

Reflection Statement

My Major Work, “‘He Kills Her in Her Own Humour’: Shakespeare’s Pathological Models of Femininity’, is a re-evaluation of Shakespeare’s portrayal of women and the over-determination of female representation. It draws the connection between Shakespeare’s characterisation of women and the ‘disease culture’ of the Early Modern period. Reconsidering many of the medical metaphors that appear in his plays, I argue that such metaphors serve to excoriate women’s actions and personalities, and reflect the way in which medicine influenced the development of Elizabethan theatre. As a work of historico-medical feminism my Major Work appeals to audiences interested in Middle English history, feminism, medical science, and Shakespeare studies. In this way, it would ideally appear in a genre-traversing literary journal such as *Renaissance Quarterly*, which features articles from different academic disciplines, from Hispanic literature to Medicine; or perhaps, to specifically engage with Shakespeare enthusiasts, it could also appear in a specialised literary journal such as *Shakespeare Quarterly*. In fact, I was granted the opportunity to trial my Major Work’s arguments as an invited speaker at the Sydney Writer’s Festival event, *A Love Affair with Shakespeare*.¹ Presenting my work alongside Professor Liam Semler, director James Evans and actor-playwright Kate Mulvany, I not only tested my theories but gained exciting new perspectives on Shakespeare’s characterisation.

It was my independent research into the influence of humoral medicine on *Othello* – conducted during the Preliminary English (Advanced) course – that inspired me to pursue this cross-disciplinary topic. In my research, I encountered Jennifer Feather’s article “‘O blood, blood,

¹ See NSW State Library webpage for this event at <http://www.sl.nsw.gov.au/events/love-affair-shakespeare>.

blood’: Violence and Identity in Shakespeare’s *Othello*”², which argues that, in Shakespeare, understandings of Humoralism are inextricably related to perceptions of masculine and feminine identity. Overall, my Major Work relates to the English (Advanced) course in its critical analysis of Shakespeare (*Area of Study* and *Preliminary Module B*). Nonetheless, my understanding was further developed in the English Extension I course; a principle element of my Major Work is its feminist focus, and the study of *Orlando* in *Module C* exposed me to different gender studies, such as Laura Mulvey’s analyses of the male gaze. Both feminism and medicine are fascinations of mine; what served as the impetus for my investigation was the challenge of realising a synthesis from these seemingly disparate ‘knowledges.’ Indeed, Feather’s article addresses the relationship between drama and Humoralism – the prevailing medical episteme of Shakespeare’s time, in which the aetiology of diseases is attributed to the circulation of elemental bodily fluids or “humours”³– but my essay seeks to reveal the effects of other medicinal ideologies on Shakespeare’s characterisation.

Nevertheless, inspired by Feather, I initially adopted a humoralism-focused objective. I intended to analyse each of Shakespeare’s women as individual case studies for extreme imbalances in one of the four humours. In this interpretation, the women are themselves disordered, and their characterisations are confined to a particular humour. Conducting research into the *Hippocratic Corpus* and Foucault’s *The History of Sexuality* provided me with a new understanding of Classical and Early Modern medicine. This process prompted me to reconsider my taxonomical

² Jennifer Feather, “‘O blood, blood, blood’: Violence and Identity in *Othello*,” *Medieval and Renaissance Drama in England* 26 (2013).

³ The four humours are: yellow bile, black bile, blood and phlegm.

approach to Shakespeare's women, and effectively disproved my hypothesis on the profound influence of humoral theory on female characterisation. From my study of Shakespeare and the medical models of antiquity and the Middle Ages, I decided that these women cannot simply be case studies for humoral imbalance. For instance, Goneril's antagonism cannot definitively be rationalised as the result of her body's over-circulation of yellow bile. Likewise, humoral medicine cannot by itself account for the charisma of characters like Portia from the *Merchant of Venice*. These women retain their agency and complexity, notwithstanding their "pathologisation." Thus, this research improved and refined my thesis, refocusing my attention on literary meaning. The reconfigured aim of my essay was to examine Shakespeare's women as *metaphors* for general medical disorder, rather than as specific humoral models. I ultimately decided on this thesis revision after reading Theodor Adorno's "The Essay as Form", in which Adorno argues that "one who interprets instead of accepting what is given and classifying it, is one who squanders his intelligence in impotent speculation, reading things where there is nothing to interpret."⁴

Even with my revised thesis, the essay was always the most appropriate and permissive form for capturing the complexity of my postulations. In writing my essay, it was not only necessary to adhere to formal conventions, but to develop a unique register and style. In this regard, Adorno's approach to argumentation was thoroughly edifying. My Major Work complies with his description of the essay as a genre that "thinks conjointly" and makes "polemical turn[s]."⁵ It

⁴ Theodor Adorno, "The Essay as Form," in *Notes to Literature*, trans. Sherry Weber (New York: Columbia University Press, 1991), 3–4.

⁵ *Ibid.*, 11.

adopts a sinuous, investigatory style of argumentation to draw a nexus between literature and medicine. For example, it deconstructs the tenets of humoral theory to justify its exploration of Lear's curses as diagnoses of Goneril's unnaturally "dry" body. However, it later makes a purposeful "turn," adopting similar reasoning to argue that these curses imply a *surplus* of fluid in Goneril's womb. The proximity of such oppositional readings not only develops a sense of balanced reasoning in my essay, but emphasises Shakespeare's indiscriminate reproof of women: he regards them as diseased figures, regardless of the wetness or dryness of their anatomies. Thus, my writing also bears the influence of Michel Foucault, who often challenges classical "epistemes" and shifts traditional critical "poles" in his works to produce transformative understandings of power.⁶

An investigation of longer essay forms also helped me compose a final piece that achieved my objective. The most enlightening of these anthologised essays were Susan Sontag's *Illness as Metaphor* and *AIDS and its Metaphors* – both of which propose the inverse of my own thesis.⁷ These two books are divided into chapters based on different *types* of metaphors; for example, in chapter five of *AIDS and its Metaphors*, Sontag evaluates the social operation of "plague" as a concept. Such a thematic arrangement achieves a sense of systematic and scientific exposition: it develops a methodical line of reasoning that is comparable to the logical progression exhibited in medical case histories. This essay structure diverges significantly from my original configuration, which involved splitting the essay into four sections, such that each subdivision

⁶ Michel Foucault, *The History of Sexuality*, trans. Robert Hurley (New York: Pantheon, 1986), 115.

⁷ Susan Sontag, *Illness as Metaphor and Aids and Its Metaphor* (New York: Farrar, Straus and Giroux, 1989).

focused on one play. After studying Sontag, I realised the ineffectiveness of this structure. I understood that isolating each play would not develop coherence between each textual analysis – nor would it achieve an overall unity in the essay itself. As such, my Major Work is now divided into chapters, with each chapter focusing on a different form of disease imagery; for instance, the first section centres on sanguinary infections and re-examines the blood motif that is maintained throughout Shakespeare’s oeuvre. This categorisation of Shakespeare’s women into different types of disorders echoes Sontag’s approach, but it also emulates the stratified symptomology found in Freud and Breuer’s *Studies of Hysteria*.⁸ In effect, my essay’s structure encapsulates and supplements the hybridised nature of my medico-literary analysis of Shakespeare.

While my essay explores different medical theories, it does not alienate readers with complex medical jargon. Instead, it follows the examples of Gail Paster and Sontag by adopting a straightforward approach to conveying medical knowledge, elaborating uncommon terms and theories in the space of a sentence. For instance, I describe “Iachimo’s cardiological syndrome” as “a form of hypotension: a sudden drop in blood pressure that causes him to faint.” The term’s definition is positioned as a concluding secondary phrase following a colon, and here, refines my scientific analysis in an accessible yet scholarly manner similar to Luce Irigaray.⁹

The works of twentieth-century feminists such as Sontag and Irigaray were crucial to the development of my thesis in other ways aside from form. Irigaray adopts quantum-physical analogies to reinforce her cultural theories, whereas Sontag relies on pathological analogies.

⁸ Sigmund Freud and Josef Breuer, *Studies of Hysteria*, trans. James Strachey (New York: Basic Books, 1957).

⁹ Luce Irigaray, *An Ethics of Sexual Difference*, trans. Carolyn Burke and Gillian C. Gill (New York: Cornell University Press, 1993).

Their works were thus instructive insofar as they used dialectical reasoning to synthesise the concepts of science and linguistics. For instance in *The Ethics of Sexual Difference*,¹⁰ Irigaray compares women to “electrons”. Their distinct energy levels are fastened down by a positive male nucleus. In this way, “the same one” – the man – “always attracts,” while the woman ever “remains in motion but lacks the ‘proper’ place.”¹¹ Using Irigaray’s method of subject-object identification, I explain Iachimo and Imogen’s relationship as functions of the implied agent and implied passive, before employing medical theories to criticise the deceptiveness of such binary gender expectations. Indeed, I first acknowledge that women are reduced to “flesh” by Iachimo, but then go on to articulate how “Iachimo’s heart drops blood,” a consequence that “causes him to faint.” In this way, I reveal the disguised agency of the implicated subject.

In retrospect, it was only through a strenuous process of research and refinement that I was able to produce a Major Work both informed and insightful. This process has led me to develop a more thoughtful appreciation of the essay form and a greater understanding of the conjunction between narratology and pathology. I aim for my audience to recognise this relationship – to re-evaluate the pre-Enlightenment medical mythology out of which Shakespeare’s narratives were born, and from which so much of our construction of gender derives.

¹⁰ Ibid.

¹¹ Ibid., 10.