatic, the sole voice of sanity in an insane world and above all the epitome of a divided self'.<sup>77</sup> Hunter also wrote that she used this interpretation of the Ghost to 'place a divided self into the physical and emotional centre of the play'.<sup>78</sup> Hunter considered Laingian theory when writing the play, seeing a connection between Hamlet's 'madness' and the family dynamics of the play. She saw Hamlet as 'honest and true and not mad, certainly at the beginning of the play. Shakespeare has drawn an overly rotten family context and then has Hamlet trying to negotiate his way around those adults'.<sup>79</sup> She found that, after seeing

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<sup>74</sup> Laura Kressly, *The Play's the Thing UK*, 26 April 2016, <<https://theplaysthethinguk.com/2016/04/26/hamlet-whos-there-park-theatre>> [accessed 21 July 2016].

<sup>75</sup> Charles Spencer, 'Hamlet Twisted to Destruction', *The Telegraph*, 21 November 2011.

<sup>76</sup> Neil D'Arcy Jones, 'RSC Actor's Unique Take on Shakespeare's Classic Tragedy', *Daily Gazette*, 31 March 2016.

<sup>77</sup> Kelly Hunter, 'Notes on the Script', *Hamlet, who's there?* (Bloomsbury Methuen Drama, 2016), p. x.

<sup>78</sup> *Ibid.*, p. vi.

<sup>79</sup> Kelly Hunter, *Interview with Kelly Hunter*, (Interviewed by Rachel Stewart, 8 August 2018).

the play, audience members would speak of experiences with their own families: ‘at best, people come away saying “I feel like I’ve been inside Hamlet’s head” [...] and everybody starts talking about their own family’.<sup>80</sup> Echoing Laing’s approach to therapeutic treatment for mental illness, Hunter found that *Hamlet, who’s there?* encouraged more discussion about family than about mental illness.

As explored previously in this chapter, productions of *Hamlet* between 2005 and 2019 have demonstrated that theatrical interpretations of ‘madness’ and of mental illness were variously overlapped, divided, placed in opposition, and paralleled to one another. Following this trend, Hamlet in Hunter’s play uses his antic disposition to coerce the other characters into playing the game ‘Mafia’ which becomes a game of ‘who killed the king?’ During this game, Hamlet forces Claudius to re-enact the murder he committed. This Hamlet performs ‘madness’ by having ‘a mad screaming tantrum to get everyone’s attention’.<sup>81</sup> Hunter specifies that ‘he screams and shouts, turns upside-down, bangs on the drums, whoops and whistles, dances, falls on the floor, cries and laughs hysterically’.<sup>82</sup> Hamlet uses this aspect of his ‘madness’ in order to draw the other characters into the room as ‘the five actors come on stage to see what’s wrong and for a moment no one is sure whether the play will continue and whether the actor playing Hamlet can carry on. Is he or is he not pretending and can we ever be sure? Once he has their full attention he says, ‘I’m fine I’m fine I’m fine’, although he’s clearly not’.<sup>83</sup> Despite Hamlet’s use of this performance of ‘madness’ for effect, Hunter’s words suggest that, like the other characters, the audience should feel unclear as to how much of this ‘madness’ is pretence.

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<sup>80</sup> Ibid.

<sup>81</sup> Kelly Hunter, *Hamlet, who’s there?* (Bloomsbury Methuen Drama, 2016), p. 27.

<sup>82</sup> Kelly Hunter, ‘Notes on the Script’, *Hamlet, who’s there?* (Bloomsbury Methuen Drama, 2016), p. xi.

<sup>83</sup> Ibid, p. ix.

Hunter considered the term ‘madness’ carefully when creating the play because “‘madness’ is such a key word in *Hamlet* that, if you’re going to direct *Hamlet*, you have to decide what it means. For me, it’s an insult that family members throw at him’.<sup>84</sup> She stressed that ‘madness is an accusation’<sup>85</sup> in *Hamlet* and that Shakespeare ‘is always giving the mad person the most sanity or the most reason to lose their mind and giving everybody else the action of calling them mad, as opposed to looking to themselves for their part in what was causing this madness’.<sup>86</sup> During a discussion on the difficulty of defining the word ‘madness’ and on her use of the term in her introduction to *Hamlet, who’s there?* Hunter commented that ‘madness is a tiny word for a very large discourse. Maybe I wouldn’t even call it that now if I were writing that essay’.<sup>87</sup> She considered the meaning of ‘madness’ in her play, suggesting that ‘it means “I can’t cope”’.<sup>88</sup> Hunter was careful to avoid discussion about clinical psychiatry in the rehearsal room, not wishing to limit the characters with diagnoses which nobody in rehearsals would feel qualified to give or to alienate the actors. Nevertheless, the mental states of the characters were discussed thoroughly in philosophically psychological ways. For Hunter, the benefit of avoiding psychiatry was that ‘everyone can contribute’ in discussions about psychology or physiological reactions to grief and trauma but, ‘if you get too dry and clinical, actors will find that very hard to relate’.<sup>89</sup> When rehearsing Hamlet’s ‘madness’ for a 2018 production of *Hamlet, who’s there?* Tom Chapman’s immediate instinct was to draw on his own experiences of mental unease:

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<sup>84</sup> Kelly Hunter, *Interview with Kelly Hunter*, (Interviewed by Rachel Stewart, 8 August 2018).

<sup>85</sup> *Ibid.*

<sup>86</sup> *Ibid.*

<sup>87</sup> *Ibid.*

<sup>88</sup> *Ibid.*

<sup>89</sup> *Ibid.*

I recalled my own experiences of anxiety and depression - my physical symptoms, how I remembered breathing, where I held tension in my body, how I remembered thinking - but after the first morning of rehearsal I let that preparation go. It became instantly clear that to play Hamlet I had to be the sanest person in the room, speaking the text from a place of razor-sharp clarity and intent, rather than with a wash of my own experiences. I started again with Shakespeare's words and tracked a reason for saying each one, avoiding diagnosing him. [...] Whether someone watching would've been able to diagnose a mental health condition I can't be sure, but ultimately I didn't aim to.<sup>90</sup>

Fitting with Hunter's approach to the play, although he deliberately avoiding diagnosing his Hamlet or thinking of him as mentally ill, Chapman drew on real-life events to assist with the physiological accuracy of Hamlet's trauma:

There was one particular moment when Hamlet is haunted for the first time, where Kelly (the director) talked about the most severe panic attack she had ever witnessed [...] I sewed this tremor into my physicality in varying degrees when the ghost is either fully present or his presence is felt by Hamlet. By doing this we tied the idea of the ghost to a visceral panic experienced by Hamlet, witnessed by the audience. [...] This never felt like playing madness.<sup>91</sup>

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<sup>90</sup> Tom Chapman, email correspondence, (9 October 2018).

<sup>91</sup> Ibid.

With the increased numbers of people diagnosed with minor depression and anxiety and with the increase of the psychological technique of therapy as treatment, conversations about psychiatric conditions are increasingly approached in a psychological way, even in formal medical environments. For this reason, intense non-medical discussions about psychology in rehearsals and with audience members imitates modern psychiatric treatment. A friend of Hunter's watched a rehearsal and approached Chapman afterwards to discuss Hamlet's encounter with the Ghost. Chapman recalled that she 'said to me afterwards "so you decided that he was mad from the very beginning?" I couldn't believe it because to me I really hadn't been trying to play madness at all'.<sup>92</sup> Chapman found that seeking a contemporary psychological truthfulness to Hamlet's mental state naturally drew him to a place where his character would be interpreted as mentally ill by audience members even without any specific, deliberate attempt to perform clinical mental illness.

For Chapman, the connection between playing Hamlet and psychological distress deepened during the run of the production: 'I found that playing Hamlet triggered my own anxiety. As the process went on, I experienced all sorts of physiological symptoms, I had panic attacks and wasn't able to breathe properly, I started thinking nonsense thoughts when I was falling asleep at night'.<sup>93</sup> This is another example of the negative psychological and physiological effects which can be caused by performing in *Hamlet*, previously mentioned in Chapter One with regard to Ben Kingsley's performance and Daniel Day-Lewis's nervous breakdown while playing Hamlet discussed in Chapter Two. The increasing level of depth given to discussions about Hamlet's mental state in rehearsals could be a contributing factor to this slight trend of negative psychological

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<sup>92</sup> Ibid.

<sup>93</sup> Ibid.

effects on the actors which, as far as we know, has emerged only over the past few decades.

### Fragmentation and Self-Awareness: Discussing and Analysing Psychological Issues

As with Hunter's play, Lyndsey Turner's production of *Hamlet* staged at the Barbican in 2015 contained textual fragmentation, as many lines were redistributed and their locations in the play changed. The first scene was cut and Hamlet spoke the opening line of 'who's there?' (I.i.1), at which point Horatio entered. Turner redistributed lines and changed their contexts in order to keep the text fresh and unexpected; the most textually unexpected moment was the delivery of the line 'by heaven, I charge thee speak' (I.i.48) which Turner placed into the context of Hamlet's attempt to extract information about the Ghost from the guards. Rather than simply delivering these words within the new context, Cumberbatch spoke the line as a cliché and it was recognised as such by the audience and met with a laugh. Turner used Ophelia directly to represent fragmentation onstage as Ophelia took photographs throughout the play, capturing the story in frozen fragments, and then she tore these photographs up during her 'mad' scene.<sup>94</sup> Both in Hunter's adaptation of *Hamlet* and Turner's production, fragmenting the text reflected the shattering of Hamlet and Ophelia as they go through mental breakdowns.

The motif of fragmentation became intertwined with politics in 2015 because Turner's entire production provided an odd snapshot of twenty-first-century culture, both indulging in and battling against the fame of its leading actor. Due to the casting of Benedict Cumberbatch as Hamlet, the production sold out in record time and attracted an enormous amount of public interest and curiosity. Lyndsey Turner had placed the 'to be

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<sup>94</sup> William Shakespeare, *Hamlet*, The Barbican, dir. Lyndsey Turner, 30 August 2015.

or not to be' (III.i.55) soliloquy at the start of the play and then felt an obligation to move the soliloquy because of the social media backlash against this decision after a review of the first preview was printed in *The Times*, written by Kate Maltby. Maltby gave the play two stars and referred to Turner's decision to open the play with the most famous soliloquy as 'indefensible'.<sup>95</sup> This led to several arguments across newspapers and social media platforms with various people complaining that a review of the first preview should never have been printed; expressing dissatisfaction about this textual edit; and showing concern over Turner's decision to move the soliloquy after the release of this review, claiming that journalists and comments on social media should not be the basis of this directorial decision. The social media-based politics of this show developed further as Benedict Cumberbatch addressed crowds of fans outside the theatre about the number of times he had seen people filming sections of the show and he requested that cameras and mobile phones be put 'to good use', asking if he could enlist the audience to use the power of social media to prevent people from filming parts the play.<sup>96</sup>

Kenneth Branagh directed *Hamlet* for a short run at RADA in September 2017 and engaged with twenty-first-century politics more deliberately and directly than Turner. Branagh said of his contemporary approach to the play that

*Hamlet* always speaks loudly to the world [...] and at present, it roars. It is a play that talks of power grabs and demagogues. [...] It is about people rising up, speaking out and demanding the right to be heard. [...] It's about personality and theatricality, and the tools of politics and performance. This is reflected in the media every day. [...] The play also asks, 'What is

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<sup>95</sup> Kate Maltby, 'What a Waste! It's Shakespeare for the Kids', *The Times*, 6 August 2015.

<sup>96</sup> Jamie Grierson, 'Not to be: Barbican U-turn Over Hamlet Soliloquy', *The Guardian*, 19 August 2015.

reality? What are facts? And whose facts are they?’ In the age of fake news, our audience can’t avoid that connection. And underpinning that rage, it also talks of the effects of ‘the poison of deep grief’.<sup>97</sup>

Branagh’s belief that one aspect of current politics which connects to *Hamlet* is people demanding the right to be heard became more poignant in Turner’s 2015 production when it moved beyond the text and became a part of the reception of the play. Given Turner’s change to her production in response to a newspaper review and the reactions on social media, the potential power of fragmented voices online in 2015 was strong. Branagh connected this aspect of current politics to the ideas of reduction and fragmentation, commenting that ‘you direct *Hamlet* for the age you live in. And this is an age where communication appears to be king. On the surface, it is “access all areas”. But underneath in the human psyche, some key intelligence and expression for the human heart and soul seem far harder to explore with just 140 characters’.<sup>98</sup> Although he did not engage directly with mental illness - as one review commented, Hiddleston’s ‘Hamlet is proactive, masculine, edgy to the point of aggression - and definitely, absolutely sane. His madness is a ruse, through and through’<sup>99</sup> - Branagh brought the desire for self-analysis and self-understanding to his production with an addition to the script as Tom Hiddleston’s Hamlet quoted *Reasons to Stay Alive* by Matt Haig, a memoir of major depressive disorder.<sup>100</sup> Branagh also decided to connect Hamlet’s ‘madness’ to Ophelia’s ‘madness’, even before Hamlet encountered the Ghost, as the production opened with Hiddleston’s Hamlet

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<sup>97</sup> Nick Clark, ‘Kenneth Branagh’s Hamlet: “Tom Hiddleston is a Natural at Shakespeare - We Have a Genuine Rapport”’, *The Stage*, 1 August 2017.

<sup>98</sup> Ibid; until 2018, the character limit on Twitter was 140.

<sup>99</sup> Nataliia Zhuksees, ‘The Heart-Throb Hamlet; Nataliia Zhuk sees Tom Hiddleston’s Turn in *Hamlet* at the Jarwood Vanbrugh Theatre, at RADA, in London’, *The Sunday Telegraph*, 3 September 2017.

<sup>100</sup> Matt Haig, *Reasons to Stay Alive*, (Canongate Books Ltd, 2015).

singing a song sung by Ophelia during her ‘mad’ scene: ‘and will he not come again?’ (IV.v.182). As with the trend of suicidal Hamlets discussed in Chapter Two and the trend of connection between Hamlet’s ‘madness’ and mental illness following years after the same trend developed in performances of Ophelia, this is another example of Hamlet’s ‘madness’ in performance drawing closer to the recent performance history of Ophelia’s ‘madness’.

The increase in conversation about mental illness on public platforms is something which has recently been connected directly to productions of *Hamlet*. Hunter said of her approach to grief and Hamlet’s breakdown that ‘we’ve found our production does have a real cathartic process to it. Most people at one time or another can feel they are falling apart and I think what our piece says is “sometimes everything is not ok” and it’s important to share that with people. To make them aware that other people are going through exactly the same experiences as they are’.<sup>101</sup> Engaging directly with a public platform specifically to discuss mental illness alongside *Hamlet*, the Almeida promoted Robert Icke’s 2017 production of *Hamlet* by livestreaming a conversation between Icke, leading actor Andrew Scott, and psychoanalyst Stephen Grosz titled ‘Hamlet, Madness, and Mental Health’.<sup>102</sup> Stephen Grosz took part in this conversation because Icke used Grosz’s book *The Examined Life*<sup>103</sup> as a reference during rehearsals. They discussed the psychology of Hamlet, some psychological theory, putting this theory into practice on the stage, and they took questions from people watching the livestream on Facebook. The purpose of an event such as this is to draw attention to the production and to encourage

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<sup>101</sup> Neil D’Arcy Jones, ‘RSC Actor’s Unique Take on Shakespeare’s Classic Tragedy’, *Daily Gazette*, 31 March 2016.

<sup>102</sup> ‘Hamlet, Madness and Mental Health: Robert Icke, Andrew Scott and Stephen Grosz in Conversation’, Almeida Theatre, 2017, <<https://almeida.co.uk/hamlet-madness-and-mental-health>> [accessed 3 September 2017].

<sup>103</sup> Stephen Grosz, *The Examined Life: How we Lose and Find Ourselves*, (Chatto & Windus, 2013).

conversation and analysis around the play. In order to appeal to a twenty-first-century audience, the Almeida chose for this discussion to be focused on psychology and self-analysis, with a particular focus on possible physiological effects of grief.

Regarding Scott's Hamlet's mental state, the trend of using psychiatric vocabulary in a confusingly vague way in reviews was apparent. Ben Brantley wrote that 'Mr Scott's take on the character may be the most palpably neurotic, and least overtly heroic, I've seen' and that his Hamlet had 'many obsessive-compulsive twitches'.<sup>104</sup> Scott considered recent developments in social approaches to mental illness when thinking about his Hamlet's mental state. When asked about the relevance of Hamlet's mental state to modern society, Scott said that 'there are a lot of questions about is Hamlet mad or is he not mad? [...] I think we are at a very embryonic stage of our knowledge about mental health and so I think you can't ignore this new interest we have in mental health now'.<sup>105</sup> On the topic of discussions about mental health on public platforms, Scott said that, through conversation, 'you take away the idea of shame. This is about a young man who's grieving his father and he's told "stop, stop, we don't have time for that. Come on, get over it, get over it"'. And that's a big thing for young men, you know. And suicide is, as we know, a very, very high percentage among young men. And so it's certainly relevant; my God, is it'.<sup>106</sup> Scott's words reflect the desires of Hunter and Branagh to rehearse *Hamlet* with consideration of current methods of communication and the fashion for analytical discussions of psychology.

The use of reduction and fragmentation as a means of observation and analysis have echoed across twenty-first-century productions of *Hamlet* and portrayals of

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<sup>104</sup> Ben Brantley, 'Hamlet and the Surveillance State of Denmark; Brantley in Britain', *The New York Times*, 24 July 2017.

<sup>105</sup> *The Andrew Marr Show*, BBC One, 25 June 2017.

<sup>106</sup> *Ibid.*

Hamlet's 'madness'. In Icke's 2017 Almeida production, CCTV monitors were used and the production was interspersed with news reports about Hamlet's family:

Elsinore is reimagined as a paranoid surveillance state with security cameras tracking every move on the (figurative) battlements. For the famous Mousetrap scene, we see the reactions up close (via a video link-up). [...] The aesthetic of designer Hildegard Bechtler reveals paranoid power games played out within chic Arne Jacobsen-style function rooms, where everyone is overlooked and overheard.<sup>107</sup>

These news reports further develop the motif that Hamlet is constantly being watched and judged. In Nicholas Hytner's 2010 National Theatre production, the attendants constantly observing Hamlet from the sides of the stage were present as fragments of the corrupted state and, in the 2009 film of Gregory Doran's 2008 RSC *Hamlet*, surveillance is used as a technique to break up scenes and to show the story from different perspectives. During the opening scene of Doran's film, the cameras cut a number of times so that the audience watch the film through the lens of a CCTV camera. This adds to the supernatural elements of the scene as the Ghost is visible on screen but is not visible on the CCTV footage. Cutting between standard shots and shots through a CCTV camera also occurs through Hamlet's first soliloquy, suggesting that he is being watched. At the start of his Act Two, Scene Two soliloquy, Hamlet runs over to the CCTV camera, rips it off the wall, throws it across the room, and then says '*now* am I alone' (II.ii.484. My italics).<sup>108</sup> Even after he has broken the security camera, Hamlet is still not alone because the audience are

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<sup>107</sup> Ben Lawrence, 'Good Night, Sweet Prince', *The Daily Telegraph*, 19 June 2017.

<sup>108</sup> *Hamlet*, Royal Shakespeare Company, dir. Gregory Doran, (BBC Two, 26 December 2009).

watching him; this is a layer of surveillance which goes deeper than Hamlet can be aware. The irony of modern Hamlets resisting constant observation in performance, during which the presence of an audience makes this lack of observation impossible, emphasises the universality and constant nature of twenty-first-century surveillance. This use of the CCTV cameras in Doran's film allows an audience to observe Hamlet from the perspective of the other characters who are spying on him. Part of the effect of this is that it groups the audience with Claudius and Polonius, making them complicit in spying on Hamlet through the surveillance cameras. Fragmenting the scenes by repeatedly cutting between the scene and CCTV images also gives the action greater pace and energy than a stationary camera. This keeps the story exciting for the short attention spans of twenty-first-century audiences. It is a fragmentation of the scenes, characters, or entire text which has become increasingly popular.

Graphic design for the 2009 film of Doran's 2008 *Hamlet* also uses the themes of fragmentation and self-observation central to twenty-first-century productions of *Hamlet* as the DVD cover is an image of reflections of Hamlet's face in a shattered mirror (see Figure 13).

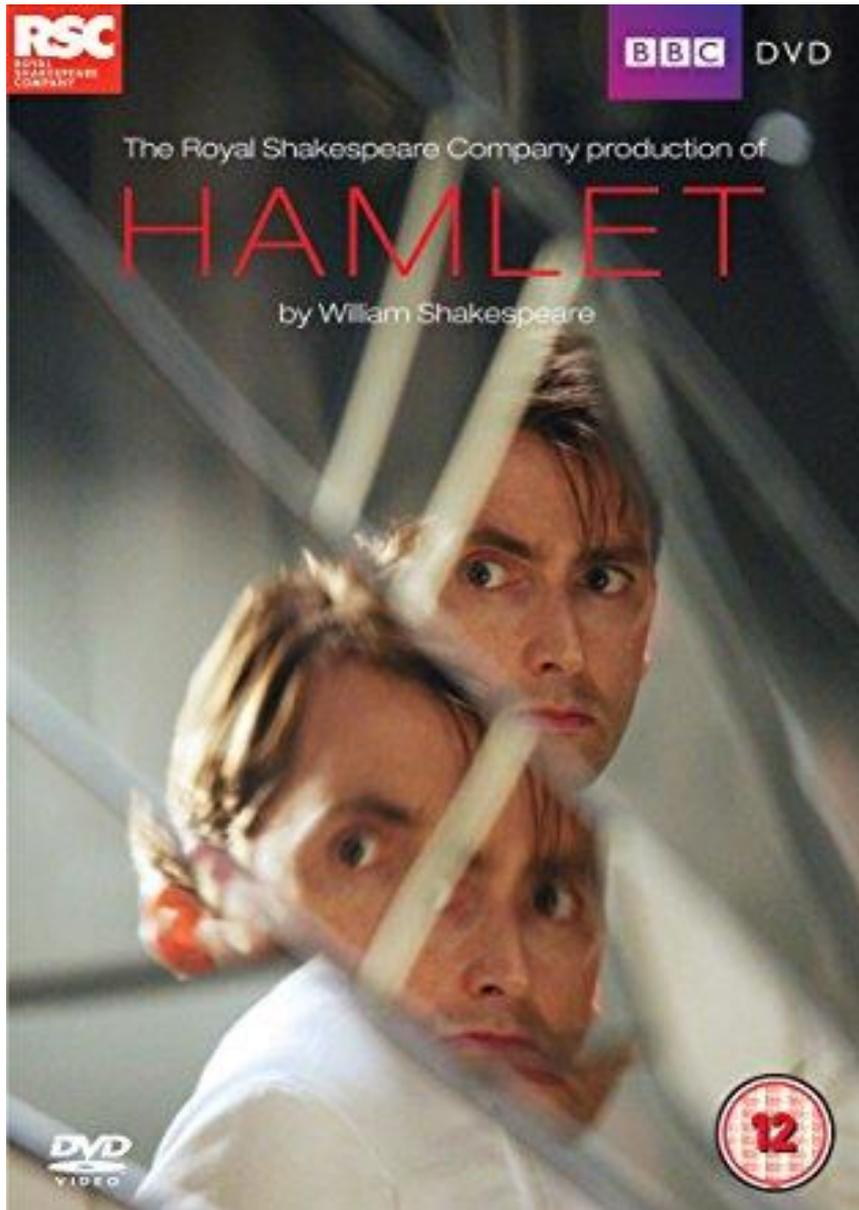


Figure 13: DVD Cover for Hamlet, Royal Shakespeare Company, BBC Film, 2009, Dir. Gregory Doran.

The motifs of observation, fragmentation, and distortion caused by fragmentation appeared throughout the film of Doran's 2008 RSC *Hamlet*. Some scenes were partly presented through CCTV cameras and there was a recurrent appearance of a broken mirror, as shown in Figure 14.



*Figure 14: Still from Hamlet, Royal Shakespeare Company, BBC Film, 2009, Dir. Gregory Doran.*

This image of the shattered mirror is emblematic of close self-observation, but an observation which is disjointed, confused, and distorted, compromised by flaws in the means used to observe. In Figure 14, Hamlet sees himself broken, as if smashed into rough and jagged pieces, a reflection of violence. This compromised observation of the shattered self readily connects to mental illness with much twenty-first-century treatment centred around therapeutic techniques and the use of behavioural psychology to develop control over mental illness.

This exploration of Hamlet's 'madness' in performances between 2005 and 2019 has demonstrated that the long-term effects of deinstitutionalisation up to 2019 included an increase in minor mental health issues across society, further demystification of mental illness, a general reduction of stigma surrounding mental illness, and the development of a culture of self-reflection and self-analysis. Alongside these developments, the ways in which Hamlet's 'madness' was presented on stage changed in ways that were synergetic

with developments in mental health care. It became more usual for Hamlet's 'madness' to be interpreted on stage and discussed by critics through the lens of mental illness, a form of 'madness' which was often kept distinct from Hamlet's performative antic disposition. Overall, this chapter has found that the connections between Hamlet, psychology, and psychiatry developed dramatically as the complexity of the psychological lens through which many people explored the character of Hamlet deepened during these years.

**‘Struck by the Impossibility of Staying Sane’: Performing Ophelia’s ‘Madness’,  
2005-2019**

This exploration of the performance history of *Hamlet* concerns trends in Ophelia’s ‘madness’ in major London and RSC productions of *Hamlet* between 2005 and 2019, particularly focusing on connections between Ophelia’s ‘madness’ and clinical mental illness. As my first two chapters have shown, these connections increased in quantity and detail between 1959 and 2005. This chapter returns to this overarching trend to discover how it progressed between 2005 and 2019. In addition to the growth in representations of clinical mental illness when performing Ophelia’s ‘madness’, the second chapter explored a dialogue that was opening between the worlds of psychiatry and theatre which actresses would use to inform their performances of Ophelia’s ‘madness’. This discussion of Ophelia’s ‘madness’ will question whether this conversation developed around performances of Ophelia after 2005 and how it changed.

This chapter will also return to the question of vocabulary used in performance reviews when discussing ‘madness’. Jeremy Lopez notes of reviews of Ophelia that

what performance critics seemed concerned with above all is whether or not Ophelia’s madness is believable – that is, whether it is represented by means of verbal and physical conventions that communicate the horror of madness (both in its effects upon the sufferer and as it is perceived by those around her), but not so extravagantly as to become merely histrionic.

Bad Ophelias tend to strike only one note.<sup>109</sup>

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<sup>109</sup> Jeremy Lopez, ‘Reviewing Ophelia’, in *The Afterlife of Ophelia*, eds. Kaara L. Peterson and Deanne Williams, (Palgrave Macmillan, 2012), pp. 29-41, p. 32.

This thesis contains many examples of theatre reviewers discussing whether or not they find an Ophelia ‘believable’ or ‘convincing’ in her ‘madness’; and, unfortunately, as previously mentioned, many did not expound upon these terms. Since 1959, Ophelias in performance have received negative critical attention for too much prettiness, dullness, or histrionics in their ‘madness’; and therefore, Lopez’s description of a ‘believable’ Ophelia as one whose ‘madness’ is nuanced and dramatically interesting but not overdramatic would apply better to critical popularity than the ‘believability’ of her ‘madness’. Lopez’s use of ‘believable’ and ‘bad’ as contrasting terms is also questionable because it seems to address ‘believable’ as if the word is synonymous with ‘good’. Lopez’s belief that for an Ophelia’s ‘madness’ to be good in performance, it should be ‘believable’ provides a striking contrast to much criticism explored in Chapter One which was protective over an interpretation of Ophelia’s ‘madness’ that was distant from the realities of mental illness. However, even if ‘believable’ is taken to mean medically believable, these performances of Ophelia, as this chapter will explore, were sometimes received negatively by critics who found them dull and criticised the directors and actresses for failing to create a ‘madness’ which was more exciting for an audience to watch.

Between 2005 and 2019, there was an increase in actresses drawing directly on clinical understandings of mental illness to inform their performances of Ophelia; key examples of this are productions at Wyndham’s Theatre in 2009, the Young Vic in 2011, and the RSC in 2016. Another example is the Bristol Tobacco Factory production directed by Jonathan Miller in 2008 which, although not an RSC or London production, provides a helpful update from the first two chapters on the continuing development of Ophelia’s

‘madness’ in Miller’s productions. This also allows for a comparison of reviews of Miller’s productions since he shocked critics with a clinically schizophrenic Ophelia in 1982,<sup>110</sup> which will advise on the changes in expectations of performance critics. Overall, this study of Ophelia’s ‘madness’ aims to discover how the interactions between interpretations of the psychiatry or psychology of self and society and the ways in which Ophelia’s ‘madness’ was performed in productions of *Hamlet* progressed between 2005 and 2019.

### The Conversation Between Psychiatry and Theatre

The first half of this chapter explored examples of actors and directors blurring the lines between Hamlet’s ‘madness’ and mental illness between 2005 and 2019; however, some directors took this further in their approach to Ophelia. Discussions between mental health professionals and theatre practitioners about the best ways to approach Ophelia’s ‘madness’ in performance became a part of the rehearsal process for multiple major productions of *Hamlet* during these years.

Psychiatrist Jonathan Miller continued his previously controversial trend of experimenting with Ophelia’s ‘madness’ through his medical expertise in his 2008 *Hamlet* at the Bristol Tobacco Factory. In her ‘mad’ scenes, Annabel Scholey’s Ophelia wore clothes stained with blood and her make-up was clownish with lipstick smeared around her mouth and a beauty spot painted on her cheek. She spoke to a straw doll, offering it twigs instead of herbs and flowers, and then aggressively stabbed it with the twigs. In response to this production, one reviewer complimented Scholey by commenting that, ‘made up in the garish face paint of the players and stabbing a straw

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<sup>110</sup> Jonathan Miller, *Subsequent Performances*, (London: Faber & Faber, 1986), p. 116.

doll brutally with a twig before clutching at whoever was closest, her depiction of Ophelia's mental collapse was deeply affecting'.<sup>111</sup> Similarly drawing on the visually disturbing aspects of her performance, Lyn Gardner wrote that Scholey 'goes mad far less prettily than most Ophelias. Her sexual repression from being constantly under the watchful eye of her father turns to sexual hysteria as she repeatedly jabs a doll in a suggestive and disturbing way';<sup>112</sup> and another critic, Robin Markwell, wrote that 'Annabel Scholey descends into convincing madness as fraught Ophelia'.<sup>113</sup> He did not explain if 'convincing' meant psychiatrically realistic, nor did he give any detail as to why Scholey's depiction of Ophelia's 'madness' seemed convincing to him. Susannah Clapp's review focused on the visual aspects of this Ophelia's 'madness' but, unlike Markwell, she substantiated her claim that the performance was convincing by specifying particular details of Ophelia's behaviour:

Ophelia appears with smudges of blood on her nightdress. Her mad scene is one of the most convincing ever staged: it has no decorative daftness – the herbs she dispenses are twigs – but nor is it all grunts and grovels: Annabel Scholey paws Claudius, rages, bursts into laughter, shies away alarmed when her brother approaches. Around her, the royal family stand dumbstruck – for once looking less as if they're giving her a breather so

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<sup>111</sup> Peter Kirwan, 'Review of *Hamlet*, Cube Theatre Company, dir. Jonathan Miller, 2008', *The Bardathon*, 27 April 2008, <<http://blogs.nottingham.ac.uk/bardathon>> [accessed 19 August 2016].

<sup>112</sup> Lyn Gardner, 'Jonathan Miller's Mesmerising *Hamlet* Ends in a Fit of Giggles', *The Guardian*, 28 March 2008.

<sup>113</sup> Robin Markwell, 'There Ain't Nothing Like This Dane', (BBC Bristol, 31 March 2008), <[bbc.co.uk/bristol/content/articles/2008/03/31/rev\\_hamlet\\_feature](http://bbc.co.uk/bristol/content/articles/2008/03/31/rev_hamlet_feature)> [accessed 10 October 2016].

that she can deliver her big speech, than as if rooted by embarrassment and distress.<sup>114</sup>

Clapp did not make any direct references to clinical mental illness but she argued that she believed this Ophelia's 'madness' to be 'convincing' because it did not reflect the decorative 'madness' of many Ophelias from previous decades. Indeed, the First Quarto stage direction of Ophelia entering with flowers and the theatrical trend of the beautiful singing madwoman have been ignored by directors of most RSC and major London productions of *Hamlet* since the 1980s. As Miller has a history of experimenting with the clinical realities of mental illness on stage in productions of *Hamlet*, it is reasonable that audiences would expect to see a medically informed portrayal of Ophelia's breakdown in this production. Clapp's description of 'madness' as 'grunts and grovels' is a reference to older stereotypes of mental illness which, by 2008, would not seem accurate to an audience better informed about mental illness than audiences before deinstitutionalisation occurred. The focus on Ophelia, the attention the critics put into describing her 'mad' scenes, and their enthusiastic compliments about the lack of prettiness in Scholey's performance placed Ophelia as the central focus of critical responses to this production. Scholey's performance attracted more attention and enthusiasm from many critics than Jamie Ballard's deeply grieving yet thoroughly sane Hamlet. This demonstrates a continuation of the trend explored in the second chapter of Ophelia in performance emerging from the peripheries of the play, refusing to be overlooked, and sometimes upstaging her Hamlet, usually by out-madding her Hamlet.

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<sup>114</sup> Susannah Clapp, 'Review: Theatre 2', *The Observer*, 30 March 2008.

The reactions to Ophelia in Miller's 2008 production provide a contrast with the rejection of the Ophelia from many reviewers in response to his 1982 production, quoted in the first chapter of this thesis. This is indicative of the changing expectations of performance critics. By 2008, many critics preferred to see an Ophelia whose 'madness' was not infused with Pre-Raphaelite beauty. Externalising Ophelia's mental breakdown in a way that was theatrically striking to watch also received a positive response. Finding a balance between the realities of mental illness and captivating theatricality in her 'madness' must have been easier for Jonathan Miller than for other directors as many critics would be aware of his background in psychiatry and consequently would have been more inclined to accept his theatrical interpretations of mental illness as clinically accurate.

If an actress attempts to play Ophelia with a truly clinically realistic depiction of mental illness as we understand and experience it in the twenty-first century, there is a risk that it can become underpowered and monotonous. Michael Grandage's 2009 *Hamlet* at the Wyndham's Theatre in London provides a case study of this as the actress and director also aimed for Ophelia's 'madness' to be psychiatrically realistic. Grandage's production is an early example of the increasing communication between the worlds of psychiatry and theatre regarding how to play mental illness onstage. When preparing to play Ophelia in this production, Gugu Mbatha-Raw consulted a psychiatrist to help her interpret Ophelia's 'madness' as an accurate depiction of mental illness. With this psychiatrist, she discussed 'grief and trauma, with a particular interest in how people react to extreme situations.'<sup>115</sup> Mbatha-Raw said of the 'mad' scenes that 'I think the danger with madness is that you act mad, and that's not real to me. [...] This is a girl who gets

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<sup>115</sup> Georgia Dehn, 'Hamlet with Jude Law at Wyndham's Theatre: Gugu Mbatha-Raw is Mad for it', *The Telegraph*, 28 May 2009.

caught up in extraordinary circumstances -- and wouldn't anyone be driven to the edge in those conditions?'<sup>116</sup> As a consequence of representing mental illness, Mbatha-Raw played Ophelia's 'madness' as hurt and distraction, taking her Ophelia to the edge of sanity but not committing to playing the 'mad' scenes as a full mental breakdown. There was a lack of enthusiasm in the critics' responses to this clinically-driven Ophelia. Many performance critics found this reading dull and felt that it reduced the power of the character. They met Mbatha-Raw's performance with comments such as 'her madness is reduced to a kind of demure despair';<sup>117</sup> 'the presentation of an idealistic, innocent girl whose mind slips feels like an adjunct to the central action';<sup>118</sup> 'Gugu Mbatha-Raw, eschewing the histrionics sometimes associated with the part, heads too far in the opposite direction towards a chilly restraint';<sup>119</sup> and 'she plays her eventual madness as flightiness, as if she'd merely misplaced her house keys'.<sup>120</sup> The reviews for this production draw attention to the ease with which attempting to stage the realities of mental illness can diminish 'madness' to dullness. This demonstrates that engagement with mental illness can be potentially detrimental to a production.

Another approach to this trend was Rickson's 2011 Young Vic production which did not engage directly with psychiatry but used the generic setting of a psychiatric hospital for the entire play, turning a fictionalised variation of history into a theatrical device. One reviewer commented that 'in a production that confronts a collective madness head on, Ms Robinson implodes vocally even as her limbs lash out. This Ophelia scatters

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<sup>116</sup> Baz Bamigboye, 'The Play's the Thing For Gugu', *Daily Mail*, 1 May 2009.

<sup>117</sup> John Lahr, 'Swash and Buckle: A Heroic Hamlet and Musings on Mortality', *The New Yorker*, 19 October 2009.

<sup>118</sup> David Benedict, 'Hamlet', *Variety*, 4 June 2009.

<sup>119</sup> Henry Hitchings, 'No Denying Strength of Jude Law's Hamlet', *The Evening Standard*, 4 June 2009.

<sup>120</sup> Stephanie Zacharek and Dan Kois, 'Drama Rush', *New York Magazine*, 19 October 2009.

medication as opposed to herbs’;<sup>121</sup> and another description of the scene was that ‘Robinson snarls PJ Harvey songs and hurls pills with bleeding fingers in a raw mad scene’.<sup>122</sup> The psychiatric hospital setting gave this production a heightened connection with mental illness which created the perfect environment for Robinson to externalise Ophelia’s ‘madness’ freely and elaborately with no risk of over-exaggeration because, even without exploring the clinical realities of mental illness, the setting means that audiences would accept Robinson’s Ophelia as mentally ill within the reality of the production.

The idea of bringing psychiatrists or mental health service users into a rehearsal room to advise the actors on how to play ‘madness’ as mental illness was a newly developing trend in the 2010s. Although this technique proved somewhat detrimental to Grandage’s 2009 production, it had the opposite effect on Simon Godwin’s RSC production in 2016. Two women from the mental health charity Mind attended rehearsals to discuss Ophelia’s ‘madness’ with Natalie Simpson, who played the role. Jenni Regan, Senior Media Advisor at Mind, drew attention to the growth in dialogue between psychiatry and theatre as she wrote to the cast and production team of *Hamlet*. Regan informed them that ‘this is the first time we have worked with a theatre company (despite having worked with hundreds of dramas and soaps over the last 4 years). It is undoubtedly [*sic*] a good news story’.<sup>123</sup> Regan suggests that the dialogue between Mind and performance media has only been present since around 2012; this is indicative of how much the communication between actors, directors, people with mental illnesses, and mental health professionals has developed recently. During their conversation, Simpson

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<sup>121</sup> Matt Wolf, ‘In A Castle-Turned-Psychiatric Unit, the Haunted Eyes of Hamlet’, *The New York Times*, 23 November 2011.

<sup>122</sup> Caroline McGinn, ‘Hamlet’, *Time Out*, 17 November 2011.

<sup>123</sup> Jenni Regan, email to Anna Girvan (assistant director of *Hamlet*, RSC, 2016), 26 February 2016.

and the women from *Mind* diagnosed Simpson's Ophelia together and decided that, by the end of the play, she was 'suffering from manic depression with some psychotic breaks'.<sup>124</sup> The women advising Simpson suggested physical indications of mental illness that she could use in her performance: 'they spoke about [...] things that you do if you're going through a psychotic break or things you do to self-soothe. There's cutting, there's pulling out hair, there's biting your mouth'.<sup>125</sup> Simpson was keen to portray mental illness onstage in a way that was medically accurate and respectful as well as theatrically exciting to watch. On the responsibilities of dealing with the often-sensitive issue of mental illness, Simpson commented on inconsistencies in the symptoms of people with the same mental illness: 'I felt very confident that I could show someone that to me felt real, [...] as long as I didn't undermine it or patronise it or condescend to it in any way, as long as I did it truthfully'.<sup>126</sup> This attitude echoes that of Mark Rylance and Rebecca Saire, discussed in the second chapter of this thesis, when they both felt pressure to search more deeply for truthfulness in their characters' 'madness' when they were performing in front of an audience of Broadmoor residents. Although it took the presence of an audience of high-security psychiatric patients for Rylance and Saire to find interpretations of 'madness' which felt completely real both to them and their audiences, by 2016 Simpson felt a similar pressure without direct exposure to people with severe mental illnesses.

The case studies at the start of this chapter show that stigma surrounding mental illness has lowered in recent years and that there has been some normalisation of minor mental illness.<sup>127</sup> This development in attitudes towards mental illness shaped Simpson's approach to performing Ophelia because these changes only occurred once the majority

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<sup>124</sup> Natalie Simpson, *Interview with Natalie Simpson*, (Interviewed by Rachel Stewart, 5 September 2016).

<sup>125</sup> *Ibid.*

<sup>126</sup> *Ibid.*

<sup>127</sup> See Chapter Three, pp. 230-231.

of people with mental illnesses were living within communities and mental illness was discussed more on public platforms. Simpson was aware that she would be performing to many audience members who had been diagnosed with mental illnesses or knew someone who suffered from mental health problems and she was sensitive towards this in her approach to Ophelia's 'madness'.<sup>128</sup>

Simpson's performance of Ophelia's 'madness' made a strong impression on reviewers who, in contrast to reviews of previous Ophelias who engaged directly with mental illness, appreciated the strength of Simpson's Ophelia. They praised her 'power-packed performance'<sup>129</sup> and called her a 'piercingly distraught Ophelia'.<sup>130</sup> Opposing reviewers' attitudes from previous decades, critics who found her 'madness' uncomfortably extreme did not use this feeling as a criticism of Simpson's performance. For instance, one reviewer commented that her 'madness scenes are uncomfortable, though impressive to watch'<sup>131</sup> and Susannah Clapp wrote:

Simpson's Ophelia has throughout a welcome fierce edge. She begins by sounding canny; she ends by sounding ferocious. Her madness is a horror, in which she distributes not herbs but strands of her hair. It is plotted with unusual precision. It often comes out of the blue. Not here. It begins after Hamlet's early wild visit. When he leaves, she smears paint over her face, as if she were one of his canvases.<sup>132</sup>

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<sup>128</sup> Natalie Simpson, *Interview with Natalie Simpson*, (Interviewed by Rachel Stewart, 5 September 2016).

<sup>129</sup> Alan Wallcroft, 'Essiedu Excels with Ease', *Bromsgrove Advertiser*, 25 March 2016.

<sup>130</sup> Paul Taylor, 'Theatre: *Hamlet*, Royal Shakespeare Company, Stratford-upon-Avon', *Independent Print Ltd*, 28 March 2016.

<sup>131</sup> Russell Blackaller, 'Review: *Hamlet*, Royal Shakespeare Company', *Wiltshire and Gloucestershire Standard*, 5 April 2016.

<sup>132</sup> Susannah Clapp, 'Hamlet review - A Fresh Prince Makes his Mark: Paapa Essiedu Paints a Young and Striking Hamlet, Torn by Indecision in an African Military State, in Simon Godwin's Stirring Interpretation', *The Guardian*, 27 March 2016.

It is particularly notable that none of these reviewers labelled Simpson's Ophelia as mentally ill or used any psychiatric terms in their reviews. Another example is Dominic Cavendish's review of the Salford performance of the RSC's tour of Godwin's *Hamlet* in 2018. For this tour, the role of Ophelia was played by Mimi Ndiweni. Cavendish wrote that 'Ndiweni's Ophelia goes on a journey from uneasy acquiescence in her own marginalisation to full-throated anguish that battles a swamping tide of madness'.<sup>133</sup> These reviews illustrate a change in the vocabulary of performance reviewers when describing Ophelia's 'madness', especially when reflective of mental illness, from phrases such as 'gibbering frenzy'<sup>134</sup> and 'a distressing piece of clinical observation from the locked ward of a subnormality hospital'<sup>135</sup> to terms like 'distraught' and 'anguish[ed]'. Chapter Two of this thesis found no parallels between approaches to 'madness' in performances of *Hamlet* and Edward Shorter's theory that people by the end of the twentieth century had developed a tendency to psychologise 'madness' more than medicalising it.<sup>136</sup> However, these responses to the 'madness' of Simpson's Ophelia indicate that something of this change had begun to occur in performance reviews by 2016.

As well as discussing mental illness with women who worked for Mind and thinking about the logical progression of her Ophelia's mentality which would eventually lead to her breakdown, Simpson did further research into potential physical manifestations of mental illness. She said that 'I watched a documentary called *My Baby*,

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<sup>133</sup> Dominic Cavendish, 'A Sweet Prince Among Hamlets', *The Daily Telegraph*, 5 February 2018.

<sup>134</sup> Michael Billington, 'A Prince to Watch', *Guardian Weekly*, 16 September 1984.

<sup>135</sup> Benedict Nightingale, 'Two Hamlets on Two London Stages', *The New York Times*, 5 September 1982.

<sup>136</sup> Edward Shorter, *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac*, (Wiley, 1998), p. 288.

*Psychosis, and Me* about post-partum depression bringing on psychotic breaks and I also watched documentaries on YouTube about people who have schizophrenia and I watched their movements'.<sup>137</sup> One consequence of playing Ophelia's 'madness' with a high level of attention to the realities of mental illness was the difficulty that Simpson had forcing herself to act that level of mental illness on a regular basis. Simpson found that her performance of Ophelia had to change over the course of the run and her depiction of mental illness became more choreographed: 'at the start it was a lot wilder and unpredictable and I would play a lot more [...] I think I started to lose the freshness of it because I had to worry about my mental health. I was doing it so much that I began to have horrible nightmares and I started to be really affected by it.'<sup>138</sup> This closely reflects Tom Chapman's words, quoted earlier in this chapter, about the physiological effects he experienced from playing Hamlet in *Hamlet, who's there?* in 2018 and it echoes reported causes of Daniel Day-Lewis's collapse from exhaustion in 1989, discussed in Chapter Two. Suffering side effects from performing in *Hamlet* which compromise an actor's mental health is, as far as we can be aware, a recent phenomenon and one which potentially risks increase as mental illness, grief, and familial relationships are explored in greater depth during rehearsals and used as the basis for performances of 'madness'.

### 'Madness', Grief, and the Family Unit

Although, as explored in my previous chapters, directors have considered Hamlet's 'madness' in Laingian terms for decades, this is a trend which has only recently reached Ophelia. Despite the direct reference to Ophelia in Laing's title *The Divided Self*,

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<sup>137</sup> Natalie Simpson, *Interview with Natalie Simpson*, (Interviewed by Rachel Stewart, 5 September 2016); *My Baby, Psychosis, and Me*, online television programme, BBC iPlayer, 16 February 2016, <[www.bbc.co.uk/b07187xv](http://www.bbc.co.uk/b07187xv)>

<sup>138</sup> Natalie Simpson, *Interview with Natalie Simpson*, (Interviewed by Rachel Stewart, 5 September 2016).

echoing Claudius' words that Ophelia is 'divided from herself and her fair judgement' (IV.v.85), Laing focused on Hamlet and barely mentioned Ophelia.<sup>139</sup> Following Laing's example, the image of the 'divided self' applied to *Hamlet* in theory and practice since the 1960s has predominantly focused on Hamlet's antic disposition and on the occasional casting of the same actor in the roles of Hamlet and the Ghost.<sup>140</sup> The second chapter of this thesis found that Ophelia was considered and explored with greater attention between 1983 and 2005. As a consequence of this, Laingian theory has been applied with greater frequency than before to Ophelia in performance since 2005 and theatre practitioners have used Ophelia's story as a basis for explorations of the physiological effects of grief and the destruction of the family unit.

Simpson said that, in response to her performance, she got 'a lot of tweets, mainly from young women, saying thank you for making her real, thank you for making her relatable'<sup>141</sup> and she was approached by audience members after the play to thank her for the way that she played the 'mad' scenes. Simpson remembered that

I had a few people afterwards tell me that the scene touched them because they had suffered grief, that they had lost a parent, and it was refreshing to see someone portray grief in a way that wasn't pretty. I think anyone who's suffered any kind of grief - whether its losing someone or losing something inside yourself - grief isn't pretty, it's horrific.<sup>142</sup>

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<sup>139</sup> See Chapter One, p. 123.

<sup>140</sup> Recent major productions of *Hamlet* have frequently cast the same actor as the Ghost and Claudius. Despite the added connection this gives the play to Freud's theory of the Oedipus Complex, this doubling is applied onstage and discussed by critics in decreasingly Freudian terms.

<sup>141</sup> Natalie Simpson, *Interview with Natalie Simpson*, (Interviewed by Rachel Stewart, 5 September 2016).

<sup>142</sup> *Ibid.*

On the other extreme, Simpson's performance was too much for some audience members and she would occasionally see people leaving at the end of the 'mad' scene. Like Simpson, Kelly Hunter used documentary footage as inspiration for Ophelia's 'madness' in her adaptation of *Hamlet* for her company, Flute Theatre, *Hamlet, who's there?* which was first performed in 2015. Hunter was inspired by a moment in a documentary on the Second World War for Ophelia's 'madness'. She explained that,

before creating this script, I'd watched the documentary *Night Will Fall*, which follows the experiences of the first camera crews who accompanied the armies liberating concentration camps in 1945 [...] One image they filmed unendingly was the piles of bodies, many with people still alive at the bottom who had stayed motionless to save their own lives while lying underneath the corpses of their loved ones. I was struck by the impossibility of staying sane while lying under such a pile, which led me to invent a key moment for Ophelia.<sup>143</sup>

Hunter uses this image in *Hamlet, who's there?* as Hamlet stabs Polonius behind the sofa, where Ophelia is already hiding, and her 'mad' scene begins after 'Ophelia crawls out from behind the sofa. The dead body of Polonius is on top of her and rolls off. She is in her underwear, covered in the blood of her dead father'.<sup>144</sup> Hunter places Ophelia at the heart of the play because she 'absorbs everybody's pain'<sup>145</sup> until it overwhelms her. Placing this moment as the precise trigger for Ophelia's 'madness' provides an added

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<sup>143</sup> Kelly Hunter, *Hamlet, who's there?* p. vii.

<sup>144</sup> *Ibid.*, p.41, stage direction.

<sup>145</sup> Kelly Hunter, *Interview with Kelly Hunter*, (Interviewed by Rachel Stewart, 8 August 2018).

logical clarification for her mental breakdown. Hunter also gives greater prominence to Ophelia as she lowers the number of characters from Shakespeare's play to create a version of the story for a cast of six actors, therefore magnifying Ophelia's role.

Reflecting another performance trend explored in this chapter, Hunter's main focus for Ophelia's 'madness' was 'the feeling of people standing and watching others suffer. That's highlighted by me but it's definitely in the play'.<sup>146</sup> Hunter expanded on this point to say that the tragedy of Ophelia in her 'madness' is that 'everybody stands and watches and nobody does anything. The adults just allow this to happen'.<sup>147</sup> Hunter places grief and family dynamics at the core of the characters' 'madness' because, for actors and audience members, knowledge of family relationships and grief are more common than personal experiences of mental illness; she sees *Hamlet* as 'a treasure trove because it allows you to explore scary, terrifying things that I really wanted to explore'.<sup>148</sup> Both Simpson and Hunter discussed family dynamics, grief, and sanity with the aim of creating Ophelias who were dealing in a recognisable way with issues that were familiar to audiences. After seeing Branagh's *Hamlet* at RADA's Jerwood Vanbrugh Theatre in 2017, an audience member commented that the stand-out performance came from Kathryn Wilder as Ophelia: 'I really enjoyed every single scene with Ophelia, especially after her spiral into madness. [...] She made it very relatable'.<sup>149</sup> This desire for relatability in Ophelia's 'madness' contrasts dramatically with the way that theatre practitioners, performance critics, and literary theorists overlooked Ophelia only a few decades previously. There is a synergetic relationship between this development in

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<sup>146</sup> Ibid.

<sup>147</sup> Ibid.

<sup>148</sup> Ibid.

<sup>149</sup> Tristram Fane Saunders, 'Tom Hiddleston's "Mesmerising" Hamlet Impresses First Night Crowd', *The Telegraph*, 2 September 2017.

approaches to Ophelia in performance and the transition from the separation of mentally ill people from the rest of society, their illnesses largely misunderstood and feared, to the demystification of mental illness and encouragement of discussion about mental health which have occurred as a consequence of deinstitutionalisation.

### Developing Ophelia's Voice

Showalter updated elements of her 1985 essay 'Representing Ophelia: women, madness, and the responsibilities of feminist criticism' when she wrote a shorter article on Ophelia and feminism in 2016 for the British Library's collection of articles called 'Discovering Literature'. In this essay, Showalter replicates many comments from her 1985 article as well as developing certain points. Despite this, Showalter's most recent commentary on Ophelia in performance is that 'around the 1970s, Ophelia on stage became a graphic dramatic study of mental pathology, even schizophrenia, sucking her thumb, headbanging, even drooling'.<sup>150</sup> This sentence clearly contains references to the productions directed by Jonathan Miller in the 1970s and 1980s discussed in the first chapter of this thesis. Ophelias possessing these physiological signs that Showalter considered to be clinical indications of schizophrenia were not, however, a general performance trend in productions of *Hamlet* in the 1970s and early 1980s because Miller engaged with psychiatry to an unusual level for the time. Although a more psychiatric approach to the character has since developed as a performance trend, Showalter does not mention this in her 2016 article. She lists some early-twenty-first-century interpretations

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<sup>150</sup> Elaine Showalter, 'Ophelia, Gender, and Madness', *Discovering Literature: Shakespeare*, British Library, <<http://www.bl.uk/shakespeare/articles/ophelia-gender-and-madness>> [accessed 7 October 2016].

of Ophelia in novels in which she has variously become a romantic heroine and a suicide bomber:

In the twenty-first century, there have been even more extreme political versions and adaptations of the play – for example, *The Al-Hamlet Summit* (2002), by Sulayman Al-Bassain, which imagines Shakespeare’s characters from a modern Islamic perspective and resets the play in an unnamed Arab kingdom. Hamlet becomes an Islamist militant, while Ophelia becomes a suicide bomber. [...] In young-adult romance novels, such as *Dating Hamlet* (2002), *Ophelia: A Novel* (2006), and *Falling for Hamlet* (2011), Ophelia has become a heroine. Plot devices of pretended madness, feigned death and amazing rescue have allowed her to survive the trauma of dating Hamlet, and to choose her own path.<sup>151</sup>

Extending the approaches of Simpson and Hunter beyond the context of performance, Ophelia’s afterlife away from *Hamlet* suggests that she is seen as a figure who can represent modern young women, whether or not they suffer from mental illnesses. Kaara L. Peterson and Deanne Williams wrote of Ophelia’s life outside of *Hamlet* that,

whether she is depicted drowning in a bucolic landscape or as the poster-girl for antisuicide teen psychology studies, we see how Ophelia is paradoxically both a free-floating figure depicting the story of her death as told in Shakespeare’s play-text *and* severed from her origins as a

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<sup>151</sup> Elaine Showalter, ‘Ophelia, gender, and madness’.

character whose story or history is always-already pointedly articulated or reconstructed for her, ventriloquised even, by other characters in *Hamlet*.<sup>152</sup>

Literary critics generally discuss Hamlet's 'madness' only within the context of the play and in terms of aspects of the text such as the identity of the Ghost, the corrupt politics of Elsinore, and the philosophies of Hamlet's soliloquies. On the other hand, as Peterson and Williams suggest, the language of Ophelia's 'madness' has best developed in scope and detail when separated from all but the most basic context of the play; her 'madness' and presumed suicide have recently often freed her from the text as well as from the muting effects of the other characters, certain directors, and some literary theorists and performance critics. It is empowering for Ophelia as a character that directors and actresses create unexpected twists in such a well-known play by surprising audiences with new interpretations of her 'madness' and her death. In opposition to these examples of the growth of Ophelia's voice, however, the silencing, controlling, and confinement of Ophelia in her 'madness' has also become a recent performance trend.

### Silencing and Containing Ophelia

In his 2010 National Theatre production of *Hamlet*, Nicholas Hytner decided to make Ophelia's death a political murder which took place at the hands of Claudius's attendants and presumably on Claudius's instructions. Staging Ophelia's death as a political murder highlighted the connections between 'madness' and politics and also took power away from Ophelia at the end of the play because this decision moved

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<sup>152</sup> Kaara L. Peterson, Deanne Williams, 'Introduction', in *The Afterlife of Ophelia*, eds. Kaara L. Peterson and Deanne Williams, (Palgrave Macmillan, 2012), p. 3.

Ophelia's death beyond her physical control and choice. The effect of this was that Ophelia's voice was silenced in her death even more than she was silenced by her father earlier in the play. Ophelia was also constrained in her 'madness' in Ian Rickson's 2011 production and Robert Icke's 2017 production as both Ophelias were physically restrained in a wheelchair during their 'mad' scenes. Bridget Escolme wrote of the 2011 Ophelia that

there was no sense here of Ophelia's dangerous lack of confinement, her distracted and challenging wandering about ordered and authorised space. This was Hamlet's role. [...] The impression was given of one disobeying his treatment regime, moving about the wards illegitimately, out of hours. Ophelia had to stay in her wheelchair.<sup>153</sup>

Likewise commenting negatively on the confinement of Ophelia in her 'madness', Ben Lawrence wrote in his review that, as Ophelia in Icke's 2017 Almeida production, '[Jessica] Brown Findlay, hemmed in by a wheelchair for the madness scene, brings a weirdly effective (and heartbreaking) sense of control to Ophelia's unravelling'.<sup>154</sup> Reviewers variously called this Ophelia 'endearing',<sup>155</sup> 'punky, emotionally smart',<sup>156</sup> and 'under used but quite something when she is on stage'.<sup>157</sup> The critical consensus was that this limiting interpretation of 'madness' did not do justice to the strength of Brown Findlay's Ophelia: it is 'a wonder that Ophelia (Jessica Brown Findlay) has stayed as sane

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<sup>153</sup> Bridget Escolme, 'Madness and Infantilisation in Some Versions of *Hamlet*', *Performance, Madness and Psychiatry*, eds. Anna Harpin and Juliet Foster, (Palgrave Macmillan, 2014), pp. 165-186, p. 181.

<sup>154</sup> Ben Lawrence, 'Good Night, Sweet Prince', *The Daily Telegraph*, 19 June 2017.

<sup>155</sup> Deirdre O'Brien, 'Theatre, Hamlet, Pinter Theatre, London', *The People*, 9 July 2017.

<sup>156</sup> Claire Allfree, 'The World's a Stage; Out Theatre Round-Up', *Metro (UK)*, 9 June 2017.

<sup>157</sup> Martin McQuillan, 'An Unhinged Performance to Saviour', *The New European*, 29 July 2017.

as she has in such a tightly guarded place; Icke suggests a very physically close relationship between Ophelia and Hamlet, but sheds little light on Ophelia's sudden unravelling';<sup>158</sup> her 'strength only makes her abrupt descent into madness the more shocking. She reappears on stage in a wheelchair, ashen and rambling, but still with those heart-piercing moments of clarity.'<sup>159</sup> Once again demonstrating dramatic changes in expectations of how Ophelia should be performed, these reviewers believed that Ophelia should have the right to her moment of freedom before she dies.

In the 2018 production of *Hamlet* at Shakespeare's Globe directed by Federay Holmes and Elle While, Ophelia was dominated and overshadowed in a way that silenced her for the other characters but not for the audience. The genders of Hamlet and Ophelia, along with various other characters, were swapped with Michelle Terry playing Hamlet and Shubham Saraf as Ophelia. Saraf is significantly taller than Terry. The effect of this was that, as Hamlet dragged Ophelia around the stage in Act Three, Scene One, Saraf's Ophelia could have easily broken free of Hamlet's grasp and could have overpowered Hamlet physically.<sup>160</sup> Ophelia's lack of resistance to Hamlet's attack in this production therefore felt like it came as a result of long-term, deeply-set psychological and emotional abuse.

### Destruction and Fragmentation

This chapter previously explored the use of the motifs of destruction and fragmentation to symbolise Hamlet's 'madness' in performance; between 2005 and 2019,

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<sup>158</sup> Fiona Mountford, 'Moriarty Makes his Handsome Hamlet Seem New-Minted', *The Evening Standard*, 16 June 2017.

<sup>159</sup> Christopher Hart, 'Andrew Scott's Intense Hamlet Leads a High-Quality Almeida Show', *The Times*, 5 March 2017.

<sup>160</sup> William Shakespeare, *Hamlet*, Shakespeare's Globe, dir. Federay Holmes and Elle While, 6 June 2018.

fragmentation also became a larger part of the mechanism of telling Ophelia's story. This approach was central to Katie Mitchell's video installation *Five Truths* which was commissioned by the V&A and initially presented there in July 2011. It was later exhibited at the National Theatre, who partnered with the V&A to create the project, and it has been stored online by National Theatre Discover. In a project called 'a phenomenally bold and adventurous piece of art, that borders on performance art, theatre and moving paintings,'<sup>161</sup> Mitchell used performance styles created by the famous directors and performance theorists Antonin Artaud, Bertolt Brecht, Jerzy Grotowski, Peter Brook, and Constanin Stanislavski to place five different interpretations of Ophelia's 'madness' side by side.

The installation consisted of two screens for each film, showing different angles and different shots of the same scene. Michelle Terry played Ophelia in all five videos and they also contained the same costume and props. Each video was five minutes long and, when it was presented at the V&A and the National Theatre, all five videos were played at the same time but not synchronised. Placing five different interpretations next to each other had the joint effect of inviting comparison and also creating an all-encompassing interpretation and multi-layered analysis of a single Ophelia's 'madness'; as well as being placed physically next to one another, these five videos all had the same set, props, costume, and actress.

The Ophelia inspired by Brecht is the least psychologically and emotionally intense of the collection as Mitchell uses Brecht's characteristic *verfremdungseffekt*. *Verfremdungseffekt* is a word coined by Brecht in 1935 and is often referred to in English by John Willett's translation 'alienation effect'.<sup>162</sup> It is the act of distancing an audience

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<sup>161</sup> Jake Orr, 'Review: Five Truths, V&A Museum', *A Younger Theatre*, 21 July 2011.

<sup>162</sup> Bertolt Brecht, *Brecht on Theatre*, trans. John Willett, (Methuen Drama, 1978).

by reminding them that they are watching a play and being told a story, preventing the audience from losing themselves in the narrative or becoming emotionally connected to the characters; Brechtian theatre tries to oblige audiences to be detached, critical observers. Mitchell employs this technique by allowing Ophelia to break the fourth wall as she looks directly down the lens of the camera at her audience. The screen shows an extreme close-up of her mouth as she chants the words of her song; the effect of this is quite hypnotic. This Brechtian Ophelia also reads parts of Gertrude's description of Ophelia's death as stage directions while she acts the scene. Her death is the least mimetic of the five videos as she is not submerged in the water; instead, she says 'to muddy death' (IV.vii.181) straight into the camera and then closes her eyes and leans slightly further back into the water, keeping her face above the surface throughout.

A level deeper than this detached and calm Ophelia who narrates her own story directly to the audience as she dies a symbolic death are the interpretations inspired by Stanislavski and Brook. The Stanislavski reading is similar to the Brechtian interpretation as her grief is internalised and controlled, but less detached. There is no narration and there are physiological signs of suppressed emotional turmoil as her voice is soft, she smokes a cigarette, and her hand trembles as she removes objects, including pills, from a plastic bag. The reading inspired by Brook emphasises the vulnerability of the character as this wide-eyed Ophelia who hugs flowers to the side of her head and sings sweetly seems like a child. The clock ticking in the background throughout highlights that her time is running out and the strong echoes of Millais's painting of Ophelia in the final shot emphasise the tragedy of her death as the loss of youth and beauty.

Beneath the control and distance of the Brechtian reading and deeper than the subdued emotional turmoil of the Stanislavski and Brook interpretations, uninhibited

emotional rawness comes through in very different ways in the readings inspired by Artaud and Grotowski. In the version of the scene inspired by Artaud, Ophelia is filmed through the glass of a fishbowl. The sound is messy with reverberations, echoes fill the gaps in her speech; she uses the reverberation by groaning, wailing, and holding notes in her song until they become buzzing sounds. The visuals are distorted by the glass and her face, already screwed up in pain, twists into a grotesque parody of a scream. Mitchell uses reflections at the end as Ophelia lies on her side, half submerged in still water so that her reflection completes the image of her body. This final visual and the mutations of the distorted appearance of her face through the glass bowl that Mitchell uses throughout are strangely beautiful to watch. The rawest Ophelia is the version inspired by Jerzy Grotowski which opens with Ophelia on the floor holding on to the leg of the table, shaking violently and screaming repeatedly. She sings quietly while lying in an almost foetal position on the floor with the camera close on her hollow eyes and the video ends with Ophelia face down in water, convulsing spasmodically. This interpretation is a complete surrender to feeling. All trickery and artifice used in the Artaud video is gone.

In his review, Matt Trueman commented that 'like reflections caught by a shattered mirror, *Five Truths* shows Ophelia from every possible angle at once'.<sup>163</sup> Trueman's words directly reflect the DVD cover of Doran's RSC *Hamlet* (Figure 13<sup>164</sup>) where broken reflections of the face of Tennant's Hamlet are seen in a shattered mirror; distorted observation was also Mitchell's basis for the *Five Truths* video in the style of Artaud. Tom Wicker commented of this installation that

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<sup>163</sup> Matt Trueman, 'Five Truths Brings New Clarity to Ophelia's Demise', *The Guardian*, 21 July 2011.

<sup>164</sup> See Chapter Three, p. 262.

*Five Truths* is also a powerful interrogation of Ophelia as an idealised, sentimentalised and aestheticised figure; beatified in death, with her hair fanning outwards like a halo in the peaceful waters of Millais's painting. Mitchell's version of Ophelia as directed with the mysticism of Brook draws to a close with a dream-like evocation of this famous image – while, opposite, the Grotowski scene ends with the dead girl floating face down in blackness with her dress hitched up around her thighs. There's no painter's gloss to this drowning; only a body to be fished out of a river.<sup>165</sup>

Although Wicker only considers these acting styles separately and in contrast to one another, placing these Ophelias next to one another as five layers of the same character, in addition to providing an opportunity to compare and contrast acting and directing styles as well as an overview of some of the history of performance theory, also adds psychological depths to each of them if considered together. This interpretation of the *Five Truths* Ophelia as one performance in five layers relates to Brook's theory that visual beauty can be used onstage as a method of resisting disturbing themes.<sup>166</sup> Terry's Ophelia's 'madness' is simultaneously presented, laid bare, and distorted. Her 'madness' is sadness and quiet grief, an explosive rawness, it is controlled, and it is beyond control or controlling her. Watching the Brecht video is a much more unsettling experience if you interpret the other videos as demonstrating the feeling present beneath the controlled surface of this Ophelia's performance and if the Brechtian Ophelia has become the detached narrator of her own story as a method of control.

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<sup>165</sup> Tom Wicker, 'Five Truths', *Exeunt*, 4 August 2011.

<sup>166</sup> Peter Brook, *The Empty Space*, (Penguin Books, 1990), pp. 29-30.

Brook's theory also gives an added layer of meaning to the slight continuation of Ophelia's 'madness' played in a calm, controlled manner which is visually reflective of Millais' famous painting. One production presenting a seemingly gentle rendition of Ophelia's 'madness' was staged at the RSC in 2013 and directed by David Farr. Pippa Nixon's Ophelia entered for her first 'mad' scene wearing a wedding dress and carrying a bouquet of flowers. This Ophelia initially seemed to be something of a throwback to the performances of Ophelia in white dresses with flowers from the middle of the twentieth century. On the other hand, the rawness beneath the surface of Nixon's interpretation of Ophelia's 'madness' was visually represented by the set, following the motif of destruction and fragmentation to symbolise her mental state. The floor of the stage had been previously ripped up and Ophelia walked down the narrow remaining part of the stage as though it were a church aisle before moving off this platform to walk with bare feet through ash and rubble as she laid her flowers down on benches.<sup>167</sup> This sequence bore closer resemblance to laying flowers on graves than giving them to living characters, reflecting several recent productions which have focused more on the effects of grief than clinical interpretations of mental illness for Ophelia's 'madness'.

### Revising the Panopticon

Performances of Ophelia's 'madness' discussed so far in this chapter that were rooted in grief and family relationships were sometimes inspired by Laingian theory exploring divided identities and potential dangers from the structures of societies and family units. In the twenty-first century, the structure of society has become more closely linked with Ophelia's 'madness' as, with the development of deinstitutionalisation, the

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<sup>167</sup> William Shakespeare, *Hamlet*, Royal Shakespeare Company, dir. David Farr, 19 March 2013.

psychiatric Panopticon<sup>168</sup> has turned from a formal institution into a personal monitoring system whereby mental self-awareness and a desire for self-improvement are socially encouraged and publicly expressed. Beyond this, over the past couple of decades there has been an exponential increase in camera surveillance, monitored internet activity, trackable phones, and limitless online conversation with both friends and strangers. Although the majority of psychiatric Panopticons have closed, technological developments in the twenty-first century have ironically increased the ubiquitous nature and power of panopticism.

A reflection of the effects of the development of mental health panopticism from physical institutions into a culture of surveillance, self-awareness, and self-analysis has been physicalised in productions of *Hamlet* explored in this chapter through representations of the divided self and the use of mechanisms of observation, such as reflections in a shattered mirror or the use of CCTV cameras, photography, or the physical destruction of Elsinore to symbolise a shattered identity. Applications of this observational approach to Ophelia has caused some continuation in literary and performance theory of previous theatrical trends of Ophelia going ‘mad’ and dying as a charmingly romantic spectacle. Deanne Williams argued in 2014 that Ophelia’s ‘madness’ ‘dehumanises her and renders her a spectacle’<sup>169</sup> and Jonathan Gil Harris agrees with Laing’s description of Ophelia as ‘incomprehensible’ and ‘nothing’<sup>170</sup> as, in his 2010 book, he refers to Ophelia as ‘a blank screen in the play’.<sup>171</sup> Shakespeare’s choice of words as Claudius calls Ophelia ‘pretty’ (IV.v.56) in her ‘madness’, Gertrude suggests

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<sup>168</sup> See Introduction, pp. 37-39.

<sup>169</sup> Deanne Williams, *Shakespeare and the Performance of Girlhood*, (Palgrave Shakespeare Studies, 2014), p. 89.

<sup>170</sup> R. D. Laing, *The Divided Self*, p.195.

<sup>171</sup> Jonathan Gil Harris, *Shakespeare & Literary Theory*, (Oxford University Press, 2010), p. 118.

that Ophelia's 'good beauties' (III.i.38) are to blame for Hamlet's 'madness', and Gertrude gives a poetic description of Ophelia's death calling her 'mermaid-like' (IV.vii.174) as if she appeared comparable to a siren as she drowned, is unhelpful in the twenty-first century as some people see this as permission or encouragement to objectify Ophelia and also as an excuse for inappropriate comments about young female actresses. The objectification and sexualisation of women in the Anglophone world is an issue which over the past few years has begun to be addressed in greater depth than before, with the magnitude of the problem being explored more thoroughly and the behaviour patterns beginning to be combatted. In response to Icke's 2017 production, *The Times* printed this review:

Jessica Brown Findlay makes a wonderful Ophelia, one of the most moving I've seen. The physicality of her relationship with Hamlet is ramped up, and when she's frolicking about the stage in no more than a skimpy white t-shirt, you can certainly see how her 'good beauties be the happy cause of Hamlet's wildness'. (Yes, yes, middle-aged male theatre critics.) She's a sexier, stronger and calmer Ophelia than the helpless schoolgirl sometimes portrayed.<sup>172</sup>

Comments such as these demonstrate the extent to which Ophelia sometimes continues to be judged physically and sexualised. Following the history of some male directors who have forced young actresses to play Ophelia as weak and downtrodden and forbidden their input into the role, such as the performances of Frances Barber (1984) and Kerry

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<sup>172</sup> Christopher Hart, 'Andrew Scott's Intense Hamlet Leads a High-Quality Almeida Show', *The Times*, 5 March 2017.

Condon (2001), a number of male directors have lately ensured that Ophelia is physically and often sexually assaulted by Hamlet in Act Three, Scene One. This was the case in the RSC's 1980,<sup>173</sup> 1989,<sup>174</sup> 2001,<sup>175</sup> and 2016,<sup>176</sup> productions and the production at Shakespeare's Globe in 2000.<sup>177</sup> This objectification of Ophelia by her fellow characters and also by the production has continued to be a part of her 'madness', including visual connections between the objectification and sexualisation of Ophelia and her death.

One way in which Ophelia is objectified by the medium used to express the character is through visual arts. This raises the question of the nature of this objectification, especially whether or not visual media are used to sexualise her. The collection of Victorian photographs in the introduction to this thesis by Hugh Welch Diamond and Julia Margaret Cameron show both fictional and non-fictional visualisations of female 'madness' in the nineteenth century.<sup>178</sup> Cameron's Ophelia photographs feature young women with flowers in their hair but no apparent signs of 'madness' or death and these women are not dressed or posed in a way that is explicitly seductive. Likewise, there is nothing sexual about Diamond's photographs of female asylum patients. In contrast to these pictures, photographic representations of Ophelia's death have lately become glamour images which are sometimes highly sexualised. The author of a 2019 article in *The Telegraph* used Ophelia and The Lady of Shalott as

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<sup>173</sup> William Shakespeare, *Hamlet*, Royal Shakespeare Company, 1980, dir. John Barton, Prompt Book, RSC/SM/1/1980/HAM2, Shakespeare Centre Library and Archive, [accessed 24 September 2014].

<sup>174</sup> William Shakespeare, *Hamlet*, Royal Shakespeare Company, 1989, dir. Ron Daniels, Archive recording, Shakespeare Centre Library and Archive, RSC/TS/2/2/1989/HAM1, 2/1920/24, [accessed 21 August 2014].

<sup>175</sup> William Shakespeare, *Hamlet*, Royal Shakespeare Company, 2001, dir. Steven Pimlott, Archive recording, Shakespeare Centre Library and Archive, 05/42/04, RSC/TS/2/2/2001/HAM1, [accessed 12 December 2013].

<sup>176</sup> Simon Godwin (dir.), *Hamlet*, Royal Shakespeare Company, [DVD], (2016).

<sup>177</sup> William Shakespeare, *Hamlet*, Shakespeare's Globe, 2000, dir. Giles Block, Archive recording, Shakespeare's Globe Archive, 24/09/00, [accessed 4 September 2014].

<sup>178</sup> See Introduction, pp. 44-47.

examples of the seductiveness of sleeping or dead women, arguing that ‘a sleeping beauty is a multiple male fantasy. [...] When a woman is sleeping, she offers no resistance, [...] it is a form of incarceration, and the man can rescue her’.<sup>179</sup> A 2018 article referred to Millais’s painting in order to make a similar comment about Ophelia: ‘her lips are parted, her hands grasp the air and her eyes are half-open, as if in sublime submission. The tragic heroine Ophelia - as represented in John Everett Millais’s 1852 painting - lies in a near orgasmic state at the moment of her death’.<sup>180</sup> Since 2005, *Vogue* magazine have published photoshoots inspired by Ophelia’s death in four countries and photographs that display echoes of Ophelia’s death in several more. In 2012, *Vogue Italia* editor Alessia Glaviano wrote of Ophelia as a frequent subject for *Vogue* photographs that

Ophelia embodies the essence of purity and innocence, perhaps a metaphor of the fragility of adolescence, whose death for love becomes an aesthetic manifesto, today, like yesterday, as in John Everett Millais’s iconic pictorial representation. And in the silence of Shakespeare’s text (the girl’s death is not shown on stage but it’s inferred from one of Gertrude’s lines) the very essence of representation lives off, leaving the artist free to interpret the unspoken with images. The tragedy of Ophelia has continued to influence artists in every field [...] So here it is, in a

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<sup>179</sup> Chandrima S. Bhattacharya, ‘Why Sleeping Beauties Lie’, *The Telegraph*, 21 March 2019.

<sup>180</sup> Clarissa Sebag-Montefiore, ‘Sensuality, Lust and Passion: How the Pre-Raphaelites Changed the Way the World Sees Women; Together Outside the UK for the First Time, What Can Millais’s Ophelia and Waterhouse’s *The Lady of Shalott* Tell us About Shifting Standards of Female Beauty?’, *The Guardian*, 18 December 2018.

beautiful photo gallery, the contribution of Photo Vogue artists to the narrative of the drama of this heroine of love.<sup>181</sup>

Glaviano suggests that, even in her death, there is little or no substance beneath Ophelia's external beauty, purity and innocence.



Figure 15: Marie Hochhaus (Photographer), 'Untitled [Ophelia]', *Vogue Italia*, 2012.

Figure 15, from Italian *Vogue*, bears the strongest resemblance of this collection of photographs to Millais's painting with the model selected for her pale skin and long red hair and with the rushes near her head and the position of her hands almost replicating Millais's 'Ophelia' (see Figure 16). She is also the only one of these *Vogue* Ophelias who is not wearing a white dress; the effect of her blue dress is that it emphasises the

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<sup>181</sup> Alessia Glaviano, 'Ophelia from Photo Vogue', *Vogue Italia*, <<http://www.vogue.it/en/people-are-talking-about/art-photo-design/2012/01/ophelia-from-photovogue#ad-image157544>> [accessed 6 November 2016].

colourlessness of the water, as if colour as well as life is draining out of her. This is enhanced by the white and grey hue of her skin.



Figure 16: John Everett Millais, *Ophelia*, c.1852. Photograph: © Tate, London, 2017.



Figure 17: Oh, Joon Seok (Photographer), 'Oh, My Ophelia', *Vogue Korea*, 2007. Model: Wang, Ji-Won.

The *Vogue Korea* photographs in Figure 17 have a darker quality to them than that of *Vogue Italia* or Millais's painting. This is because of the lack of colour on the riverbank and the black water which seems to be swallowing her in the second photograph; the red smudges on her dress in the first photograph resemble blood stains. Despite this, the white dress and colourful flowers reflect Glaviano's statement of Ophelia as a representative of youth, innocence, and purity. The monochromatic riverbank is placed in opposition to the bright, primary-coloured flower petals. These colourful petals by her side in the first photograph and then floating away from her in the second could represent her life being drawn away from her by the water.



Figure 18: Steven Meisel (Photographer), 'Untitled [Ophelia]', *Vogue UK*, 2011, Model: Saoirse Ronan.

Figure 18 from *Vogue UK* is the most symbolic of these photographs. The water is replaced with blue tiles and the colour, shape, and shine of the material around her legs is reminiscent of a typical image of a mermaid's tail, but a mermaid whose tail has been

split open and broken. She is lying on her back and looking upwards with her hands clasped across her chest, a physical position which is reminiscent of a corpse lying in a coffin. The image of death is enhanced by the background as the moving water has been replaced by cold, hard, sterile tiles and this Ophelia has no flowers, instead she is surrounded by dying and dead leaves.



Figure 19: Mert Alan and Marcus Piggott (Photographers), 'Untitled [Ophelia]', *Vogue US*, November 2011. Model: Rooney Mara.

The Ophelia in Figure 19, from *Vogue US*, is the most sexualised of these *Vogue* Ophelias as she displays her neck and shoulder in a seemingly provocative pose while wearing a low-cut and extremely figure-hugging dress. This Ophelia appears to be transitioning between life and death with the green leaves above her in false colour to exaggerate their life and health while the black water below is ready to engulf her. As well as the billowing white dress, this photograph has been made bridal by the appearance of white confetti on

some of the leaves. These photographs are much more elaborate than Cameron's earlier portraits and far more sexualised than Cameron's work or Hugh Welch Diamond's photographs of patients at Surrey County Asylum. Along with the development of mental health panopticism from formal institutional observation to personal psychological analysis, the depth with which Hamlet's mentality has been explored in performance has increased. A similar change has occurred for Ophelia but re-observing and reassessing the character has simultaneously furthered objectification and sexualisation.

This study of Ophelia's 'madness' in performance from 2005 to 2019 has demonstrated the increase of a strong connection between the medical realities of mental illness and the ways that Ophelia's 'madness' was staged in major London and RSC productions of *Hamlet*. The dialogue between the worlds of psychiatry and theatre further opened and developed between these years as actresses began to discuss mental illness with psychiatrists or service users as part of their research for the role. Cultural representations of Ophelia's 'madness' have broadened and deepened in performance and visual arts far beyond those mentioned by Elaine Showalter in her 1985 article 'Representing Ophelia: women, madness, and the responsibilities of feminist criticism'; Showalter argued for the value of Ophelia's voice and, between 2005 and 2019, her voice overall gained greater substance and received more attention.

Although certain dated signs of mental illness, such as straitjackets, remain recognisable, by 2019 most people living in Britain were too young to remember the social concepts of mental illness and mental health care in the 1950s and earlier. Studies show that this has caused something of a normalisation of mental illness, perhaps also a desensitisation. This change in attitudes towards mental illness has been reflected in the theatre. Kaara L. Peterson and Deanne Williams noticed in 2012 that 'Ophelias [in

performance] have found themselves more frequently at the blurred margins between mimeticism and reality'.<sup>182</sup> Actors and directors did not generally research mental illness in preparation for productions of *Hamlet* between 1983 and 2005, even though there was an increase between these years in theatrical usage of clinical aspects of mental illness when playing Hamlet's or Ophelia's 'madness'. For example, although Cathryn Bradshaw used observation to help her play Ophelia's 'madness' in the National Theatre's 2000 production, she did not seek direct real-life inspiration for her Ophelia and only based her performance on observation when the opportunity to do so was coincidentally placed in front of her. Similarly, although Ron Daniels and Mark Rylance drew on the experiences of a specific person with schizophrenia when discussing how to play Hamlet, they did not seek any advice from psychiatric professionals. Finally, despite the extensiveness of Samuel West's notes on directing *Hamlet* in 2000 and on playing Hamlet in 2001, he did not directly mention mental illness at all.

Over the past few decades, Ophelia has increasingly come to represent young women both within and outside of the context of the play; and the extent to which this is because the character has become more homogenised to modern young women in her 'madness' or whether society has pathologised young women more is unclear. Showalter approached this change in her 2016 article where she wrote of Ophelia that 'over the past 400 years, she has moved from the margins to the centre of post-Shakespearean discourse, increasingly becoming a female counterpart to Hamlet as a portrait of conflict and stress. In recent years, she has become a strong feminist heroine'.<sup>183</sup> Much of this change has

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<sup>182</sup> Kaara L. Peterson, Deanne Williams, 'Introduction', in *The Afterlife of Ophelia*, eds. Kaara L. Peterson and Deanne Williams, (Palgrave Macmillan, 2012), p. 5.

<sup>183</sup> Elaine Showalter, 'Ophelia, Gender, and Madness', *Discovering Literature: Shakespeare and Renaissance writers*, (The British Library, 2016), <[www.bl.uk/shakespeare/articles/ophelia-gender-and-madness](http://www.bl.uk/shakespeare/articles/ophelia-gender-and-madness)> [accessed 27 May 2017].

occurred over only the past few decades and representations of Ophelia overall became an increasingly frequent subject for explorations of twenty-first-century psychology and psychiatry between 2005 and 2019.

## **Conclusion: Performing ‘Madness’ – Unravelling the Inverted Commas**

This thesis has argued that patterns in theatrical interpretations of ‘madness’ in the performance history of major London and RSC productions of *Hamlet* between 1959 and 2019 displayed a relationship to changes that occurred at the time in practices of psychiatry and understandings of mental illness. Many previous studies have explored the psychology of Ophelia’s and particularly Hamlet’s ‘madness’, but this thesis investigates in greater detail than previous accounts the relationships between the numerous twentieth-century theories of ‘madness’ in the text of *Hamlet* and *Hamlet* in performance. It intervenes in the on-going study of psychology in *Hamlet* and counters the works of theorists who have approached Hamlet and Ophelia purely as textual constructs. This thesis departs from much related research by suggesting that the best way to explore a performance text through the lens of recent psychological and psychiatric theory is to discover if and how these theories have been applied to recent performance. When the characters are treated like museum pieces, observations concerning theory written more recently than the play become disjointed and confused, which led this thesis to support the argument approached by Showalter that the history of physical and visual representations of a character provides far richer and more current material than analysis limited to the text.

The central question of this thesis is whether the changing knowledge and awareness of mental illness in society caused by the closure of psychiatric hospitals and the growth of Community Care affected performances of Hamlet’s and Ophelia’s ‘madness’ in major stage productions. Although the relationship between theatre and psychiatry cannot be conclusively proven, this thesis nevertheless demonstrates long-term developments in approaches to Hamlet’s and Ophelia’s ‘madness’ in theatre, literary

theory, and performance criticism that are synergetic with the process of deinstitutionalisation, suggesting a highly plausible relationship of cause and effect between the two phenomena.

The first chapter of this thesis investigated the relationship between the wave of psychological and psychiatric theory published in the middle of the twentieth century and performances of ‘madness’ in *Hamlet* between 1959 and 1983. It argued that Hamlet engaged with psychological and psychiatric theory of the time, but not in a way that made him seem specifically mentally ill. The political view of mental illness posited particularly by Laing instead turned Hamlet’s ‘madness’ into a furious but sane response to a corrupt political regime. For Laing, politics was the root of mental illness and so the way that the politicisation of Hamlet’s ‘madness’ in the theatre coincided with the publication of Laing’s theories gives Hamlets such as David Warner (RSC, 1965) a strong connection with recent psychiatric theory of the time, even if the actors did not intend to play Hamlet as a mentally ill character.

Although the interest of theorists and performance critics in Hamlet developed through the twentieth century with figures such as Freud, Jung, Lidz, Jones, and Laing citing Hamlet as an example of their theories, the first chapter argued that Ophelia, by contrast, was usually silenced or overlooked. Performance reviews demonstrate that Ophelias between 1959 and 1983 who did not go ‘mad’ with a picturesque Pre-Raphaelite charm were criticised for their interpretations of the role. The first chapter suggests that the differences in approaches to Hamlet and Ophelia in performance and literary theory during these years could have been due to the distinctions between Ophelia’s real ‘madness’ and Hamlet’s potentially feigned ‘madness’, or perhaps because of connections between widely accepted long-term performance traditions and the notion

present in some literary theory that Hamlet fights against his descent into ‘madness’ while Ophelia submits. The next two chapters followed overarching trends within the effects of psychological and psychiatric theory, particularly the continuing influence of Laing on performances of ‘madness’ in *Hamlet*.

Another trend to which this thesis drew attention in Chapter One was the small amount of engagement between Ophelia ‘madness’ and mental illness. Chapters Two and Three explored the progress of this trend and discovered its extension to performances of Hamlet’s ‘madness’. The developments of performances of ‘madness’ studied in this thesis demonstrate that the concept of ‘madness’ in the play became overridden by clinical mental illness with increasing frequency. As discussed in the introduction, ‘madness’ was not an easily defined or formally used term during Shakespeare’s lifetime; however, it seems that the definition of ‘madness’ had become even more nebulous by the start of the twenty-first century. Over the past few decades, much that may once have been termed ‘madness’ has increasingly become defined more frequently through the use of formal psychological and psychiatric language. As a word that means nothing specific and a concept around which vocabulary continues to develop in quantity and detail, one change that may occur in the future is the disappearance of the word ‘madness’ from the English language outside of the contexts of historical art and literature.

Chapter Two analysed the growth of connections between ‘madness’ in *Hamlet* and clinical psychiatry, discovering that such changes affected Ophelia more than Hamlet between 1983 and 2005. This chapter argued that the differences between Hamlet’s ‘madness’ and Ophelia’s ‘madness’ became more blurred during these years. This occurred because Hamlet’s ‘madness’ was often performed with greater specificity and began to engage with clinical aspects of mental illness more frequently. Performances

between 1983 and 2005 provided a trend of suicidal Hamlets and many others who seemed to be struggling mentally more than those explored in Chapter One, seemingly more depressed and vulnerable. The discussion of the growing relationship between Ophelia's 'madness' and clinical mental illness in Chapter Two drew attention to the crucial question of Ophelia's voice within the play. Chapter One found that Ophelia would often be overlooked both within and outside of performance. Chapter Two demonstrated that, largely through her engagement with psychiatry, Ophelia emerged from the peripheries of the play between 1983 and 2005 and developed a stronger voice, sometimes upstaging her Hamlet in 'madness'. Continuing from a pattern explored in Chapter One, clinically mentally ill Ophelias were met with more positive performance reviews between 1983 and 2005 and the trend of Ophelia as a Pre-Raphaelite beauty who is demure and gentle in her 'madness' largely faded away. Although Ophelia's increased engagement with mental illness strengthened her voice in the play, performances between 2005 and 2019 also demonstrated a recent development in the use of mental illness to silence Ophelia. Future performance may increase or reduce either of these trends. Observing whether a pattern develops in the use of mental illness as a weapon against Ophelia, and questioning why Ophelia's 'madness' is sometimes treated in this way, would provide an extension to the argument of this thesis.

Chapter Three offered further analysis of the relationship between the worlds of theatre and psychiatry, particularly the growing effect of this dialogue on Ophelia. The first half of the chapter observed that directors and actors also considered mental illness with greater frequency than before when performing Hamlet's 'madness' between 2005 and 2019. During these years, performance critics also wrote about Hamlet's 'madness' in terms of mental illness more regularly and sometimes discussed this as a separate issue

from his 'madness'. This chapter argued that, although Hamlet had long been an object for observations and analyses of psychology, the psychological lens through which Hamlet was observed deepened and gained focus during these years. Chapter Three also discovered that images of fragmentation and self-analysis became central to Hamlet's and Ophelia's 'madnesses' and questioned why this was the case, finding that approaching Hamlet's and Ophelia's 'madnesses' through analysis by fragmentation was appropriate for approaches towards psychology in early-twenty-first-century British society. Since 2005, social media has developed and the internet has become cluttered with scattered, fragmented voices. Undertaking psychological therapy has increasingly become a common and accepted practice, developing a fashion for self-analysis and awareness and sensitivity towards mental health. Laing's image of the divided self is rooted in contradicting advice from family and incompatible pressures from society causing a confusion of identity. As the majority of people living in first world countries also now have multiple identities on both personalised and anonymous social media accounts to navigate as well as a variety of personal and professional relationships and pressures of social expectations, enhanced by the growth of entertainment and communication media, the stresses that Laing argued can divide a person in a way that causes mental illness are now far greater than they were when Laing's book *The Divided Self* was published in 1960. It could be for this reason that Chapter Three found a return to Laingian theory in discussions of Hamlet's and Ophelia's 'madnesses', although Laing's influence was not a clearly apparent trend in productions explored in Chapter Two. Images related to observation in 'madness' have also become more pronounced in recent performances of *Hamlet* as internet surveillance has developed and can be applied to more devices than

just computers. The increase in CCTV monitoring has been directly reflected in multiple stage productions and films of *Hamlet* over the past few decades.

The chapters of this thesis each followed changes in performance trends for both Hamlet's and Ophelia's 'madnesses' in major London and RSC productions, discussing each character separately and yet also comparing and contrasting their developments. Although each chapter did not find clear and indisputable performance trends from one production to the next, the lengthy time period studied in this thesis nonetheless allowed me to discover that approaches to performing Hamlet's 'madness' and Ophelia's 'madness' were very different at the start and end of the years explored in each chapter, as were the expectations of performance critics.

The progression of the first two chapters shows the differences between Hamlet's 'madness' and Ophelia's 'madness' slowly lessening. This thesis suggests that the concepts of 'madness' and 'mental illness' were generally separate in performance in the middle of the twentieth century as there was little interaction between the fields of psychiatry and theatre. Neither Hamlet's nor Ophelia's 'madness' provided much reflection of clinical understandings of mental illness. The first chapter demonstrated that mental illness was only beginning to develop as a theatrical construct alongside 'madness' between 1959 and 1983. This thesis followed theatrical interpretations of 'madness' and mental illness drawing together and then separating again but in a different way. These concepts merged in the theatre and the line between 'madness' and mental illness began to blur for both Hamlet and Ophelia between 1983 and 2005. Between 2005 and 2019, it appeared that Hamlet's 'madness' and mental illness drew further apart again, both still used in productions of *Hamlet* but with less of an overlap. In twenty-first-century performances in particular, Hamlet's 'madness' less frequently appeared feigned

throughout the play and veins of depression and sometimes psychosis emerged more regularly in performance. Providing examples of this, Ben Wishaw (Old Vic, 2004), David Tennant (RSC, 2008) and Rory Kinnear (National Theatre, 2010) emphasised the playful nature of the character in his feigned ‘madness’ while simultaneously creating clear and logical progressions of spiralling despair and possible depression within Hamlet’s less guarded moments. Hamlet, as well as Ophelia, developed a progressively stronger link to mental illness between 1983 and 2019.

There are many directions in which this research could be expanded. One area for further exploration is the question of interculturalism. In 2015, Emmanuel Akyeampong wrote an overview of the history of psychiatric care in Africa, arguing that ‘psychiatric services in most African countries today cannot be described as satisfactory. Nigeria [for example] has fewer than a hundred psychiatrists for its current population of close to 140 million’.<sup>1</sup> In Nepal, mental illness also continues to be given little attention:

Less than 3% of the national budget is allocated to the health sector. Mental health receives insignificant attention. The Government spends about 1% of the health budget on mental health. There is no Mental Health Act and the National Mental Health Policy formulated in 1997 is yet to be fully operational. Mental ill health is not much talked about because of the stigma attached. The roles of the legal and insurance systems are almost negligible. The financial burden rests upon the family. The

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<sup>1</sup> Emmanuel Akyeampong, ‘A Historical Overview of Psychiatry in Africa’, *The Culture of Mental Illness and Psychiatric Practice in Africa*, eds. Emmanuel Akyeampong, Allan Hill, and Arthur Kleinman, (Indiana University Press, 2015), pp. 24-49, p. 37.

traditional/religious healing methods still remain actively practiced, specifically in the field of mental health.<sup>2</sup>

From her personal experience as a psychiatrist, Dr Jean Helling provided another example of varying treatments of people with mental illnesses internationally. Far from the process in the UK of reintegrating mentally ill people into communities, Dr Helling remembered that in the late 1970s she met

a patient [who had been] brought back from Greece. He was profoundly deaf and his speech was hard to understand. He wasn't completely mute but he had very limited speech and normal intelligence and he was prone to depression which was perhaps, when you think about it, not surprising. He had gone on holiday to Greece and got depressed and ended up in a mental hospital there and was really badly treated, came back with handcuff burns around his ankles.<sup>3</sup>

The mental health care systems and the processes of deinstitutionalisation in much of Northern Europe and the Anglophone world moved through similar developments and time frames to the United Kingdom. The above examples, however, demonstrate that the treatment of mentally ill people between 1959 and 2019 was, in many countries, very different to the psychiatric practices explored in this thesis. If changes in mental health care were a major influence on the patterns in performance history explored in this thesis,

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<sup>2</sup> S. K. Regmi, et al. 'Nepal Mental Health Country Profile', *International Review of Psychiatry*, Vol. 6, No. 1-2, (Taylor & Francis, 2004), 142-149, abstract.

<sup>3</sup> Jean Helling, *Interview with Dr Jean Helling, psychiatrist*, (Interviewed by Rachel Stewart, 26 October 2014).

the trends in performances of ‘madness’ in *Hamlet* internationally would doubtlessly vary widely. This is a study that would enhance and expand the research topic of this thesis. Godwin’s 2016 production provides one example of how future consciously intercultural performances of *Hamlet* may change their interpretations of ‘madness’. Although Godwin’s production drew on various African cultures, Simpson’s performance of Ophelia’s ‘madness’ was drawn entirely from British understanding of mental illness and it seems that it did not occur to Godwin or Simpson to explore concepts of mental illness through any African cultural values. In future performance, perhaps intercultural productions of *Hamlet* that engage with psychiatry may do so through understandings of mental illness from the culture in which the play is set.

Intercultural performance also raises the complex issue of how ‘madness’ is interpreted in *Hamlet* when the text has been translated. In a 2016 essay on Ophelia’s ‘madness’ in two Romanian productions of *Hamlet* from 1985 and 1996, Odette Blumenfeld considers both plays as ‘belonging to the category of “rewritings”’.<sup>4</sup> Blumenfeld informs us that the term ‘rewritings’ was coined by Amy Green in 1994 to define revisions of classical plays, ‘shaping them into new theatrical events’.<sup>5</sup> These productions become new theatrical events, perhaps vastly different to the original text, because translating the text leaves open opportunities for modernisation of vocabulary; changing the focus or emphasis of a scene; and altering the registers and patterns of characters’ speech. These elements affect the tone of a scene and the defining aspects of characters. Studying how ‘madness’ has been interpreted in performance around the

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<sup>4</sup> Odette Blumenfeld, ‘Ophelia’s Madness and its Representation in to Romanian Productions’, *Shakespeare In Elysium: Romanian Afterlives*, ed. Monica Matei-Chesnoiu, *The Annals of Ovidius University of Constanta: Philology Series*, (Oxford University Press, 2016), pp. 51-70, p. 50.

<sup>5</sup> Amy Green, *The Revisionist Stage: American Directors Reinvent the Classics*, (Cambridge University Press, 1994), p. xi.

world and across numerous translations of the text would greatly develop the topic of this thesis.

Although a large number of productions of *Hamlet* are cited in this thesis, this sample is nonetheless comparatively small given the frequency with which the play has been staged. My argument could be further developed through comparisons between amateur and professional performance as well as between small-scale, low-budget productions and the major productions on which this thesis focuses. The intimacy of performing ‘madness’ in a small theatre space with a small audience would doubtlessly affect staging decisions and actors’ instincts. The lower levels of intimacy and immediacy with the audience in the larger theatre spaces that I discuss in this thesis may dictate aspects of interpretations of ‘madness’ as the stage space and auditorium size might require larger and less nuanced performances. The question of whether Hamlet’s or Ophelia’s ‘madness’ has more often been played as clinical mental illness in smaller performance spaces with a closer proximity between actors and audience would make a valuable study. A discussion of amateur performances would further an exploration of the intimacy of performance spaces because much of the audience of an amateur production would consist of friends and family members of the actors. A study of differences between performing ‘madness’ in front of an audience of strangers and an audience of friends would develop the argument of this thesis, especially as Chapter Three found some examples of performances of ‘madness’ which grew from discussions in rehearsals about difficult family relationships. There may be greater reluctance from actors to engage with such topics if they are to perform the roles for audiences of friends and family rather than strangers.

Another area in which this research could be furthered would be a wider study of the level of conversation surrounding performance on the internet. As well as the possibilities of theatre reviewing on blogs and discussing plays on Twitter, the growth of the internet has developed the nature of performance reviews because online newspaper articles frequently have comments sections. This allows a broader circle of discussion around the opinions of performance critics than was possible before reviews were published online, a topic that Paul Prescott discusses in his book *Reviewing Shakespeare*. Prescott specifically mentions the increased level of discussion around mental illness and psychiatric theory, citing an example of a professional mental health worker commenting on a theatre review to argue with the reviewer's comments about mental illness in a production of *Hamlet*.<sup>6</sup> Although not appropriate to this thesis because such comments cannot be compared across a sixty year time period, an investigation of the wider conversation occurring around representations of mental illness in productions of *Hamlet* would greatly add to studies of the performance history of Hamlet's and Ophelia's 'madness' solely in the twenty-first century.

*Hamlet* is not the only play by Shakespeare that explores 'madness'. Although discussed a little in this thesis, future scholarship could expand on the topic of the performance history of 'madness' in Shakespeare's plays with further explorations of the 'madnesses' of Lear in *King Lear* or the Jailor's Daughter in *The Two Noble Kinsmen*. A more in-depth study of the performance history of the Jailor's Daughter in particular could illuminate performance trends comparative with Ophelia's. More discussion than in this thesis of the works of other playwrights which contain characters who could be assessed to be 'mad' would provide additional comparable performance histories. Expanding this

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<sup>6</sup> Paul Prescott, *Reviewing Shakespeare: Journalism and Performance from the Eighteenth Century to the Present*, (Cambridge University Press, 2013), pp. 171-177.

study to the works of other playwrights could include plays from Shakespeare's lifetime, such as *The Revenger's Tragedy*, or twentieth-century playwrights inspired by Shakespeare who were influenced by the enormous developments in psychology and psychiatry discussed in this thesis, such as Samuel Beckett.

The subject of this thesis could also be further developed by considering earlier twentieth-century performance in greater detail, taking into account the effects of figures such as Jung, Lidz, Freud, and Lacan. Although these theorists were discussed briefly near the start of this thesis, much deeper discussion could be had about the relationship between Hamlet's 'madness' in performance and the wealth of psychological theory written around the character, especially psychoanalysis. Much previous theory on the subject of Hamlet and psychoanalysis focused solely on the text and, when performance was taken into account, it was rarely discussed with much detail or specificity.

Given the speed and magnitude of recent changes in the fields of psychology and psychiatry, it is likely that understandings and treatments of mental illness will continue to develop dramatically. For this reason, the subject of this thesis is one that should be considered again as developments in society bring new trends in performances of Hamlet's and Ophelia's 'madnesses' and new enlightenments on existing or past trends.

There are several forthcoming publications that will enhance future scholarship in this area. These include *Hamlet and Emotions* edited by Paul Megna, Bríd Phillips, and R. S. White;<sup>7</sup> *Re-enacting Shakespeare in the Shakespeare Aftermath: The Intermedial Turn and Turn to Embodiment* by Thomas Cartelli;<sup>8</sup> and *Shakespearean Tragedy:*

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<sup>7</sup> Paul Megna, Bríd Phillips, R. S. White (eds), *Hamlet and Emotions*, Palgrave Shakespeare Studies, Michael Dobson and Dymphna Callaghan (general editors), (Palgrave Macmillan, 2019).

<sup>8</sup> Thomas Cartelli, *Re-enacting Shakespeare in the Shakespeare Aftermath: The Intermedial Turn and Turn to Embodiment*, (Palgrave Macmillan, 2019).

*Hamlet, Othello, King Lear, Macbeth* by Kiernan Ryan.<sup>9</sup> The upcoming 2019 film *Ophelia* directed by Claire McCarthy and adapted from Shakespeare's *Hamlet* by Semi Chellas will be a re-telling of the play from Ophelia's perspective.<sup>10</sup> This further enhances the trend of Ophelia's developing dominance in the story, explored in the second and third chapters, and may provide new interpretations of Ophelia's 'madness' and death. As well as this forthcoming film, in summer 2020 a new production of *Hamlet* will be staged at the Young Vic, directed by Greg Hersov and with Cush Jumbo in the title role. Aside from this one production, the regularity with which the play has been performed suggests that there will be a wealth of upcoming productions of *Hamlet*. Observations of performances of 'madness' in these productions will enrich future scholarship on this subject.

This thesis follows part of the cultural discussion occurring around mental illness: the expectations of audiences and performance critics over what 'madness' should mean, which interpretations were well-received by critics, and which interpretations were disliked. This study has found that some interpretations of 'madness' which performance critics argued were overdone, distasteful, or too clinical later became the expected style of performing 'madness' for many critics. In this way, this thesis demonstrates that a continuing cultural shift exists around attitudes towards theatrical representations of 'madness', especially 'madness' as mental illness.

While literary theorists and performance critics engage in an on-going discussion around theatre, theatre itself provides a continuing discussion about the state of society. Productions of *Hamlet* discussed in this thesis variously demonstrated an engagement

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<sup>9</sup> Kiernan Ryan, *Shakespearean Tragedy: Hamlet, Othello, King Lear, Macbeth*, The Arden Shakespeare, (Bloomsbury, 2020).

<sup>10</sup> Claire McCarthy (dir.), *Ophelia*, (2019).

with political, psychological, and psychiatric theories and realities that were current at the times of the productions. For this reason, I posit that trends in the performance history of ‘madness’ and patterns in the responses of performance critics represent something of the discussion surrounding the social history of psychiatry as well theatre. As an exploration of the relationship between theatre and society, a central component of this thesis is the Aristotelian idea of mimesis mentioned in the Sources section of the introduction. As referenced in the introduction, Oscar Wilde challenged the basic principle of mimesis when he suggested in his 1889 essay ‘The Decay of Lying’ that ‘life imitates art far more than art imitates life’ because ‘life holds the mirror up to art’.<sup>11</sup> My understanding of Wilde’s words is that life imitates art because art reflects, analyses, and challenges life, therefore displaying multiple perspectives and provoking discussion. Through observation and discussion, art consequently has the power to change how people think and feel. Observing the progression of this discussion around the topic of mental illness is valuable because Community Care is still a relatively recent development and the widespread issue of mental illness, although better understood than before deinstitutionalisation, remains something of a social enigma.

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<sup>11</sup> Oscar Wilde, *The Decay of Lying and other Essays*, ed. Ian Small, (Penguin Classics, 2010), p. 31

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