**“A THING LIKE DEATH”: MEDICAL REPRESENTATIONS OF
FEMALE BODIES IN SHAKESPEARE’S PLAYS**

GRETA PERLETTI

Universities of Bergamo and Trento, Italy

via Salvecchio 19 - 24129 Bergamo. Italy

greta.perletti@unibg.it

***Abstract:** While the hysterical ailments of women in Shakespeare’s works have often been read from psychoanalytical standpoints, early modern medicine may provide new insights into the ‘frozen’, seemingly dead bodies of some of his heroines, such as Desdemona, Thaisa, and Hermione. In the wake of recent critical work (Peterson, Slights, Pettigrew), this paper will shed fresh light on the ‘excess’ of female physiology and on Shakespeare’s creative redeployment of some medical concepts and narratives.*

***Keywords:** early modern literature and medicine hysteria, interdisciplinary approach, representation*

1. Introduction

In the last scene of *King Lear*, the king famously enters the scene carrying the corpse of Cordelia in his arms. A distracted man and a bereaved father, Lear stages for the audience a strange and heartbreaking test of the reality of his daughter’s death.

[...] Lend me a looking glass.
If that her breath will mist or stain the stone,
Why, then she lives. (*King Lear*, v, iii, 275-77)

Kent and Edgar are witnesses to Lear's delusion, and the tragedy of the king unfolds before the audience's eyes as he entertains the hope that Cordelia might come back to life, and that his fate might accordingly be less cruel and maddening. As we know, there is no redemption for Lear's tragic mistake, or for his tragic fate; and yet, this is a moment when the spectators sit there suspended between tragic pity and some tiny, underlying hope that the wronged daughter might only appear to be dead; that she might move again, speak, and ultimately forgive her father:

This feather stirs. She lives. If it be so,
It is a chance which does redeem all sorrows
That ever I have felt. (*King Lear*, v, iii, 278-80)

While we, as contemporary spectators, may regard the temptation represented by an alternative, happy ending as an irrational concession to our emotional wish to set things right, and as an incident that would fail to comply with the moral and generic requirements of tragedy, to early modern audiences the idea that Cordelia might simply appear to be dead, and that the actor playing Lear's daughter might suddenly move and reveal that the character was in fact still alive, must have seemed something not so very unlikely to happen. This is the point that Carol Rutter makes when she argues that Cordelia "isn't meant to die. It wasn't what audiences were expecting" (Rutter 2001:1), reminding us that both the sources that

Shakespeare used (the old play *King Leir* and Raphael Holinshed's *Chronicles of England*) had a happy ending (though this involved no revivification scene). To readers familiar with Shakespeare's corpus, moreover, Lear's impression that Cordelia may still be faintly breathing might call to mind a number of other heroines who are revealed to be still alive after being deemed dead, from Hero in *Much Ado about Nothing* to Helena in *All's Well that Ends Well*, from Juliet in *Romeo and Juliet* to Imogen in *Cymbeline*, and from Thaisa in *Pericles* to Hermione in *The Winter's Tale*.

If the presence of female characters whose death is shown to be questionable seems to represent an intriguing motif in Shakespeare's work, this article is intended to address the question of gender in his plays by first reflecting on early modern beliefs about the physiology of women's bodies and then focusing on the fascination with *hysterica passio*, a disease that intrigued early modern medicine and culture because of its strange principal symptom: the appearance of death in the body. In other words, what this article would like to illustrate is that with the frozen, seemingly dead bodies of some of his heroines Shakespeare seems to re-deploy in an inventive way certain medical narratives which were circulating extensively in his time, and which played a pivotal role in the cultural representation – as well as regulation – of women's bodies in early modern culture.

In recent years, literary scholars have been increasingly intrigued by the study of the relations between Shakespeare's plays and early modern medicine. While interest in the investigation of medical knowledge in Shakespeare's work can be traced back to the 19th century, with J. C. Bucknill's detailed monograph on the medical occurrences to be found in his plays (1860), it is especially since the 1990s that critics have turned their

attention to the aesthetic and ideological implications that underlie Shakespeare's complex and multifaceted engagement with the medical discourse of his time. This article follows the critical approach of these recent works, ranging from David Hoeniger's now classic *Medicine and Shakespeare in the English Renaissance* (1992) to more recent studies, such as Gail Kern Paster's *Humoring the Body* (2004), Todd Pettigrew's *Shakespeare and the Practice of Physics* (2007), William Slights' *The Heart in the Age of Shakespeare* (2008) and, above all, Kaara Peterson's *Popular Medicine, Hysterical Disease and Social Controversy in Shakespeare's England* (2010). In these works, medicine is important insofar as it can be revealed as providing a cultural narrative or set of narratives that allow for the articulation and negotiation of important values about identity, normativity and deviance; this is especially pertinent from the perspective of gender, as medical discourse tends to construct the female body in a way that strengthens its difference from the normative model provided by the masculine body.

In line with a broader critical interest in the possible creative interactions between literature and science in early modern culture (Cummins and Burchell 2007; Marchitello 2011), this perspective on Shakespeare's texts is designed to suggest that, rather than simply receiving and adopting the medical and scientific concepts of his time, Shakespeare's plays were engaged in a process of cultural negotiation and in an active redefinition of the values at stake in medical discourse dealing with women's bodies. For this reason, as a preliminary move, our article will first concentrate on early modern medical conceptions of female physiology and then focus on one specific version of the disease that we would today recognize as hysteria. While hysteria has proved to be a crucial theoretical

tool in many sophisticated psychoanalytical readings of Shakespeare's text in the past decades, in its exploration of the representations and meanings of the frozen female body this article will aim to uncover the particular medical concepts, values and narratives that would have been available to Shakespeare and his audiences.

2.1. Early Modern Medicine and Female Physiology: the Cold, Moist Body and Mind

Renaissance medicine inherits from Aristotle and classical *auctoritates* the belief that the female body is an imperfect and inferior organism compared to the male body, which provides the normative model for health and well-being. The female body was commonly connoted by its passivity, its frailty (which operates both on the physical and on the moral level) and its coldness. As is well known, in the classic theory of the four humours as proposed by Hippocrates and later by Galen, which was still very influential in the early 17th century (Paster 2004), human temperaments may be divided into four main types: the sanguine (hot and moist), the phlegmatic (cold and moist), the choleric (hot and dry) and the melancholic (cold and dry).

Women are consistently associated with the phlegmatic type, a mixture of coldness and moisture, and a type that is unhealthy in that it lacks the fundamental and vital warmth that is instead the prerogative of the masculine body; according to Paster (1998:417), in early modern culture what mainly accounts for the differentness of the female body is women's "unbearable coldness" The absence of warmth attributed to women's bodies seems in some cases to be responsible also for the troublesome relationship between female physiology and the circulation of the animal spirits that are

necessary to thinking and abstraction: as late as the end of the 17th century, William Congreve was still associating women's lack of a sense of humour – and, ultimately, their lacking the distinctive traits or “humours” that allow for the expression of individuality itself – to their “Natural Coldness” (Paster 2004:79-80).

In the description of the female temperament, coldness is often conjoined with moisture, as women's bodies are defined by their inescapable proximity to fluids such as blood and milk. In a medical system dominated by the importance of keeping the correct balance of humours, the regular discharge of female fluids is viewed both as a salutary operation for the preservation of health and, on the other hand, as an unstable – and not easily controllable – process. This is the ambivalence that, according to Ian Maclean (1980:39), still dominates early modern medical discourse dealing with menses, which retains some of the “malignity” attributed to them in ancient medical texts while also accepting the Galenic belief in their beneficial function. In early modern culture, the ambivalence of female bodily fluids was replicated in the ambivalence of the water imagery deployed to represent these bodies: fluidity overlaps with mutability and instability, and the fruitfulness of women's bodies slips into excess and lack of restraint.

In *Othello*, for example, the Moor's jealousy exploits water metaphors to evoke the fertility as well as the sexual voraciousness of Desdemona's body. Othello initially loathes his wife's “moist” hand because it reminds him of her body's disturbing “fruitfulness”, which calls for the restraints of discipline and self-regulation: “This hand of yours requires/ A sequester from liberty, fasting, and prayer,/ Much castigation, exercise devout” (*Othello*, iii, iv, 36, 38, 39-41). When his rage explodes,

however, control seems no longer possible, and the fluidity of Desdemona's body proliferates into a disturbing image of sexual corruption:

But there where I have garnered up my heart,
Where either I must live, or bear no life;
The fountain from which my current runs
Or else dries up – to be discarded thence!
Or keep it as a cistern for foul toads
To knot and gender in! (*Othello*, iv, ii, 57-62)

What drives Othello mad is the uncontrollable liquidity of his wife's body, which threatens to contaminate his progeny and therefore his own future existence. As the "fountain" turns into the filthy "cistern", the text registers man's horror at the boundless and unregulated fertility of the fluids of the female body. A similar process occurs in *The Winter's Tale*, where Leontes's jealousy turns the female body into the image of the "sluiced... pond" (I, ii, 285-86): Hermione appears to him as a "slippery" being (I, ii, 375), a leaking vessel unable to control the emission of its fluids.

As Lina Perkins Wilder (2010) shows in her interesting study of Shakespeare and the Renaissance conception of memory, however, female fluidity seems troublesome when it threatens to corrupt not just male progeny, as these examples of sexual jealousy seem to imply, but more generally the male organism, especially when this occurs in the exercise of the higher functions of the mind. This contamination affects especially the process of remembering, in which the emphasis laid on mental discipline – via the training provided by the so-called "memory arts", a system based on mental images or *loci* and on the strict rules to be followed when visiting

these mental places again – fails to keep at bay the watery proliferation that is typical of female physiology:

The need for order sits uneasily with the physical makeup of the memory, located in the rearmost of approximately three “ventricles” or “cavities” that held the “faculties” of the rational soul: imagination or common sense, understanding or invention, and memory. The liquidity of the animal spirits that fill these ventricles, as well as the physical nature of memory itself, worries many early modern physiologists. (Wilder 2010:7)

In a tragedy of problematic memory such as *Hamlet*, where, as Wilder reminds us, “memory is threatening in its fertility” (2010:139), the protagonist is torn between the revengeful action required of him by the Ghost’s imperative to remember and, on the other hand, the mental liquidity associated with memory, which makes the exercise of masculine discipline difficult and brings about inaction. When Hamlet asserts his decision to avenge his father, the Ghost’s reply appears to be fully in line with this paradigm:

I find thee apt.
And duller shouldst thou be than the fat weed
That roots itself in ease on Lethe’s wharf
Wouldst not stir in this. (*Hamlet*, I, v, 31-34)

The Ghost’s speech feeds on the contrast between the “dullness” of oblivion and the “stirring” influence of memory by implicitly assimilating Hamlet’s failure to remember and thus to take revenge to the phlegmatic quality of the female body. A lack of well-regulated recollection exposes the male organism to the threat of female physiology, as demonstrated not just

by the watery image provided by the reference to the river Lethe, but also, more subtly, by the association of Hamlet's mind with the "fat weed" that recalls Gertrude's "unweeded garden" (*Hamlet*, I, ii, 135). Hamlet's lethargy may therefore be regarded as an example of that "slyperness" of mind that, according to John Willis's *Mnemonic*, mars the possibility of retention "by reason of its *Fluxibility* [*sic*]" (quoted in Wilder 2010:51). Disordered recollection thus paves the way for the polluting influence of women's moist bodies on the masculine mind. As we shall see, *The Winter's Tale* performs a paradoxical overturning of this paradigm by showing that female excessive physiology can be exploited for a complete purification of the female body that allows for the perfect exercise of the traditionally masculine discipline required of the recollective arts.

2.2 *Hysterica Passio* and the Unruly Body

This same tendency to conflate the humoral and the passionate disposition of the organism can also be found in medical descriptions of the womb, which in early modern culture was still universally regarded as the organ that was mainly responsible for the health or disorders of women's bodies. Hysteria, as is well known, refers etymologically to the womb (*hyster*) and therefore identifies the diseases that are related specifically to the female body. In her exploration of early modern hysterical disease, Kaara Peterson reassesses Foucault's famous claim, in his *History of Sexuality*, that the formation of specific mechanisms of power centring on sex began in the 18th century. Investigating one of those mechanisms, namely the hystericization of women's body, which Foucault describes as "a threefold process whereby the feminine body was analysed – qualified and disqualified – as being thoroughly saturated with sexuality; whereby it

was integrated into the sphere of medical practice, by reason of a pathology intrinsic to it; whereby finally it was placed in communication with the social body” (1978:104), Peterson shows that this process was already in operation in the early 17th century, when the “‘fluid ecology’ of the womb” (Peterson 2010:34) appears to have been the main concern of medical texts dealing with women’s ailments.

For the explanation of the pathology of women’s bodies, early modern medicine combined the Hippocratic and the Galenic approaches to female ailments, focusing respectively on the belief in the wandering nature of the womb and on its propensity to be encumbered with noxious humours and vapours. Despite the differences between them, both medical approaches shared a strong emphasis on the womb as a site for disruption and upheaval: as a result, what 16th and 17th century medical texts consistently emphasise is the fact that the peculiar conformation of women’s body itself is what predisposes women to disorders - thereby actually conflating female physiology and pathology. Lying at the core of women’s excess-ridden organism, the womb inescapably ties female corporeality to sexuality, constructing the body as a site that is normatively unruly and prone to pathology.

Early modern concern with the coldness and the uterine dysfunctions of the female body explains the fascination with one specific kind of hysterical ailment, known as *hysterica passio* or *Suffocation of the Mother*. Edward Jorden’s *A Briefe Discourse of a Disease Called the Suffocation of the Mother*, published in 1603, provides the first extensive medical description of this disease, and contributed to the dissemination of knowledge about it in early modern culture. The name of the disease encapsulates its most striking symptoms: “respiratory distress and the

feeling of strangling or pressure (*pnix*), sometimes leading to a complete cessation of apparent breathing (*apnoia*)” (Peterson 2010:40). While hysteria usually possesses protean qualities in its ability to mimic the symptoms of other diseases, thus demanding special diagnostic skills in any physician who sets out to treat it, *Hysterica passio* questions the definition of death itself. As the physician John Sadler put it in 1636:

This affect [...] is called in English the Suffocation of the Mother, not because the wombe is strangled, but for that it causes the woman to bee choked. It is a retraction of the wombe towards the Diaphragme and stomake, [...] which consenting with the braine causeth the Animall facultie the efficient cause of respiration also to bee intercepted; whereby the body being refrigerated, and the actions depraved, she falls to the ground, as one being dead. (Quoted in Peterson 2010:43)

The action of the womb is subtle and multifaceted, for not only does this organ *consent* (i.e. *sympathize*) with the brain to achieve interruption in breathing, but the effect is a perfect reproduction of apparent death. Practitioners are asked to employ all their skills in order to detect the real nature of the disease, which so perfectly imitates the absence of life that Sadler seems convinced that this disease is responsible for many instances of the premature burial of young women who were simply and inaccurately believed to be dead. Texts like Jorden’s and Sadler’s, which were extremely influential in the popularization of this disease, provide a medical narrative that focuses on the ability of *hysterica passio* to unsettle safe categorization: besides undermining the distinction between life and death, these cases also replaced the miraculous resurrection narrative emphasised in religious tales

of possession with a new spectacular narrative based on the skilful dramatic “performance” of the medical doctor (Peterson 2004:9-10).

Similarly, the boundaries that distinguish the human from the animal are blurred in these accounts of the disease, as the frozen bodies of these women are explicitly compared by Jorden to hibernating wild animals, “as we see Snakes and other creatures to lie all the winter, as if they were dead, under the earth” (quoted in Paster 1998:421). While the womb itself was a source of debate because of its possibly animal nature (due to its motion and *animation*), women in syncope display a disturbing overlapping of nature and art, with, on the one hand, their characterization as wild creatures, less-than-human, and, on the other, the emphasis on the theatrical performance implied in their coming back to life. As we shall see in the next section, Shakespeare exploits both aspects of the representation of *hysterica passio*, turning it into an instrument that can either bind women to their physiology or, conversely, sublimate their bodies through the help of the performing doctor.

2.3 Punish or Purify: Frozen Bodies Come to Life

Although we occasionally meet with male Shakespearean characters speaking of their wombs, such as Holofernes in *Love’s Labour’s Lost* (IV, ii) or Falstaff in *Henry IV Part 2* (IV, iii), the fact that actual hysterical disease pertains exclusively to female bodies must have been well known to Shakespeare and his audience. Peterson (2004; 2010) has amply demonstrated that Shakespeare’s alertness to the medical issues of his time also extended to the subject of hysteria, and to early physiologists there seemed to be no doubt that hysteria was an affliction that arose from uterine

problems and was therefore exclusively connected to the physiology of the female body.

While scholars have hotly debated Lear's famous diagnosis of his distress as "Hysterica passio, [...] thou climbing sorrow" (*Lear*, II, iv, 50), Peterson shows that reading this as supposed evidence of Shakespeare's inspired pre-science of the Freudian explanation of male hysteria seems an anachronistic perspective (2010:37). When the organ that presides over female physiology is associated with a male organism, this may occur for the purpose of comedy (as is probably the case in Falstaff's complaint about his womb) or in order to assimilate the masculine body to some physiological processes that pertain more specifically to the female body (which, as Wilder argues, seems to be the case for Holofernes [2010:3]). In *Lear* too the misdiagnosis may be intended to stress the emasculating action performed by mental derangement on the protagonist's body, in line with the Fool's famous assertion of the king's increasing nothingness, which resonates with the reference to the female genitals: "Thou art an O without a figure" (I, iv, 184).

Although *King Lear* contains Shakespeare's only explicit mention of *hysterica passio*, references to this disease may be found in other plays too. For example, medical narratives describing cases suffering from the suffocation of the mother may provide a model for the audience's expectations that Cordelia may not really be dead, thus giving plausibility to Lear's decision to perform a *diagnostic* test of her death. Moreover, passing references to *hysterica passio* may be found not only in the Friar's idea of the "cold and drowsy humor" (*Romeo and Juliet* IV, I, 98-99) that will arrest breathing and give Juliet's body the appearance of a lifeless corpse,

“[a] thing like death” (IV, i, 76), but also, briefly, in Othello’s murder of Desdemona.

Othello’s decision to smother Desdemona relies ostensibly on his reluctance to “shed her blood/ Nor scar that whiter skin of hers than snow” (*Othello* V, ii, 3-4); however, what is significant is that after he thinks he has killed her, she “stirs again” (V, ii, 108). While this incident is certainly functional in that it makes possible the sensational re-assertion of Desdemona’s purity (as we know, she revives only to absolve her husband), Othello chooses for his wife a punishment that actually re-enacts the uterine ailment of *hysterica passio*, which strangles the woman and arrests her body in the frozen appearance of death. The foregrounding of female pathology implicitly evokes the humoral and moral *excess* that lies at the core of the disordered womb: besides being imagined, as we have seen, as a disturbingly fluid body, at the beginning of the play Desdemona is also depicted as a choleric kind of woman, thus defying the phlegmatic type. In addition to her transgression of her father’s commandment, Desdemona initially appears to Othello as his “fair warrior” (II, i, 182), voraciously absorbing his stories: “She’d come again, and with a greedy ear/ Devour up my discourse” (I, iii, 151-52), thereby overstepping the normative boundaries of female inaction and passivity. From this perspective, Othello’s murder of her, by performing for the audience the symptomatic structure of *hysterica passio*, becomes an exemplary way to tie Desdemona back to the biological sign of her pathological excess. At the same time, however, the audience’s and readers’ dismay at Desdemona’s innocent death implicitly questions the hermeneutic power of female physiology: while it is proposed as a way to turn Desdemona’s body into a palimpsest that bespeaks her humoral and/or moral transgression, the spectacular

performance of her disordered womb is denounced as a tragic lie. Shakespeare's tragedies, moreover, never allow the coming back to life of the heroine, and *hysterica passio* is also evoked in order to forcibly frustrate any potential for hope: Cordelia will not move; Juliet comes back to life only to witness the full tragedy of her fate; Desdemona revives for a moment but then slips into actual death.

A somewhat different attitude to the frozen body of *hysterica passio* can be found in Shakespeare's late romances, *Pericles* and *The Winter's Tale*. The heroines of these plays, Thaisa and Hermione, are wrongly believed to be dead until a spectacular (and markedly secular) revivification scene occurs, in which the special skills of a healer – the Aesculapius-like doctor Cerimon and “the aristocratic female healer” (Pettigrew 2007:170) Paulina respectively – bring about the return of the frozen, arrested body to life. In both cases, the narrative structure of *hysterica passio* exploits the expedient of apparent death as a means to allow for the reintegration of the heroine into society after a period of seclusion. As Janet Adelman argues, although Thaisa's purity is never questioned – unlike Hermione, she has not been accused of infidelity by a jealous husband – childbirth has the effect of disturbingly foregrounding female corporeality, thereby making Thaisa's body “tabooed or tainted” and requiring the “penitential cleansing” (Adelman 1992:199) that, after her successful restoration to life, will culminate in her transformation into the priestess of Diana, the virgin goddess. *Hysterica passio* is therefore deployed not only as a way of punishing female bodily excess, but also as an instrument of purification: woman is both tied to and liberated by her uterine physiology.

This process operates in a more sophisticated way in *The Winter's Tale*, where *hysterica passio* functions as a means of purification that not

only restores the female body, but transforms that body into the aptest instrument of the memory arts, turning it into a symbol for integrity and discipline, usually associated with masculine identity only. The use of music in the resurrection scenes, which Peterson (2010:91) reads as a reference to one of the traditional methods used in the treatment of hysteria, in *The Winter's Tale* seems to be in line with the role it had in the Neo-Platonic memory arts (Yates 1984), where music was used to assist and strengthen the visitation of the mental *loci*.

As is well known, Hermione's body, frozen from her husband's point of view for 16 years, comes back to life after Leontes has been cured of his jealousy and cruelty. This has been possible because Paulina has throughout kept his memory of the supposedly dead queen alive, until the king is ready to witness Paulina's staging of Hermione's return to life. That Paulina's faithfulness to the cause of Hermione's innocence has manifested itself under the form of a specific *training* of Leontes's memory is recognized by the king himself, who places his vision of the extraordinary statue of Hermione within the paradigm of the art of memory: "O royal piece!/ There's magic in thy majesty, which has/ My evils conjured to remembrance" (*The Winter's Tale*, V, iii, 38-40). Moreover, Hermione's coming back to life takes place through the coming-to-animation of her statue, turning her body into an *imago agens* (moving image), one of the most powerful instruments at the service of the memory arts, considered by many authors the best means to assist ordered and regulated recollection (Yates 1984).

Instead of spoiling the process of recollection by its watery quality, the female body is here deployed as the perfect instrument at the service of the traditionally masculine art of memory. In this *wintry* play, the

hibernation of *hysterica passio* is exploited to turn the less-than-human physiology of the female body into the pure performance of ordered and well-regulated recollection. Although this cleansing may be viewed as an actual cancellation of the female body, I would argue that the apparent death of *hysterica passio* simultaneously foregrounds and oversteps the impediment of female physiology. Rather than considering women's uterine dysfunction as a purely limiting disposition, tying women to their physiology, *The Winter's Tale* seems to offer a more positive attitude, one that sublimates physiology itself and transforms the female body into an artefact that is related to both nature and art.

3. Conclusion

While the death of such heroines as Cordelia and Desdemona has been amply analysed from the perspective of gender studies, close attention to the medical context of women's diseases can shed fresh light upon the interpretation of Shakespearean scenes featuring mock deaths or cases of revivification. In the light of recent developments in the study of literature and medicine in the early modern period, this article has shown how Shakespeare's works engages with the medical narratives of his time. While the late romances demonstrate a more optimistic reading of women's physiological excess, both the tragedies and the romances show that Shakespeare's redeployment of the medical concepts and narratives was less a faithful mirroring of the facts of medicine than a process of active reimagining and negotiation.

References:

Adelman, Janet. 1992. *Suffocating Mothers: Fantasies of Maternal Origin in Shakespeare's Plays*. New York-London: Routledge.

- Bucknill, John Charles. 1971 (1860). *The Medical Knowledge of Shakespeare*. New York: AMS Press.
- Cummins, Juliet and Burchell, David (Eds.). 2007. *Science, Literature and Rhetoric in Early Modern England*. Aldershot: Ashgate.
- Foucault, Michel. 1978 (1976). *The History of Sexuality*. Trans. Robert Hurley. Harmondsworth: Penguin Books. Vol. I.
- Hoeniger, F. David. 1992. *Medicine and Shakespeare in the English Renaissance*. Newark: University of Delaware Press.
- Maclean, Ian. 1980. *The Renaissance Notion of Woman: A Study in the Fortunes of Scholasticism and Medical Science in European Intellectual Life*. Cambridge: Cambridge University Press.
- Marchitello, Howard. 2011. *The Machine in the Text: Science and Literature in the Age of Shakespeare and Galileo*. Oxford: Oxford University Press.
- Paster, Gail Kern. 1998. "The Unbearable Coldness of Female Being: Women's Imperfection and the Humoral Economy". *English Literary Renaissance* 28(3): 416-440.
- Paster, Gail Kern. 2004. *Humoring the Body: Emotions and the Shakespearean Stage*. Chicago: Chicago University Press.
- Peterson, Kaara L. 2004. "Performing Arts: Hysterical Disease, Exorcism, and Shakespeare's Theater". *Disease, Diagnosis, and Cure on the Early Modern Stage*. Stephanie Moss and Kaara L. Peterson (Eds.). Aldershot: Ashgate, pp.3-28.
- Peterson, Kaara L. 2010. *Popular Medicine, Hysterical Disease, and Social Controversy in Shakespeare's England*. Farnham: Ashgate.
- Pettigrew, Todd H. J. 2007. *Shakespeare and the Practice of Physic: Medical Narratives on the Early Modern English Stage*. Newark: University of Delaware Press.
- Rutter, Carol Chillington. 2002 (2001). *Enter the Body: Women and Representation on Shakespeare's Stage*. London-New York: Routledge.
- Shakespeare, William. 1997. *The Norton Shakespeare: Based on the Oxford Edition*. New York-London: Norton.
- Slights, William W. E. 2008. *The Heart in the Age of Shakespeare*. Cambridge: Cambridge University Press.
- Wilder, Lina Perkins. 2010. *Shakespeare's Memory Theatre: Recollection, Properties, and Character*. Cambridge: Cambridge University Press.

Yates, Francis. 1984 (1966). *The Art of Memory*. London: Ark.