



## Somatic expressions of grief and psychosomatic illness in the works of William Shakespeare and his coevals

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### ABSTRACT

**Objective:** To find out if Shakespeare, famed for his insights into human nature, is exceptional in how much his characters express grief through somatic symptoms and signs, and by physical illness.

**Methods:** The texts of all large-scale works currently attributed to Shakespeare (39 plays, 3 long narrative poems) were systematically searched for bodily changes and for evidence of grief as dominating the character's emotional state at the time. The findings were compared with those from a search of 46 works, similar in genre, by 15 prominent playwrights active at the same time as Shakespeare.

**Results:** In Shakespeare 31 different grief-associated symptoms or signs were found, in 140 instances. They are present in all but two of his plays and long poems and involve most systems of the body. With non-Shakespearean writers there were 26 kinds, 132 instances. Twenty-two changes are common to both groups, including fainting, death (sudden or after a decline), and wrinkled face, and symptoms such as malaise, fatigue, awareness of the heart-beat, and anorexia. Ten somatic expressions of grief were found only in Shakespeare, including hyperventilation, hair turning white and premature childbirth. Four were found only in his contemporaries but were trivial or unconvincing. Deaths and non-fatal illnesses are prevalent in Shakespeare.

**Conclusions:** Grieving Shakespearean characters exhibit many somatic symptoms and signs and a wide range of psychosomatic illnesses. This panoply of psychosomatic phenomena may be an artistic artefact but it also confirms that Shakespeare's empathy with grieving humanity was unrivalled.

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### Introduction

Among the many claims to fame of William Shakespeare (1564–1616) is what the 18th century poet Samuel Taylor Coleridge called his 'myriad-mindedness' [1], meaning his ability to inhabit the psyche of every possible kind of human being. This has long been seen to include the ability to express every kind of human emotion. In 1664, in the first published criticism of Shakespeare's works, the Duchess of Newcastle, a respected playwright herself, asserted that "he presents passions so naturally ... as pierces the souls of his readers ... [and] forces tears through their eyes" [2] while, in our own day, the cognitive scientist Steven Pinker has called him "that great intuitive psychologist" [3]. To playgoers and readers he is the great exposé of human frailty but, heretofore, this has not been seen to include a tendency to express emotions through bodily changes, nor a proneness to psychosomatic illness. Nor have these tendencies been noticed by doctors who have written about medical aspects of Shakespeare [4–7], one of whom counted no fewer than 712 medical references in his work.

The present author's research over several years has shown that Shakespeare's characters are indeed prone to show their emotions

through bodily changes and that these changes involve all systems of the body, ranging from sudden death to subtle change in the appearance of the eyes [8–16]. Some of these changes are found in the works of Shakespeare's contemporaries but most occur less often [13–16]. For example, Shakespeare uses sensory disturbances like vertigo, fatigue and dyspnoea as markers of emotion much more than his contemporaries [16]. An early finding was that characters who die as a result of strong emotion are all deeply grieving or sorrowful [9]. This raises questions, one of which is 'Does Shakespeare portray grief through bodily changes more frequently or more variously than his contemporaries?' Of course, death is the most extreme way in which a body can react to emotion. Therefore, a second question is 'Do the characters of Shakespeare and his contemporaries experience psychosomatic illnesses, short of fatal ones?' This paper seeks to answer these questions.

### Methods

#### Assessment of literature

Over a three year period the author made a systematic search, done twice, of the 42 major works of Shakespeare: the 39 plays, including co-authored ones and *King Edward III*, and the three long narrative poems – *Venus and Adonis*, *The Rape of Lucrece* and *A Lover's*

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*Complaint*. The Norton Shakespeare was used [17], except for *Edward III* [18]. For comparison the same search was made of 46 of the surviving works by 15 of Shakespeare's contemporaries, the works being approximately matched for genre mix (Appendix). The latter works were selected as being influential at the time [19–22], as probably being composed before Shakespeare finished writing in c.1613, and as being accessible to the author. The Appendix contains further comments on the selection process.

The search began with a single trawl of all the works of Shakespeare and of 18 by his contemporaries [9]. A second trawl picked up instances missed the first time, and then, to equalise the numbers, the non-Shakespearean group was expanded, these extra works being scoured twice in quick succession. As a check on the completeness and accuracy of the data, a third trawl was carried out on several plays, from which it was apparent that further searches would not significantly change the findings. Finally, to ensure the dice were not loaded in favour of Shakespeare, four more non-Shakespearean plays were examined: two Webster tragedies, a comedy by Fletcher, and a tragi-comedy by Beaumont and Fletcher.

Whenever a character mentioned a bodily symptom as occurring or likely to occur, the text was examined for evidence of the emotional state of the character at the time. Emotions were classified – simplistically, perhaps, but guided by Darwin [23] – as grief (sadness, melancholy, including unrequited love), fear (including anxiety and sometimes horror), anger (including hatred and jealousy), shame (including embarrassment, such as that of a modest young woman), and joy (including relief). Usually, the emotion was easy to deduce from the context and the language being used. For example, in *The Rape of Lucrece*, this is how the ravaged wife is found by her husband, Collatine:

Her eyes, though sod in tears, looked red and raw,  
Her lively colour killed with deadly cares.  
He hath no power to ask her how she fares.  
Both stood like old acquaintance in a trance,  
Met far from home, wond'ring each other's chance.(line 1592)

Here, the somatic signs of distress are fourfold: red eyes from weeping, pale face, interrupted speech, and poverty of movement. The dominant emotion here is surely grief laced with shame but Lucrece's pallor suggests an element of fear – fear of the rape's consequences; the phrase “deadly cares” in line 1593 may presage her imminent suicide. Collatine's nascent anger can be safely conjectured; later, he takes bloody revenge on the rapist, Tarquin.

In *The Merchant of Venice*, when Portia complains ‘my little body is awear of this great world’, she is clearly talking about a physical sensation (1.2.1). Her emotional state is made clear two lines later when she ‘could cry like a woman’.

Sometimes, there is ambiguity about the somatic symptom or the emotional state. When Hamlet ends his first soliloquy by exclaiming ‘But break, my heart, for I must hold my tongue’, he is surely proclaiming his sadness at the king his father's death, but the rest of the speech is freighted with anger at the new regime. This speech begins with ‘How weary, stale, flat, and unprofitable / Seem to me all the uses of this world!’ (*Hamlet* 1.2.159, 133). I have taken Hamlet's weariness to be a physical effect of grief but others may see it as a mental symptom – of depression or mourning.

Ambiguities and obscurities were resolved by a pragmatic mixture of close reading of the text, scholarly annotations in the editions studied, and David and Ben Crystal's authoritative glossary [24].

Sighing and weeping were included in the analysis only as guides to the emotional state of the character.

### Statistics

In the statistical analysis two implicit assumptions were made – that the plays were roughly of the same length, therefore comparable,

and that the non-Shakespeare authors were sufficiently similar that they could be amalgamated. For each somatic symptom or sign, the proportions of Shakespearean and contemporary works in which the symptom or sign was found were compared, using continuity-corrected chi-squared tests, or two-tailed Fisher's exact tests when frequencies were small.

### Results

In Shakespeare 31 different grief-associated symptoms or signs were found, in 140 instances. They are present in all but two of his plays and long poems and involve most systems of the body. With non-Shakespearean writers there were 26 kinds, 132 instances. Of these, 22 are common to Shakespeare and his contemporaries and their frequency is similar, with only one statistically significant difference (Table 1). Facial pallor is just significantly commoner in Shakespeare but, as one among so many comparisons, the reality of the difference is questionable. Ten symptoms or signs of grief were found only in Shakespeare: trembling, panting (hyperventilation), pouting mouth, eyes reddened, eyes rolling, blunting of the senses, hair turning white (the King's beard on hearing news of the rebellion, according to Falstaff – *1 Henry IV* 2.5.328), vomiting, premature childbirth (Hermione in *The Winter's Tale*–2.2.28) and toothache. These are all credible as psychosomatic phenomena by modern criteria, at least to a retired general physician like the author.

Four symptoms or signs were found only in Shakespeare's coevals, but were rare. One, eyes staring, is unconvincing, suggesting surprise rather than grief, two are gastrointestinal – diarrhoea and abdominal distress – and the fourth is headache.

In Shakespeare's works, illness caused by grief is of two very different kinds: a transitory malaise, and serious illness leading to death. Transient malaise is complained of by six acutely distressed characters: Shylock, Mowbray, Beatrice, Brutus, Timon and Cleopatra (Table 2).

Illness leading to death, or capable of doing so, occurs in a further seven characters (two of which are hypothetical): a hen-pecked husband, the Duchess of Gloucester, a lovelorn lady, Cardinal Beaufort, the boy Mamillius, Cardinal Wolsey and Katherine of Aragon (Table 3). To the five actual deaths can be added the 9 grieving characters who die suddenly or with no details of a preceding illness, as listed elsewhere [9], plus an omission from that list, the jilted maid Barbary (*Othello* 4.3.25), making a grand total of 15 grief-related deaths in 10 works of the Shakespeare canon, against seven in five works of his coevals ( $p=0.18$ ) (Table 4).

There are no identifiable instances in the Shakespeare canon of psychosomatic illness being chronic and non-fatal. However, there are characters who throw off illness when under high emotion. In *Henry the Fourth Part Two*, Northumberland excuses himself from joining the rebellion through being sick but, when he hears that his son has been killed in action, he says “these news, / Having been well, that would have made me sick, / Being sick, have in some measure made me well” (1.1.137). There was anger behind this remark, more perhaps than grief. Then there is the case of the conspirator Caius Ligarius who comes to see Brutus with a handkerchief on his head (a customary sign of sickness) and, on hearing that the plot is going ahead, declares with delight “I here discard my sickness”, throwing down the kerchief. (*Julius Caesar* 2.1.319). I found nothing equivalent in Shakespeare's coevals.

In the works of Shakespeare's coevals there are only two transient psychosomatic illnesses (King Edward IV and Duke Pietro, see Table 4), versus the six in Shakespeare. The “quartan fever” of Egistus is an obscure entity with no equivalent in Shakespeare except perhaps the “quotidian” (fever) jokingly equated with unrequited love by Rosalind in *As You Like It* (3.2.330).

### Discussion

The number of grief-related symptoms and signs invoked by Shakespeare and – perhaps slightly less – by his contemporaries is remarkable, as is the fact that they involve so many systems of the body – cardiovascular (3 symptoms), respiratory (1), gastrointestinal (5), locomotor (5), reproductive (1), and the special senses, as well as speech. This is consistent with the many other physical effects of emotion which the author has described in previous publications and called flags of feeling [8–16], and which have largely escaped comment. All this conveys the strong impression that Shakespeare and, to a lesser extent his contemporaries, were exceptionally alert to the bodily effects of emotion. Their use of them may be a deliberate device to intensify the emotional impact of their works or the reader's or playgoer's identification with the characters. It may also be an unconscious expression of the writer's own bodily responsiveness. At all events, the data show a trend towards Shakespeare's contemporaries being less active in this respect. The two flags of grief used more by them than by Shakespeare himself – the insomnia of the lovelorn and the drooping of the crushed person – escape statistical significance and are unimpressive, being little more

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