1 Bodies of rule: embodiment and interiority in early modern England

Sir Toby: Does not our lives consist of the four elements?Sir Andrew: Faith, so they say, but I think it rather consists of eating and drinking.Sir Toby: Th' art a scholar; let us therefore eat and drink.

Twelfth Night, 2.3.10-12

Around 1512, Albrecht Dürer attempted to describe to a physician friend a pain he felt in his side. The result is the searching self-portrait that graces the frontispiece of this book. The finger points to the region of the spleen, the organ responsible for the production of melancholy, the humoral fluid whose effects so fascinated and apparently troubled Dürer (witness his famous engraving of Melancholia). At the top of the page is written in German: "There where the yellow spot is and the finger points, there it hurts me."1 Like Dürer, the writers we will look at attempt to express inwardness materially. They will point to various regions of their bodies to articulate what we would call a psychological state. Yet they will not display the promiscuous inwardness of the anatomized corpse, splaying itself for all to see, a phenomenon which has been explored with such insight by Jonathan Sawday.² Rather they will aspire to the mysterious inwardness toward which living, intact flesh can only point. In this book I show that bodily condition, subjective state, and psychological character are in this earlier regime fully imbricated.

Like the famous self-portrait that Dürer made in 1500, the *Self-Portrait* of the Sick Dürer has Christic echoes. As Joseph Leo Koerner remarks, "Pointing to his side and gazing out of the picture, Dürer assumes the traditional pose of Christ as Man of Sorrows, displaying his wounds to the viewer" (p. 179). The slightly exaggerated crease, just inside the circle that pinpoints the agony, is shadowed like the wound in Christ's side. As in so many of the works that we will examine in this book, the sensations of pain and pleasure will demand a deep attention to the body, and a resultant scrutiny of the self. This attention will itself be the root of a kind of psychological inwardness that we value deeply, and that we often associate with the most valued works of the Renaissance. Classical ethics and

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Judeo-Christian spirituality together emphasize this deeply physical sense of self, even while these disparate realms of value are frequently in conflict themselves over the particular meanings the body yields.

This book, then, will explore a form of materialist psychology, but not the kind dramatized by Ben Jonson. Jonson, remarks Katharine Maus,

conceives a materialist psychology to entail a complete availability of self to observers.... The apparent "flatness" of the Jonsonian humours character... may be due to this impossibility of his possessing hidden depths, some implied level of experience from which the audience is excluded. A character like Asotus cannot have "that within which passeth show."³

I want to show how humoral psychology makes available not only the deliberately superficial characterizations that mark Jonsonian comedy but also the convoluted depths of Shakespeare's Sonnets. In the Dürer *Self-Portrait*, which marshals all the resources of his art for largely diagnostic purposes to show what is within, we glimpse both the effort to express the material self as a site of inwardness, and the elusiveness of that self, the way it seems always to be receding both from the matter in which it takes form, and the medium in which it is expressed. Despite Hamlet's eloquent and psychologically necessary articulation of his own inscrutability at the corrupt court of King Claudius, the real mystery is not to announce that one has "that within which passeth show," but rather to try to manifest what is within through whatever resources one's culture makes available. Each of the writers we will look at explores the mysteries of psychological inwardness that are folded into the stories of the body told by contemporaneous medicine.

The central element in these stories is humoral theory. First espoused by the Hippocratic writers, and later developed and systematized by Galen, this particular set of doctrines and beliefs held that physical health and mental disposition were determined by the balance within the body of the four humoral fluids produced by the various stages of digestion - blood, phlegm, yellow bile, and black bile.⁴ These fluids are then dispersed throughout the body by spirits, mediators between soul and body. Andrew Wear estimates that "between 1500 and 1600 there were published around 590 different editions of works of Galen."5 Under this regime, illness is not the product of an infection from without but rather is the result of an internal imbalance of humoral fluid. Although this account of behavior appears at once deeply materialist and incorrigibly determinist, in actual practice it was possible to manipulate the humoral fluids and their concomitant behaviors through diet and evacuation. Indeed, much of the literature we will be looking at explores just the possibility of managing these fluids in order to live longer, to have healthy male children, to assuage

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certain characterological flaws, and to exploit similar flaws in others. The choleric man, for example, is angry because he has too much choler. He needs to purge this excess, and/or assimilate substances that are cold and wet to counterbalance the hot and dry qualities of excess choler. The goal of medical intervention was thus to restore each individual's proper balance, either through ingestion of substances possessing opposite traits, or purgation of excess, or both. Although this regime imagined that bodies were perpetually in danger of poisoning themselves through their own nutritive material, it also made available a vast array of therapies for purging this harmful excess, and urged frequent and thorough deployment of them.

It is easy for us, benefiting daily from our own very different medical and psychological regimens, to underestimate both the seductive coherence of Galenic humoral theory and its experiential suppleness. This theory possesses a remarkable capacity to relate the body to its environment, and to explain the literal influences that flow into it from a universe composed of analogous elements. In Figure 1, from Thomas Walkington's Optick Glasse of Humors, we can see how the various humors were correlated with the elements, with a time of life, with a season, with one of the four winds, with a planet, and with the zodiac.⁶ The four elements to which Sir Toby Belch would reduce human life in the epigraph to this chapter are themselves part of the network of humoral flow. The activities of "eating and drinking" that Sir Andrew Aguecheek proposes to supplant this elemental philosophy are in fact the media by which these elements enter human bodies and so influence human conduct. Even Paracelsus, who mounts the major attack against Galenism in the period, characterizing it as the product of a stale scholasticism which his "new" learning will replace, retains a significant amount of Galenic theory in his elaborate theories of correspondence and influence. The illustration from Robert Fludd's Utrusque cosmi ... historia (Oppenheim, 1619; see Fig. 2) demonstrates how the Paracelsian physiological self is poised at the intersection of a variety of climatological forces. Because the body is a microcosm of the universe, its visceral inwardness supplies the center that is interpenetrated by the universal forces of choler, blood, phlegm, and feces (rather than Galen's melancholy). Humoral theory is not the dry recounting of Aristotle or Galen that it is often construed to be - particularly by Paracelsians, or partisans of a self-proclaimed scientific revolution – but rather a remarkable blend of textual authority and a near-poetic vocabulary of felt corporeal experience.

Indeed, when one gets over the initial unfamiliarity of a particular description of a bodily process, one is struck by the fact that this is indeed how bodies feel as if they are behaving. So different from our own counter-intuitive but more effective therapies, these accounts describe not so much the actual workings of the body as the experience of the body. In his

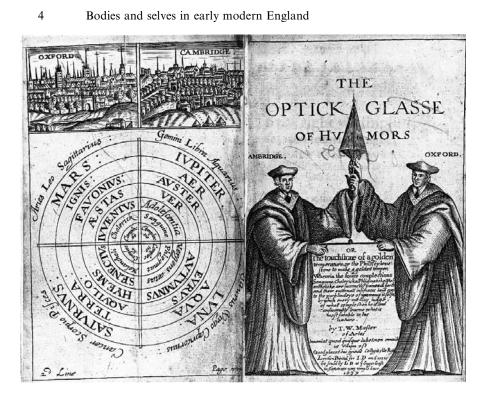


Figure 1 From Thomas Walkington, *The Optick Glasse of Humors* (London, 1607)

brilliant depiction of the ancient regime of the self, Peter Brown stresses the enormous difference between early and contemporary accounts of the body:

The learned treatises of the age collaborated with ancient commonsense notions to endow the men and women of late antiquity with bodies totally unlike those of modern persons. Here were little fiery universes, through whose heart, brain, and veins there pulsed the same heat and vital spirit as glowed in the stars. To make love was to bring one's blood to the boil, as the fiery vital spirit swept through the veins, turning the blood into the whitened foam of semen. It was a process in which the body as a whole – the brain cavity, the marrow of the backbone, the kidneys, and the lower bowel region – was brought into play, "as in a mighty choir." The genital regions were mere points of passage. They were the outlets of a human Espresso machine. It was the body as a whole, and not merely the genitals, that made orgasm possible. "In a single impact of both parts," wrote the somber but well-read Christian, Tertullian, "the whole human frame is shaken and foams with semen, as the damp humor of the body is joined to the hot substance of the spirit."⁷

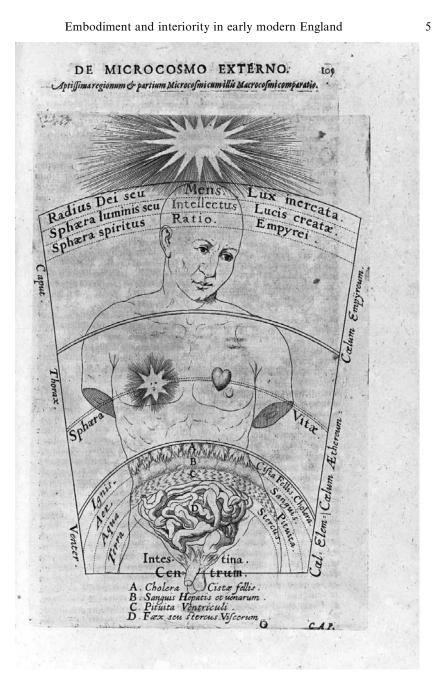


Figure 2 From Robert Fludd, Utrusque cosmi . . . historia (Oppenheim, 1619)

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Brown has good reasons for heightening the sense of difference between present and past. It is an effective strategy for shaking readers out of the complacence that vague notions of the classics sometimes precipitate. But I question whether these ancient and outmoded doctrines produced "bodies totally unlike those of modern persons." I have found in my research for this book a focus on the body to bring these writers from the past as near to me as the skin and organs we share, even though discursive explanations for corporeal phenomena frequently vary as widely as Brown suggests.

Bodies have changed little through history, even though the theories of their operations vary enormously across time and culture. We all are born, we eat, we defecate, we desire, and we die. The explanations made available by this earlier regime, moreover, are frequently less estranging than our own clinical vocabularies. When reading these earlier descriptions, even those used by Brown to exemplify a gulf of difference between past and present, I have been struck by the fact that this language yields an account of what it feels like to experience certain corporeal phenomena. Indeed, the lexicon of Galenic medicine has survived the demise of its intellectual framework in part because of its cogent experiential basis and its profoundly sentient terminology. We still get choleric, feel phlegmatic or sanguine or melancholy. Anger still feels hot to us, and requires that we "cool down." Although it may have offered little actual help (and a significant amount of harm) to those who sought its physiological and psychological remedies, Galenic medicine provided a range of writers with a rich and malleable discourse able to articulate and explain the vagaries of human emotion in corporeal terms.

It could, for example, explain those fascinating conjunctions of physiology and psychology that are blushing and blanching. In Lodowick Bryskett's *Discourse of Civill Life* (1606), we learn that

the minde finding that what is to be reprehended in us, commeth from abroade, it seeketh to hide the fault committed, and to avoide the reproach thereof, by setting that colour on our face as a maske to defend us withall. . . . But feare which proceedeth from imagination of some evill to come, and is at hand, maketh the mind which conceiveth it to startle, and looking about for meanes of defence, it calleth al the bloud into the innermost parts, specially to the heart, as the chiefe fort or castle; whereby the exterior parts being abandoned and deprived of heate, and of that colour which it had from the bloud and the spirits, there remaineth nothing but palenesse. And hereof it commeth to passe that we see such men as are surprised with feare, to be not only pale, but to tremble also, as if their members would shake off from their bodies: even as the leaves fall from the troote, for the preservation of the vertue vegetative.⁸

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Galenic medicine here yields a colorful, experiential, even lyrical vocabulary of the physiology of inner emotion.

Even though the ideological underpinnings of Galenic physiology seem to inhabit a universe completely alien to the explanations available in modern medicine, the various therapies frequently resemble the available treatments in what is now tellingly termed "alternative medicine." We now understand the random and relentless ways that diseases descend upon their victims, but we still long to have health and longevity be the product of a regimen of dietary choices and physical exercises. In its emphasis on temperance as a central strategy for the maintenance of physiological and psychological health, locating both at the mid-point of unhealthy extremes, Galenic physiology provides a compelling model of just how good health could emerge from good living. As temperance became a central ethical virtue for the Renaissance, health assumed the role of a moral imperative, just as it still is in many ways for us. Illness in turn was perceived as a symptom of immorality. One of the more troubling aspects of Galenic medicine is that while it makes the patient the agent rather than the victim of his or her health, it also provides a framework for blaming the patient for the illness that arbitrarily afflicts him or her.

Reading the descriptions of corporeal processes available in works of Renaissance medicine, one is frequently struck by an uncanny experience of familiarity and strangeness. This is in part because the vocabulary is one we still use today, but the meanings of the terms have shifted. "Complexion," for example, meant not skin tone but, in the definition of Sir Thomas Elyot, author of one of the most popular health manuals in the period, *The Castel of Helthe*,

a combynation of two dyvers qualities of the four elementes in one body, as hotte and drye of the fyre: hotte and moyste of the Ayre, colde and moyst of the Water, colde and dry of the Erth. But although all these complexions be assembled in every body of man and woman, yet the body taketh his denomination of those qualyties, whiche abounde in hym, more thanne in the other.⁹

Because skin tone was one indicator of such internal qualities, the modern meaning of the word began to emerge from this mode of explanation. As these various traits were assumed to reflect a climatological influence, "complexion" assumed the racial meanings that underpin its modern applications. Familiar terms such as "temper," "humor," "passion," "heat," "blood," "spirit," and "temperature" all derive from this earlier lexicon of the self, but mean something very different in early modern usage. "The balance of humors," remarks Nancy Siraisi, "was held to be responsible for psychological as well as physical disposition, a belief enshrined in the survival of the English adjectives sanguine, phlegmatic, choleric, and melancholy to de-

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scribe traits of character.¹⁰ This medical ideology made available a particular corporeal lexicon of inner emotion. As Katharine Maus points out:

In vernacular sixteenth- and early seventeenth-century speech and writing, the whole interior of the body – heart, liver, womb, bowels, kidneys, gall, blood, lymph – quite often involves itself in the production of the mental interior, of the individual's privates. Humours psychology is perhaps the most systematic working out of this premise.¹¹

We still locate our psychological inwardness in corporeal terms, giving those we love pictures of our body's hydraulic pump on Valentine's Day, although we realize the deeply metaphorical nature of this act, particularly in an age where heart transplants are increasingly common.¹² But in the writers we will be looking at, such embodiments of emotion will not be enactments of dead metaphors but rather explorations of the corporeal nature of self. As David Hillman has recently argued, selfhood and materiality

were ineluctably linked in the pre-Cartesian belief systems of the period, which preceded, for the most part, any attempt to separate the vocabulary of medical and humoral physiology from that of individual psychology. When, therefore, characters on the early modern stage speak of "my heart's core, ay . . . my heart of heart" (*Hamlet* 3.2.73), or of "the heat of our livers" (*2 Henry IV* 1.2.175) – or, indeed, of being "inward search'd" (*Merchant of Venice* 3.2.86) or afflicted with "inward pinches" (*Tempest* 5.1.77) – we would do well to regard these as far from merely metaphorical referents, and to try to discover how they figure into an overall understanding of bodily – and therefore psychological – interiority in a given play.¹³

By urging a particularly organic account of inwardness and individuality, Galenic medical theory gave poets a language of inner emotion whose vehicles were also tenors, whose language of desire was composed of the very stuff of being. The texts we will be examining emerge from a historical moment when the "scientific" language of analysis had not yet been separated from the sensory language of experience. Whereas our post-Cartesian ontology imagines psychological inwardness and physiological materialism as necessarily separate realms of existence, and thus renders corporeal language for emotion highly metaphorical, the Galenic regime of the humoral self that supplies these writers with much of their vocabulary of inwardness demanded the invasion of social and psychological realms by biological and environmental processes.¹⁴

The philosophical question which such a notion of self entails, for us and for the Renaissance, is just how the physical body and non-physical spirit interact. The Renaissance inherits and elaborates an enormous dissonance and inconsistency in the available doctrines of the relationship between bodies and souls, and between reason and the passions. Plato in the *Timaeus* was among the first to locate what we would call emotions in bodily organs. He lists what he terms "pathemata" by name, ascribing the

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rational part of the soul to the head, the soul's faculty of courage and anger to the part of the body near the heart "between the diaphragm and the neck," and desire to the lower part of the body.¹⁵ In a work that became notorious for articulating an atheistic materialism, the *Quod Animi Mores*, Galen marshals the authority of both Plato and Aristotle to argue that the behavior of the soul depends on the temperature of the body:

Those who do not agree that the soul derives benefit and harm from the mixture of the body have no explanation whatsoever to give of differences in children, or of the benefits derived from regimen, or of those differences in character which make people spirited or otherwise, or intelligent or otherwise.¹⁶

In the immensely popular *The Examination of Men's Wits* (1594), Juan Huarte boldly endorses Galen's materialist psychology while giving it a particular climatological, nationalist, and implicitly racist spin:

Galen writ a booke, wherein he prooveth, That the maners of the soule, follow the temperature of the body [*Quod animi mores*], in which it keepes residence, and that by reason of the heat, the coldnesse, the moisture, and the drouth, of the territorie where men inhabit, of the meates which they feed on, of the waters which they drinke, and of the aire which they breath: some are blockish, and some wise: some of woorth, and some base: some cruel, and some merciful.... And to proove this, he cites many places of Hippocrates, Plato, and Aristotle, who affirme, that the difference of nations, as well in composition of the body, as in the conditions of the soule, springeth from the varietie of this temperature: and experience it selfe evidently sheweth this, how far are different Greeks from Tartarians: Frenchmen from Spaniards: Indians from Dutch: and Æthiopians from English.... Finally, all that which Galen writeth in this his booke, is the groundplot of this my Treatise.¹⁷

In *The Optick Glasse of Humors*, Walkington more typically qualifies Galen even while conceding Galen's central point. Walkington argues that the soul follows "the crafts and temperature of the body," but assures the reader that "Wee must not imagine the mind to be passible, being altogether immaterial, that it selfe is affected with any of these, corporall thinges, but onely in respect of the instruments which are hand-maids of the soule."¹⁸ Recourse to an altogether immaterial core self allows Walkington to shun some of the more disturbing aspects of the psychology implied by Galenic physiology. For if morals really are a function of physiology, then a particularly severe form of predestination is manifested in the body. Similarly, Edward Reynolds argues in *A Treatise of the Passions and Faculties of the Soule of Man* (1640), that while

the Reasonable part of Man... depends in all its ordinarie and naturall operations, upon the happie or disordered temperature of those vitall Qualities, out of whose apt and regular commixion the good estate of the Body is framed and composed.... But yet this dependance on the Body is not so necessarie and immutable, but that it may admit of variation, and Soule be in some cases vindicated from the impression of the Body ... as Hard Bones being steeped in

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vinegar and ashes . . . doe lose their Nature, and grow so soft, that they may be cut with a thred; So the toughest, and most unbended natures by early and prudent discipline may be much Rectified.¹⁹

The stunning image of hard bones being softened in vinegar represents the theoretical power of discipline in this regime to rectify the distortions of physiology. Locating and explaining human passion amid a taxonomy of internal organs, and manipulating their fluid economies for the desired physiological, psychological, and ethical outcome, Galenic physiology issues in a discourse in which, to use a phrase that Slavoj Zizek borrows from Hegel, "the spirit is a bone."²⁰ In this discourse, that is, the purportedly immaterial subject is constituted as a profoundly material substance.

It is a difficult framework for those of us who are the inheritors of the Cartesian philosophical tradition to grasp. "Despite some trends in recent philosophy and medicine," remarks Anthony Fletcher, "we are mostly still good Cartesians at heart. That is we experience ourselves as a self which has or is within a body."²¹ As Descartes himself remarks in a letter to Princess Elizabeth of Bohemia: "It does not seem to me that the human mind is capable of conceiving at the same time the distinction and the union between body and soul, because for this it is necessary to conceive them as a single thing and at the same time to conceive them as two things; and this is absurd."²² Descartes here brilliantly articulates a kind of uncertainty principle for a true philosophy of the subject. Yet it is just this complex mode of connection between body and mind towards which contemporary medicine, with all its mechanistic presuppositions, is being driven to endorse by its own researches into the body. As Antonio Damasio, a neurologist, remarks in *Descartes' Error*:

This is Descartes' error: the abyssal separation between body and mind, between the sizable, dimensioned, mechanically operated, infinitely divisible body stuff, on the one hand, and unsizable, undimensioned, un-pushpullable, nondivisible mind stuff; the suggestion that reasoning, and moral judgment, and the suffering that comes from physical pain or emotional upheaval might exist separately from the body. Specifically: the separation of the most refined operations of mind from the structure and operation of a biological organism . . .

The idea of a disembodied mind also seems to have shaped the peculiar way in which Western medicine approaches the study and treatment of diseases. The Cartesian split pervades both research and practice. As a result, the psychological consequences of the diseases of the body proper, the so-called real diseases, are usually disregarded and only considered on second thought. Even more neglected are the reverse, the body-proper effects of psychological conflict. How intriguing to think that Descartes did contribute to modifying the course of medicine, did help it veer from the organismic, mind-in-the-body approach, which prevailed from Hippocrates to the Renaissance. How annoyed Aristotle would have been with Descartes, had he known.²³