

2017 SAA Seminar: Shakespeare and Medical Humanities Abstracts
Leaders: Emily Detmer-Goebel, Northern Kentucky University
and Richelle Munkhoff, University of Colorado 1

Perry Guevara

My interest in the seminar is motivated, in part, by my past experience in biomedical research, studying, at first, the genetic basis of Parkinson's Disease and, most recently, the narratives of patients undergoing deep brain stimulation for treatment-resistant depression. I am very interested in the literariness of the clinic. I discovered that my patients' metaphors for chronic depression recovered a much older and earthly sense of melancholy, unfamiliar to our modern sensibilities of medical knowledge but reminiscent of the humoral logics to which early moderns, including Shakespeare, may have subscribed. I want to think through a transhistorical concept of negative affect that travels across the Shakespearean stage and into the neuroscience lab.

WORKING TITLE:

"Stimulating Shakespeare's Deep Brain: Neuroscience and Hamlet's Melancholy."

DESCRIPTION: Linking my research in the neuroscience lab to the early modern stage, my essay argues that the medical narratives of patients undergoing deep brain stimulation for chronic depression recover a much older and earthly sense of melancholy, witnessed, especially, in Shakespeare's *Hamlet* and, explicitly, in the titular character's fascination with dirt.

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Engrafting New: Biological and Social Reproduction in Shakespeare's *Sonnets*

Over the last decade, a number of critics have taken what might be loosely termed a neo-vitalist approach to Shakespeare's *Sonnets*, focusing on their arresting engagement with the biological reproduction of life and the poetic preservation of life's memory. This essay will address the question of life in the *Sonnets* through a framework derived from Georges Canguilhem's philosophy of medicine. According to Canguilhem, human life is characterized by an ongoing dialectic between "vital normativity" and "normative vitality": the living body guides cultural practices like hygiene and medicine, and such practices in turn serve to shape the living body. I will argue that a similar dialectic is at work in the *Sonnets*' representation of biological reproduction and poetic memorialization. On the one hand, the sonnets suggest that biological life provides the conditions under which poetic memorialization can function: the "life" preserved in the poems persists only "So long as men can breathe and eyes can see." On the other hand, the poems actively contribute to the normative framework by which the living body is understood and experienced through their lessons to the young man on procreation, desire, and age, engaging in a process of quasi-medical acculturation similar to what Canguilhem calls the "pedagogy of healing."

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I came to this seminar partly because I have co-taught a 'mini-elective' in the Pitt medical school, on adoption, and wondered about possible more literary topics I might teach

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there. Also I became more aware of medical humanities last year because of special “Year of the Humanities” programs at Pitt, and because I have been interested in reading science and health books in relation to my own experience and that of aging contemporaries. This field is relatively new to me.

WORKING TITLE: Broken Hearts and Awakenings

DESCRIPTION: What are the parallels or contrasts in the way Shakespeare’s plays show the impact of loss, on the one hand, and reunion, on the other, on life and health, with recent corresponding medical narratives? I am thinking of, for example, the depression of Pericles and the suspended animation (literal and figurative) of Hermione and Leontes, and the recognition scenes that cure them. On the other hand, consider the deaths of Kent, Enobarbus, and perhaps Gloucester and Lear, which result to various degrees from their emotions. Two recent books that I believe deal with these issues are *Noonday Demon*, by Andrew Solomon, and *Awakenings*, by Oliver Sacks. It might be worth also considering recent novelistic retellings of Winter’s Tale by Jonathan Franzen and Jeanette Winterson, as well as looking at some classic texts of and about Renaissance medicine.

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Integrating Early Modern Texts into a First-Year Medical Humanities Course

To what degree is the body a social construction? This question is often shocking to first-year college students, who may never have entered the debate between essentialism and construction before. To provide the background and perspectives needed to confront both the debate and the question, I’m planning to design a *Macbeth* unit for my first-year writing course on Literature and Medicine. In this unit, students will ask how the body is both constructed (through witchcraft, dialogue, or staging choices, for example) and also framed as essential within the playtext. As part of this work, we’ll be transcribing early modern recipes via EMROC, comparing them to the witches’ potions in order to look carefully at ingredients, their humoral properties, and their influence on personal identity. My goal is to give students a vocabulary and a methodology for tackling difficult debates about bodies and how they might be shaped, with deep attention to historical context.

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‘A Body Yet Distempered’: Being Sick at Home in Shakespeare’s *2 Henry IV*

Shakespeare’s *2 Henry IV* focuses on a period of transition between the Battle of Shrewsbury, on 21 July 1403 and the accession of Henry V following Henry IV’s death on 20 March 1413. In this play, Shakespeare seems intensely preoccupied with illness, disease, and medical metaphors. The Archbishop of York diagnoses the state of the country, “...we are all diseased, / [And with our surfeiting and wanton hours/ Have brought ourselves into a burning fever, / And we must bleed for it” (4.1.54-7). Indeed, as Claire McEachern writes, Shakespeare

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depicts “an exhausted world, one shuddering in civil unrest. Old, ill, and dying men dominate the play” (xxxii). An examination of the medical imagery in the play reveals that King and rebels, courtiers and populace, and even Prince Hal, are affected by one kind or another of physical disorder, or indisposition. The play explores the body’s vulnerability to infectious and chronic diseases, to the effects of time, or merely to something sick in the air. In this paper, I am not interested in the complexities of Galenic medical theory, clinical diagnoses, or even medical practice. Rather, I want to focus on what it means to be sick at home. The sick and the dying take shelter in and seek the “intimate values of inside space” (Bachelard 5). As Bachelard notes, “A house constitutes a body of images that give mankind proofs or illusions of stability” (17). In such space, Shakespeare imagines a world in transition, in which disease and decay provide a bridge to a new political order.

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The Medicine of Our House

Narrative medicine, now understood as a “movement” in the field of medical/health humanities, is defined by one of its founders as “medicine practiced with the narrative competence to recognize, absorb, interpret, and be moved by the stories of illness.” But to Iago, Paulina, and Camillo, medicine is less narrative than performative: it works by acting, not (or not only) by telling. Medicine-as-metaphor is more playwright than storyteller. Dramatic performance generally, and Shakespeare particularly, might seem fruitful sites for the health humanities, but Shakespeare is curiously absent from a field that has focused chiefly on narrative and especially on fiction and memoir. Starting from several moments in *The Winter’s Tale*, this essay explores that absence. It argues that narrative competence might be buttressed by dramatic or performative competence in the health humanities and health education.

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Shakespeare in the Undergraduate Pre-Health Curriculum

This project represents an early developmental stage in a course I am scheduled to teach in the Spring of 2018, which is provisionally titled “Medicine and Literature: Health and the Human Experience in Shakespeare.” I teach at Allegheny College, a small liberal arts school in northwestern Pennsylvania, where like many similar institutions across the country we are dealing with the challenge of decreasing enrollments overall and, especially, within humanities departments — although entering students who identify as pre-health remain at the robust number of about twenty percent. Coupled with an increasing demand for physicians who can empathize with patients, as Paul Crawford puts it, by engaging with “existential questions about the meaning of life and death,” an imbalance emerges, which I plan to do my small part to remedy. My additional hopes for this course are to address our institutional goals of interdisciplinarity and, possibly, community-based service learning.

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My audience will be not only pre-health students but English and other humanities majors; I also intend to cross-list the course with Allegheny's relatively recent, interdisciplinary Global Health department. To give the class broader appeal and also to make connections that are more difficult to create in more traditional Shakespeare courses, I plan to structure the syllabus around three of Shakespeare's plays that address mental and physical illness, as well as human experience more generally, at three different phases in human development: *Romeo and Juliet*, *Hamlet*, and *King Lear*. In addition, I will link each of these plays with one or more contemporary texts dealing with similar themes, provisionally including Jeffrey Eugenides' *The Virgin Suicides*, Patrick McGrath's *Spider*, and Michael Ignatieff's *Scar Tissue*, as well as several more practice-oriented texts and, I hope, at least a couple of works by female authors. In the paper to follow, I will further outline the context and goals of the course, and spend some space addressing several sample teaching moments in the texts in question.

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WORKING TITLE: "The rack dislimns."

DESCRIPTION: Late-stage Alzheimer's sufferers are persons like us, only their disease reveals to a shocking degree the transient character and what we could call the collective authorship of individual people. Each healthy, normal person is like a cloud of feelings, thoughts, and memories held together by a well-functioning brain and also by an association with others. Which, I ask, are more important—the external supports or the internal ones? There is nothing wrong with the brain of Shakespeare's hero Antony, but when the people he loves begin to turn away from him, he feels himself dissolving, as if he were a cloud that looks for a moment like a dragon, a bear, or a lion, and then just turns back into water vapour and air. Abandoned by his friend Enobarbus and his partner Cleopatra, Antony is like a cloud-horse that suddenly "dislimns," becoming as "indistinct as water is in water." That Antony at this moment of the loss his life-collective feels he cannot hold his "visible shape" suggests that we might need to rethink how we treat people with Alzheimer's.