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Disrupted Dialogues: Exploring Misgendered Diagnoses and Experiences of Melancholia and Depression Through the Lens of *Pericles* and Contemporary Psychiatric Practice

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ABSTRACT

This article disrupts present-day readings of women's experience of and diagnoses with depression by reading them in the light of the patriarchally inscribed experience of melancholia in the early modern period as explored in Shakespeare and Wilkins' *Pericles*. It reads the paralleled experiences of Pericles and Marina and early modern proto-medical treatises in the light of contemporary psychiatric diagnostic practice and psychosocial research. It considers how norms, gendering, and privilege can affect the way an individual's expression of their experience is read, received, diagnosed, and treated, as eroticised cures are laid against talking therapies in *Pericles*, and the gendered application of the labels of melancholia and depression and the gendered assumptions undergirding therapeutic interventions are probed. In so doing, it shows the value of reading early modern drama through a medical humanities lens to underline the biases which still have a measurable impact in mental health diagnostic settings today. The stark consequences of these biases for women emerge when these texts are brought into interdisciplinary and transhistorical dialogue. The early modern and present strands are pulled together by exploring how *Pericles* pushes back against the way gender can be leveraged to mistreat, exploit or silence.

KEYWORDS

Affect; medical humanities;
gender

In the proto-medical discourse concerning melancholia in the early modern period and the psychosocial discussion of depression today, there is an emphasis on openness. This article explores the gendered dynamics of enforced openness, and the impact this has on women. It considers the extent to which bodies and selves are gendered as emotionally and physically open in the mental health rhetoric concerning, as well as the treatment of, melancholia and depression. Adopting a transhistorical and interdisciplinary methodology, this article highlights how issues in the early modern past can

unsettle present-day assumptions, and one such issue this article explores is the way language can act prohibitively for how an individual's articulation of their experience is understood, as well as the way that the implementation of diagnostic categories and labels can be affected by gendered assumptions. By looking at the imperative insistent language used to discuss mental health, such as the necessity of opening up and talking, this article will show the limitations of forced openings and the counterintuitive potential located in closedness. It will explore this through the lenses of psychosocial research and diagnostic practice from the present day (2000–2020), early modern cases and treatises, and a fictional case in point played out onstage, in William Shakespeare and George Wilkins' *Pericles*, where gender stereotypes are used to expose their limitations and where the gendered application of labels and treatments is shown to be reductionist and exclusionary even as it is dramatised.

This article begins with a consideration of the emphasis on openness in contemporary mental health rhetoric, the vulnerability it necessitates and its associated risks, as well as outlining the early modern and affect studies critical discussions to which this article contributes. It discusses the affective reception of *Pericles* and the gendered terms under which his reception and cure are facilitated, and considers this in dialogue with present-day research on the gendered application of diagnostic frameworks in the consulting room. The article addresses the gendering of symptoms, paying attention first to *Pericles* and later to Marina (as well as the way both challenge these genderings, subverting tears and chastity respectively). I consider the gendered double standards which underpin reception and response, and the way gendered assumptions can be played with to elicit a particular response either for self-gain, or to mistreat, and so exploit, an individual. Each section hinges on the relationship between an individual's voice and the way it is received, and so the article concludes with a consideration of what affective articulacy and affective agency look like, and the gendered assumptions and labels which individuals continue to fight against as they tell their story.

Speaking for the People

Despite the increase in platforms for more diverse voices and experiences in the twenty-first century, there remains a hierarchy in the voices which are ultimately heard.¹ In order for openness to be affective, it depends upon the willing, rather than forced, openness of both the speaker and the listener. It requires a listener who is willing to be an affective receptacle. It is troubling to hear the insistence that “we shouldn't be afraid to be vulnerable” (Heads Up, 2020) without consideration of the dangers for those whose vulnerability is manipulated, exploited, or whose voice is left unanswered. If we are to

encourage “people to speak openly” (Heads Up) we must consider the need for these voices to be received openly (without a premeditated plan or preconceived ideas and assumptions), the dangers of speaking openly, and the safety net of privilege required for individuals to be able to be vulnerable. As Vikram Patel has noted, there is a power structure which privileges voices according to status and gender (6). This can be seen in the harnessing of celebrity names to convey messages about the importance of talking and “reach[ing] out to someone”, as seen in the Mental Health Minute (2020), with insistence from recognisable voices and faces as first Harry Kane and then David Tennent reminded listeners, “you’re not alone”. Even the inclusive phrase “we’re all connected” was first spoken by Prince William and only later echoed in unison by a mosaic of nameless faces and celebrities.² In response to the limitations of these narratives and campaigns, Patel proposes that there is a need to democratise the heard voices: “beyond celebrities to the general population, in particular amongst those who experience social adversities who are disproportionately affected by depressive symptoms” (6).

An attempt to bridge this gap can be seen in the launch of “Every Mind Matters” (2019). The initial launch video featured the faces and voices of a cross section of society – some known, others unknown. The advert was targeted at everyone, as its inclusive language and repetitive insistence on “all” indicated. However, the voices of four members of the royal family featured prominently, as the advert at once attempted to undercut the notion of voice hierarchy (implied in the slogan) and yet also upheld it, as the royal voices overlaid the largely voiceless images of “every”-one else. This raises a critical question: can a message for *everyone* only be heard and responded to if it is articulated by the privileged elite? As much as Prince William attempts to contract the difference in “me, you” – followed by the more optimistic and inclusive “we”, when hopeful possibilities are posited, coupled with the repetitive “you’re not alone” – there is still an implicit ordering, even syntactically, in the “me, you”. Thus, although the campaign appeared to assert that every voice mattered, ultimately the “we’re all in this together” rang a little hollow as the silent faces were sharply contrasted with those celebrities given a voice. The video silenced even as it sought to empower. Through aural and visual symbolism, it underlined the privilege which is inherent in determining who has a voice, who is listened to, and who is able to elicit a response. Campaigns spearheaded by those who do have a voice can, therefore, only go so far in offering a voice and a reception to the voiceless.

The idea that there is strength in openness, which lies at the heart of such campaigns, can prove problematic for those who do not have the receptive buffer which status provides, whether due to gender or social status. This is precisely the problem *Pericles* explores, as it considers the prioritisation of relief and response to male grief, as it considers the therapeutic potential of talk, and as it unpacks the uncomfortable power of a female voice which will not

be silenced: a voice which refuses to be open on male terms, instead advocating a kind of female closedness. This article is not proposing that closure and silence are curative, nor does it advocate them as treatments for depression, but rather, through a consideration of Marina's counterintuitive power in closedness, it exposes the inherent power balance on which openness hinges, and the violation which forced openness either recalls or actively embodies.

Tokenistic openness in conversations in the public health domain, in mental health campaigns, and in celebrity charity stunts is limiting and can serve to close off the conversation, as the implicit message of sympathy or shared experience can seem too far removed from the experience of sufferers in the general population who may, thus, be tempted to negate their experience because it does not "fit". Normalising, though critical, also risks the creation of a norm and thus can be restrictive to those who deem their experience to be other than the normative experiences they see displayed. But more than that, it is predicated on vulnerable openness and necessitates reception, itself open to corruptive violation. These are issues with which *Pericles* is concerned, as Marina underscores the vulnerability openness depends upon and the violation it leaves the female body open to, while *Pericles* embodies male privilege in the reception his melancholia receives. Marina is seen as problematic because she acts out of step with the binary gendered expectations *Pericles* includes and destabilises: she is called to act erotically and she defiantly challenges this in her verbal rather than physical responses. The play dramatises and undercuts curative practice, both early modern and presentday, as it highlights the gendering of affective interaction, and the voices which emerge. It is, therefore, not only a helpful vessel for exploring affective interaction in the early modern and present periods in the context of melancholia and depression, but a play which hinges on these very questions.

This article, therefore, contributes to early modern affect studies, as it draws on affect theory through the implicit categorisation inbuilt in "successful" affective interactions and the relationship between affect and active response as evident in proto-medical treatises and *Pericles*. This article is concerned with "affect" in two ways: the affective disorder of depression and affect theory. Its discussion of the ability of a sufferer to articulate or a receiver to respond builds on Anna Gibbs' characterisation of affect as "engaging an energetic dimension that impels or inhibits the body's capacities for action" (188), as well as Teresa Brennan's depiction of affect as "the physiological shift accompanying a judgement" (5). The responder interprets the signs (actively) and draws a conclusion (judgement). This is most immediately evident in a consultation, though response is not restricted to that sphere, indeed it is often necessary for an individual to receive a response which leads to that consultation appointment from a non-practitioner.

This article explores the way *Pericles* dramatises and undercuts attempts to define characters in binary terms which reinforce gender stereotypes,

particularly in its reading of the “diagnosis” Marina and Pericles are given. In its exploration of the power of Marina’s “linguistic incarnation” (Bishop 108), this article also considers the gender hierarchy implied in reading Marina’s voice as a healing force and as a vessel to facilitate the “recovery of voice” (Beckwith 4), or, more correctly, the recovery of the male voice – Marina’s speech needs no recovery as is only reduced into charged silence when Pericles’ is regained. In so doing, it draws particularly on Deanne Williams’ discussion of the way empowered speech is gendered (606) and how, on the one hand, Marina’s “unfettered tongue provides her with the instrument of male domination” (615) and yet on the other, Marina is ultimately forced to return to “her rightful place in a patriarchal world” (Helms 330), as the ability to speak out is finally limited by patriarchal hierarchies.

In its focus on the gendering of voice and response, and on hearers as well as speakers, this article also builds on recent critical discussion concerning speech and testimony in *Pericles*. It considers this in the light of Amy Kenny’s suggestion that in Shakespeare’s plays “charges of greensickness offer women agency outside of patriarchal control of their bodies” (33). It develops Kenny’s argument as it considers the cost of this agency, and the misdiagnosis it is predicated on for Marina. This article particularly develops romance readings of the play which have highlighted the active potential of Marina’s voice, and *Pericles* as a play where “speech now acts” (Palfrey 313) and where “the act of speaking” (Beckwith 105) is transformative. However, it queries the gendered lines which determine whose transformation, recovery, or voice is ultimately privileged, as it considers the way “the active eloquence” (Lupton 75) and “the non-compliant female voice” (Kamaralli 6) of Marina are brought into forceful verbal confrontation with gendered assumptive responses, labellings, and expectations of erotic action in *Pericles*. Developing the connection between voice, cure, and openness, this article also draws on Lorraine Helms’ discussion of the way Marina is “verbally anatomized” (326) and Williams’ deliberately sexually charged phrase when she notes that Marina “erect[s] a barrier of language” (614). This article resituates *Pericles* in the early modern context of gender stratified voices, and shows how *Pericles* considers the effect of gender on affective interaction and whether affect leads to action. In so doing, it develops Sarah Beckwith’s suggestion that “*Pericles* is a profound exploration of the resources of acknowledgement, of recognition, and of the power of stories, shown and told” (93), as it considers *Pericles*’ exploration of the gendered dimensions of acknowledgement and recognition, how gender stereotypes and assumptions play into this, and to what extent access to these “resources” is predicated on gender hierarchies. It then uses this as a lens to consider the implications of the gendering of affective interaction and the impact this has on the recognition of voice, and thus diagnosis, in present-day cases of depression.

Suffering “Like a Girl”

Pericles’ most direct engagement with the privilege and gender codes and norms which determine affective interaction in the play is in the comparative exchange of Pericles and Marina, as female grief and male melancholia and the response they both receive are poignantly contrasted:

I am a maid,
 My lord, that ne’er before invited eyes,
 But have been gazed on like a comet. She speaks
 My lord, that maybe hath endured a grief
 Might equal yours, if both were justly weighed. (21.73–77)

Here Marina is both beginning her cure of Pericles and speaking clearly of the gendering which is responsible for the double standards she emphasises. Crucially, she highlights the erotic gaze which characterises a response to the female voice. But, in doing so in the same speech where she begins Pericles’ cure, she highlights the disparity between her affective response to him and the violating silent gaze and lack of response her own experience of grief has elicited. This is further emphasised when considered in the light of Lysimachus’ objectifying prefatory speech to Marina’s arrival where he notes that she will be able to “make a batt’ry through [Pericles’] deafened ports” (21.37) because of her “choice attractions” (21.36) being “the fair’st of all” (21.39). The mention of deafness is not inconsequential in a narrative which hinges on verbal receptivity and aural affective exchange, and a play which reveals the deafness of men to heed the affective experience of women. Moreover, the erotic undercurrents in Marina’s lines are clearly deliberate. As Bishop has noted, Marina in her verbal combat of her father’s melancholy and attempts to take her virginity is linguistically “alluding to sexual contact, without undergoing it” (109). The objectification and reductionism which seeks to reduce her role to a physical vessel is highlighted precisely in the allusions and yet defiant refusal is present in her “pugnacious oration” (Helms 328). Marina alludes first to the way she was read in the brothel and exploitatively misdiagnosed due to gendered diagnostic assumptions, second, and by implication, to the gendered application of cures, or attempted cures, by Boult, the Bawd, and Pander, in *Pericles*, and, finally, to the sexual cures proto-medical treatise writers advocated as one of the purgation treatments for male melancholia. This sex-as-purgation was particularly true of “cures” for lovesickness, with women figured as the receivers of the excess melancholia, or with the release of greensickness afflicting virginal girls through penetration which restored patriarchal balance in the humours. Thus, in the context of male melancholia, the sexualisation of purgation depended on a “willing” female receptacle, to “empty / Old receptacles [...] of filth” (19.199–200) because “the physical act [of sex] freed the body from excess seed” (Dawson 177).³ Richard Burton notes that, in cases of lovesickness, “the last refuge and surest remedy, to be put in practise

in the utmost place, when no other meanes will take effect, is to let them goe together, and enjoy one another” (III, 228). In *Pericles*, melancholia is gendered in its description and its suggested treatment. Thus, by suggesting that Pericles’ “ports” must be opened, Shakespeare and Wilkins gesture to the feminisation of Pericles in his melancholia and grief, and, by implication, transfer the power to enact a cure to Marina, as they use the gendered assumptions underpinning the application of cures, only to then undercut them. Furthermore, they reverse our expectations of a physical cure as Marina chooses to pierce verbally, with her “sacred physic” (21.63) using words rather than the implied physical “cure”.

Although to be cured for women is a kind of violation, to act as cure affords conditional power for Marina. She subverts gendered purgation cures for greensickness and lovesickness which seek to objectify women and refuses a cure which would deny her autonomy and which “is both a sexual (and usually social) destruction of the woman and a figurative silencing” (Catty 4). Instead of silence, she uses her voice to cure and assert her autonomy and identity. But at the same time, she directly addresses the erasure of identity and the destruction of female voice which patriarchally prescribed treatments for melancholia force upon women – sexualised cures which insist on closedness on male terms, even as Marina’s treatment opens up Pericles.

Knowingly, Marina alludes to the gender discrepancy in the treatment and response for melancholia with the word “invited” (21.74). She points to the fact that Pericles’ melancholia has invited a response while her experience has been objectified, party to uninvited gazings, and perceived as non-normative, as the comet simile implies. In early modern proto-medical treatises, signs of melancholia and grief in women such as tears were viewed with a degree of scepticism, whether because they were feminised (and thus stripped of their power) or because they were seen as a kind of subversionary power. Thus, Burton could declare “as much pity is to be taken of a woman weeping, as of a goose going barefoot” (III, 126), and James Ferrand could caution the reception of female tears because of their questionable legitimacy when expelled by women, since they have them “at their command” (Burton 126) and “can weepe, when, and how they please” (Ferrand 129).

Yet this is a useful example of a sign which carried gendered associations of weakness but also strength through manipulation. Both Burton and Ferrand encourage scepticism at female displays of weeping, as tears reveal the male fear that women can control their affective displays. Thus, tears lost their affective potential or ability to impel action as their feminisation affected the way they were read, or worse, ignored, but only for women. In *Pericles*, Shakespeare and Wilkins expose the gendered double standards against which experiences of grief are held when behaviour is interpreted through reductive gender stereotypical lenses, by deliberately paralleling both the way Pericles and Marina self-define their experience, and the reaction of the onstage listeners to Pericles and Marina.

Pericles' melancholia is amplified by his feminisation of his grief. He describes his grief in gendered terms to highlight its atypicality noting, as he reclaims his voice:

If thine considered prove the thousandth part
Of my endurance, thou art a man, and I
Have suffered like a girl. Yet thou dost look
Like patience gazing on kings' graves, and smiling
Extremity out of act. (21.124–27)

Because Pericles' tears are disassociated from male normative behaviour by his phrase "like a girl" (21.126), they are affective, while Marina is seen to be unnaturally controlled and closed due to her lack of tears and unwillingness to embrace the porously open body which gender norms (applied by characters in the play) dictate that she must occupy. The implication is that she has not suffered like a girl. Shakespeare and Wilkins highlight the way gendered assumptions can lead to acknowledgement or dismissal, and the way that gender norms and their application are subject to manipulation.

Pericles "contradict[s] traditional beliefs about male strength and girlish suffering" (Gossett 382), at once emphasising his weakness and, through the "like a girl" (21.126) simile, shows the way that women, and young women more precisely, are perceived as weak. Moreover, as Ariane Balizet has noted, Pericles distinguishes "between an identity that is fixed [...] and one rooted in experience and perception" (3): he can suffer like a girl but retains his male privileged core identity. Moreover, Balizet's word "perception" keys to us how much labels depend on the perceptions of others within the context of affective exchange. But although Pericles' symptoms and signs are suggestive of weakness (emphasised by the connotations "girl" suggests, as defective in developed maturity as well as gender), they are distanced by the simile comparison: he can put on and take off their affective potentials while sidestepping any risk to his gender secured status. As Balizet proposes, the term "girl" "slides between a state of being defined by suffering and a flexible mechanism of praise [...] [i]f Marina 'counts' as a girl, it is because she suffers; if Pericles 'counts' as a girl, it is because he endures" (4). And yet, at this moment, Pericles appears rather to be emphasising his lack of ability to endure by contrasting his experience with Marina's in a "competitive" (Williams, *Shakespeare and the Performance of Girlhood* 108), deliberately provocative, and combative fashion. He emphasises his own grief through the personal pronoun that prefaces "endurance" and suggests, in hyperbolic terms, that Marina's worst experience of grief would be only the "thousandth" of his melancholic experience. While Pericles purports to be emphasising Marina's strength, he is also highlighting the scepticism which underpinned gendered readings of female grief and suffering, as the play continues its exploration of gender as a

marker for whether or not one's voice is heard and as a determiner for the nature of the response it receives.

Even as Pericles tries to establish gender binaries to assert his experience, in his feminisation of his grief he undercuts them, and *Pericles* shows again the complex interaction of gendered expression, gendered assumptions behind therapeutic responses, and the way this complicates even as it reinforces gender stereotypes. Pericles can play with being "like a girl", but for Marina it is a permanent state of being, the like of which stands unparalleled to his grief. It highlights the way that, as Joseph Campana has noted, Marina's "precarity" is due in part to her gender (53). This is ironically and deliberately undercut in the tenses Shakespeare and Wilkins use to contrast Pericles and Marina. Pericles is able to emphasise the temporality of his experience of having suffered like a girl – his play with female weakness is over – but Marina's suggests a degree of permanence, not just in her suffering, but also in her misgendered strength which is described in present terms: "thou art a man" and she is, in the present continuous "smiling / Extremity out of act" (21.127–28).

Earlier in the same scene Pericles again genders his grief. He describes the weightiness of his grief through the hyperbolic metaphor of pregnancy and childbirth, "I am great with woe, and shall deliver weeping" (21.95), recalling *King John's* Constance's extended metaphorical personification of her grief as she expresses its magnitude, and grief comes to personify her son: "Grief fills the room up of my absent child" (3.4.93) and "stuffs out his vacant garments with his form" (3.4.97). This parallel reveals the contrasting way male and female experiences are perceived in these two plays: Constance is labelled mad in her grief while Pericles' melancholia invites the concern of others. In the case of Pericles, it is Lysimachus who seeks to offer a response and even a cure through Marina (though the fact that Marina is packaged and objectified as a cure by Lysimachus is problematic even if Marina refuses to be "used" in the way lovesickness erotic purgation cures could figure women). But Shakespeare and Wilkins also demand that we see the gendered terms used by Pericles to describe the suffering and the deep-seated inequality in how Marina, midwife-like, has to act as deliverer to Pericles, who is rendered helpless and barely able to articulate his woe. The gender disparity is most evident in their paralleled response to grief: Pericles' affective response to Marina is limited by being engrained in gendered assumptions, while she reads his self-diagnosed girlish suffering with sympathetic affective response. Marina shows the fallibility of gendered norms: her strength is located not in emblems of male strength and being "a man", though her actions are interpreted thus to give them gendered credence, but rather in specifically female terms such as her chastity and her refusal of male defacements of her experience (19.109–10). Within the context of the romance play narrative, she is granted a voice, however, because her talking therapy (21.84–85) is juxtaposed with erotic

cures, it is provocatively and troublingly clear how unlikely it is that her voice would be granted a reception outside the bounds of romance.

Pericles' initial response to Marina's talking therapy is one of violence, one which refuses openness and one which privileges his own feelings and shows the narrow self-focused nature of his perception. When asked to "lend ear" (21.71) (that is to respond both to her treatment and to her own expression of suffering) he non-verbally shows the closed-minded subjectivity of his perception which has no room for anything but his own experience:

when I did push thee back –
Which was when I did perceive thee. (21.115–16)

This also indicates the openness on which treatment is contingent and the importance of affective reciprocal interaction, and hints at the erotic dimension to the melancholic cures clearly alluded to in *Pericles*, and the violence women are subjected to as a consequence. In Pericles' derogatory use of gender to characterise his melancholia, his perception of his own suffering is both that it exemplifies temporary but justifiable weakness, the kind abnormal to his gender and therefore *more* worthy of attention than female grief, and that it is indicative of his strength of endurance. He is able thus to both be "a man" and to "suffer like a girl" while the status Marina's male-like strength affords her is temporary.

This is striking when read in the light of present psychosocial studies on the gendered perception of the experience of depression, the gendering of symptoms (by sufferer and receiver) and the extent to which societally gendered norms affect treatment, response and even whether an individual vocalises their experience. The gender neutrality of the diagnostic frameworks, outlined in the Diagnostic and Statistical Manual of Mental Disorders (*DSM-V*) (American Psychiatric Association, 2013) and International Classification of Diseases (*ICD-11*) (World Health Organisation, 2018), disguises the highly gendered application of these frameworks and the "influence of gender socialization on the expression [and reception] of depression" (Jennifer Wide et al. 76). Perceived signs are matched up to signs indicated in the diagnostic frameworks which are used to define and designate experience and behaviour which falls outside of expected norms. As *Pericles* dramatises, in the early modern period the signs and labels for conditions such as greensickness were gendered, and gendered assumptions underpinned the labels affixed and cures used. Similarly, today the signs and labels are affected by likewise unacknowledged gendered assumptions which dictate their detection and application. In Pericles' speech we see an interrogation by Shakespeare and Wilkins of the gendering of signs, of experience, and crucially the gendered conditionality of reception. In the privilege they highlight through this speech, through Pericles' subversion of gendered signs and the reception he receives, and through Pericles' and Marina's paralleled trajectories, they critique gendered assumptions which

underpin the labels given or declined, the presence or absence of listening sympathetic responses and who will “lend ear” (21.71), and the contrasting consequences of behaviour which falls outside of the norm for men and women.

Talking the Talk, Walking the Walk: Pericles’ Affective Transmission

On three occasions Pericles is identified as melancholic (2.3; 7.52; and 21.207). This is a label both taken on by him, as he collects his signs and packages them under the label of melancholy, and affixed on his experience by Simonides and Lysimachus. Pericles initially identifies it as something “other”, as an experience outside his gendered normative behaviour: a “sad companion, dull-eyed melancholy” (2.2), emphasising this in his personification of it as someone literally outside his identity, “a guest” (2.3). The temporary rather than permanent nature is emphasised by Pericles, recalling the temporary gendered terms he used to describe his experience above, and in stark contrast to Helicanus’ assessment in scene 21: that Pericles’ behaviour and silence “prorogue[s] his grief” (21.20). Pericles legitimises his melancholia through his use of proto-medical lexis such as “passions of the mind” (2.11) and this does elicit a response – first of sympathy and “comfort” (2.34) and then with a call to less introspection and “pining sorrow” (2.38). Helicanus queries Pericles’ melancholic focus and his indulgence in his grief and its consequences (2.37–40) yet shows his willingness to listen “like a physician” and to give real comfort rather than the flattery he associates with the Lords (2.34–35). Nonetheless, Helicanus recognises the weightiness of Pericles’ grief and later will seek to find relief from it for Pericles through a treatment which is not “effectless” (21.42).

Simonides accepts and labels Pericles as melancholic, after some probing as to the veracity of Pericles’ condition. He matches Pericles’ signs against one set of criteria and then reassesses when he listens to Pericles’ tale, as again Shakespeare and Wilkins underscore the need for a receptive listener. There is some deliberate playing with gender and reception since it is through Thaisa’s voicings of Pericles’ experience (7.84–85) that her father, Simonides, believes Pericles. Here a female voice is heeded, as Thaisa ventriloquises Pericles and overlays her voice over his behaviour and physical signs. She acts interpretively and at the same time facilitates Pericles’ access to the label of melancholy which Simonides consequently attaches to him. Simonides’ initial response to Pericles’ melancholy demeanour stems from offence at the perceived disrespect Pericles appears to be showing, with Simonides concluding that Pericles believes himself superior (7.52–54). However, when Pericles opens up to articulate the reason for his melancholia, he attracts affirmative affective compassion from Simonides: “I pity his mishaps, / And will awake him from his melancholy” (7.86–87). His melancholia is verbally prescribed and his experience validated, and like Lysimachus, Simonides indicates his desire to offer a cure for Pericles’ melancholy. Simonides’ cure – implicitly erotic in the offering of his daughter as “a

goodly milk-white steed” (7.91) – uncomfortably matches the objectification Marina will later fall prey to, and the lodging of these sexualised curative undertones in Lysimachus’ offering of Marina to Pericles as cure.⁴

This attachment of a label by others shows that his affective correspondence with them has been successful; he has conveyed his affective state to others in his physical demeanour and in words such that the “signs” are identified as atypical with gendered norms, and are validated as being commensurate with melancholia. Thus, his audiences have not only received his affective experience but have read it and given it a label as they respond verbally and, in the case of Lysimachus, actively, to “resolve” (21.9) Pericles. Helicanus prefaces Lysimachus’ recognition with the label of “melancholy” as he introduces him to Pericles:

the governor of Mytilene,
Who, hearing of your melancholy state,
Did come to see you. (21.206–08)

Pericles’ melancholia is understood to be so great that it merits visitations of sympathisers who validate and revere his condition. There is an emphasis here on “hearing” and this is indicative of the interaction identified above: for affect to be transmitted a transmitter and a transmittee are required and Pericles successfully secures an affective response because people are willing to hear and respond to his “melancholy state” (21.207). “[S]tate” here is also significant as it is indicative of the male privilege which invites a response which labels his state and seeks not only to gaze upon it but also to curatively address it: not to exploit but to aid. Pericles’ closed silent state is contrasted with Marina’s to show how she locates power in closure while he is powerless and depends upon affective responses from others.

A firm gender contrast is established for interrogation by Shakespeare and Wilkins in *Pericles*, between the reception women receive and the reception men receive when they express their experiences. This is hinted at in the role Thaisa plays, and more directly in the comparative narratives crafted by Pericles and Marina as they contrast their weighty griefs. But because Shakespeare and Wilkins are interrogating power relations and the way affective experiences are received and diagnosed, this is by no means clear cut. Male melancholia is received but is also feminised, and the female experience is attributed to green-sickness, but Marina’s voice is also listened to and heeded as the romance genre of *Pericles* allows.

Gendered Signposting and Comparing Symptoms: Interpreting the Signs

Diagnosis centres on a series of tellings and retellings of stories, and hinges on comparisons with perceived norms and expectations deriving from these norms; it also depends on an individual’s willingness to externally express

their story. In this release or “opening” the individual is opening themselves to affective exchange as they surrender their articulation of their experience to others for scrutiny. As they define and redefine, their words are converted into signs, these signs are then defined in alignment with norm- and gender-governed expectations, and their story is ultimately articulated in a voice which is not their own as they are labelled and their story is retold by another.⁵

The signs and their interpretation can be affected by gendered expectations, and by the perception of what constitutes “normal” behaviour, for both speaker and listener. Thus, Alisha Ali et al. note that “it is more challenging for the typical woman to be considered mentally healthy than it is for the typical man” (104). This is partly due to the fact that “women’s own affective states may also be influenced by the awareness of certain diagnostic categories that presume emotional vulnerability in women” (104) – as we see in the feminisation of suffering by *Pericles* – which, in turn will affect the way women articulate their affective experience and their internalisation of their experience versus gender normative behaviour. But if emotional vulnerability is presumed, and openness enforced, this may lead to women’s vulnerability being misread and pathologized, or manipulated, or to vulnerability and depression going unrecognised because they are normalised on gendered grounds.

As Ali et al. have argued, “women and men are more likely to be regarded as mentally ill if they behave in ways that are inconsistent with their respective gender stereotypes” (104) since this atypical behaviour, and its associated closedness to stereotypes and openness to mental illness, also has affective consequences. Thus, “the client’s sex and the therapist’s biases about gender often fill parts of the vacuum left by the absence of science when the therapists attempt to identify, categorize, and label people’s emotional suffering” (91). *Pericles* explicitly explores and interrogates this by paralleling the experience and reception of Marina and *Pericles* and exploring, as we saw earlier, what it means to suffer “like a girl” (21.126) from one who puts it on (*Pericles*), to one who subverts gendered expectations and means of patriarchal control (Marina), in a play which subverts the gendering of openness and closedness with a vulnerably open man and a woman whose voice can open while she finds power in her closed chasteness.

In *Pericles* we see the way labelling, pathologizing and responses to suffering are governed by assumptions built on gendered stereotypes, but gender-neutral criteria in the present can likewise easily be influenced, in their application, by gendered assumptions held by the practitioner. Thus, criteria can be misapplied either too conservatively or too liberally, and, as in *Pericles*, this has implications for men and women. Emily Morris has argued that men “are taught to cope in ways that prevent them from expressing depression in the ‘typical’ ways outlined in the DSM” (96–97), since masculine norms may “limit emotional expression while emphasising self-sufficiency” (Fogarty et al. 197). On the other hand, Shelia Marcus et al. found that men are more likely to

display typical (those closest to the assessment criteria employed by clinicians) symptoms of depression (148), while Jerome Schuh et al. found that women have “a 1.3 fold increased odds of experiencing atypical depression” (161). Schuh et al.’s data “showed a significant gender difference in relative frequency of the two core symptoms, decreased reactivity of mood and decreased pleasure/enjoyment” (160). This suggests that it is not just in the application of the frameworks where gendering can enter the diagnostic sphere but even in the way the signs are presented, articulated and felt. Furthermore, the symptoms an individual identifies as abnormal can be gender-dependent; Janet Stoppard, for instance, has shown that women are more likely to seek the help of another when experiencing physical rather than mental symptoms for depression (145). However, while there was a difference in the exhibition of symptoms, the data showed little gender difference was found when it came to the response to the treatment offered, whether counselling or pharmacology (Schuh et al. 162).

Although Ali et al. note that there is a need to educate clinicians “about male symptoms of depression” (78), there is also a wider need to consider the societal gender inflection which effects clinicians’ readings of individuals’ experiences since the way an experience is expressed is inflected by gender. This has the potential to hamper both men and women’s treatment and the treatment they receive, and raises questions about the conditionality of the linguistic openness they have in the diagnosing room. Reading these studies alongside *Pericles* and its interrogation of the gendered behaviour assumptions which govern reception and treatment, suggests that we need to further interrogate the openness of present-day diagnostic criteria and their allowance for atypical presentations, as well as considering the way practitioners’ assumptive expectations or subconscious tendency toward reductive gender stereotypes are taken into account in the implementation of the criteria. Moreover, reading these studies in dialogue with *Pericles* shows that we need to consider the extent to which gatekeeping of labels, or the ready overlay in error of labels, occurs and how far this depends upon the gender of the individual and their presentation of their experience.

The way male normative behaviour is predicated on a stoic and closed approach to emotions makes it harder for men to admit weakness, while the application of those same gendered norms mean women’s admissions of weakness can be normalised, thus exacerbating their feelings of helplessness. It is true that “for both men and women, seeking a psychotherapist’s help is often seen as a sign of mental and emotional weakness and as an indication of an inability to cope with one’s problems” (Ali et al. 104) and “for some men” it may be “associated with a loss of personal identity” (Fogarty et al. 179). Thus, as Michael Addis and James Malik have noted, a “man is least likely to seek help for problems [such as depressive symptoms] that he sees as unusual, especially when he also perceives them as central to his identity”

(11). Each of these prohibitors to speaking out hinge on the perceived reception (and label) or silence sharing the experience may attract, highlighting how affective interchange is contingent on at once assimilation with and deviation from gendered normative behaviour. It is for this reason that Pericles is “like” but is not a girl, while Marina’s power is fractional, conditional, and ultimately subsumed with the return of her father’s strength as she opens herself and reveals her identity in order to allow Pericles to regain his lost identity.

In present-day psychosocial research we see that norms and gender assumptions hamper reception, and in *Pericles* we see an interrogation of this in an early modern context as well as a romance play context. While male norms inhibit the expression of depression because of the limitations they place on openness – despite the equal danger of enforced openness – female norms are similarly restrictive as they enforce openness and vulnerability, which can be misread or manipulated with affective consequences. Openness or closedness can also affect one’s sense of self as it is eroded or supported in the in-between place where affect is located.⁶ This is interrogated in the comparative exchange of Pericles and Marina: “thou thought’st thy griefs might equal mine, / If both were opened” (21.120–21). Shakespeare and Wilkins contemplate a response which is compassionate rather than comparative, one which responds with affective interchange rather than melancholic one-upmanship, by showing the limitations of comparisons with gendered norms, and the inadequacy and exploitative nature of cures which do not listen and merely act on patriarchal guidelines. They concurrently emphasise the vulnerability and potential of violation for Marina if she is to be “opened” (21.121), even as Pericles’ cure seems contingent upon it, as well as the need for a listener to those who speak out. In both present-day psychosocial research and *Pericles* it is evident that the sufferer’s voice and its reception is critical to their subsequent trajectory. When contemporary research on diagnostic and reception data is viewed alongside *Pericles*, it highlights how strictly gendered affective exchange remains today, the question of privilege and speaking out, and the gendered environment into which individuals share their experience, as both contemporary research and *Pericles* explore what it is to be figured comparatively, and to be “opened” (21.121).

Assumed Labels: Open Exploitation

Pericles clearly addresses and takes issue with Holt Parker’s summary of an early modern assumption that “male and female are fundamental opposites, irreconcilable. One is bounded, self-contained, perfect, complete, unmoving. Female is open, lacking, imperfect, needing to be filled” (107–08). It does so by showing a resolutely closed woman who, in her self-contained state, actively refuses to be filled on male terms. Marina’s chosen closedness violates the brothel’s ambitions to exploit it. She refuses the openness they attempt to enforce and their

plans to expose her virginal vulnerability. Her closedness, embodied in her chastity, can be seen in the Bawd's frustrated portraiture of Marina (19.12–19), the desire to make her "malleable" (19.168), and the emphasis on force and control with the insistence that she is a problem who must be solved through violent means, whether rape or disposal: "We must either get her ravished or be rid of her" (19.14), with Boulton later declaring "I must have your maidenhead taken off, or the common executioner shall do it" (19.153–54). Yet there is a curious distance implied in "get her" (19.14). This dehumanises Marina, but also suggests that the Bawd wants her to be dealt with at a distance rather than having any personal involvement, perhaps acknowledging the unethical nature of what she is advocating. This shines a light on the way women were figured in some erotic purgation cures, whether as treatment for men, or "curative" for women such as that of greensickness, each of which were essentially rape and certainly assaultive actions. Seen in this way, it highlights the costs of enforced openness. Lesel Dawson's summation of greensickness captures this still further when she notes that the identity of the sexual partner in the "cure" is "irrelevant: as long as he possesses a penis he can restore" (52). The enforced openness expected of women was thus true whether administering or receiving sex as "cure". The solution the Bawd offers to Marina's problematic voice is an ironically one-sided dialogue, given Marina's clear verbal power. But this is deliberate: in that attempted silencing and eroticised solution Shakespeare and Wilkins emphasise both a refusal to listen and the gendered grounds which determine the response given to someone speaking out.

Marina's closedness is identified as unfeminine as the Bawd demands, "Will you not go the way of womankind? Marry, come up, my dish of chastity with rosemary and bays" (19.174–76). This gendering is reinforced by Boulton as he orders Marina to "come your way" (19.177–78), implying again that she should fulfil her gendered expectations of being an open body, open most especially to male intrusion and closed only by men, not by chosen chastity. Indeed, his order is crucially followed by "with me" (19.178), which suggests that the female identity has to be enforced by men, and allows Shakespeare and Wilkins to query the power dynamic where chosen closedness is violated, at least verbally, and enforced openness due to gendered expectations is advocated. It is clear here that Shakespeare and Wilkins are addressing the imbalance of control which is to be flipped again as Marina speaks once more and refuses this intrusion to her chastely closed body. This further indicates the dangers of gendering behaviour and forming assumptions without affectively engaging with the experience of the individual.

Prior to Boulton's attempts to remove her maidenhead, Pander labels Marina greensick: "the pox upon her green-sickness" (19.22). Clearly this is being used as a justification for the act they desire to commit (removing her virginity) and an attempt to patriarchally pathologise her desire to remain chastely closed. It is also a direct reference to the cure of sexual intercourse advocated in proto-

medical treatises, such as one of Burton's suggested treatments for lovesickness: "'Tis the special cure, to let them bleed *vena Hymenea*" (III, 229). Marina is deliberately mislabelled in order for Pander, Boult and the Bawd to justify their planned exploitation of her virginal body. But this labelling of greensickness is extended in the line quoted above when the Bawd makes reference to "rosemary and bays" (19.175–76). While it may seem to be an extension of the metaphor that Marina's body is a dish to be enjoyed, they in fact show the Bawd to be referencing wider early modern cures for melancholia as these herbs were either ingested or applied topically to help remove excess melancholy and redress the delicate humoral balance.⁷ Daniel Sennert, for instance, suggested that "melancholy humors are to be corrected with things moderately heating, moistning and attenuating" and prescribes rosemary and bay-leaves amongst his "Hot simples" remedy: "Marjerom, one Berry Herbe, Lovage, Bettony, Groundpine, Rosemary, Sage, Bay-leaves, Lavender, Staechados, Mugwort, and most of the chephalicks, Castor, earth Wormes" (297). Furthermore, Oswald Gabelkover advised rosemary "for melancholye and heaviness of minde" (34). Gossett's gloss on the Bawd's lines notes that, for Shakespeare, "rosemary seems to have had metaphorical associations with death" (360). However, this gloss does not recognise the more precise associations of rosemary and bays with melancholia. This connection should not come as a surprise – since rue, mentioned by Ophelia in *Hamlet* (4.5.161), is also advocated as a cure for lovesickness. Sexual violence is ushered in under the guise of greensickness which is then further emphasised through the melancholic herbs cited in connection with the impending assault on Marina's chastity. By framing the cure as a justification of violent assault, Shakespeare and Wilkins invite their audience to directly question the violation and double gender standards at play in erotic cures, to question the motives of a cure, to query the gendered assumptions which underpin the assignment of labels, and to consider the extent to which a woman's vocalisation of her experience was either affective or heeded. Marina, although she has every cause to be, is not in fact melancholic, still less greensick. Her atypical nature is pathologized because of gendered assumptions. Shakespeare and Wilkins underscore the way atypicality is read as problematic and in need of a cure, but they also show the exploitative nature of "cures" and the way gender affects affective interactions through the paralleled experience of Marina who is exploited in the name of a cure she does not need and labelled as one to be manipulated, and Pericles whose label and privileged gender allows him to be restored as gender norms are reinstated. *Pericles* dramatises the way that affective interaction is dependent on the listener responding to the speaker's affective experience with action, and we have seen too that this occurs under highly gendered criteria, whether in the labelling of the experience or the response to it. There is a power imbalance between the speaker and the listener; if the listener does not respond this adds a further danger for the already vulnerably open speaker.

Through Marina, Shakespeare and Wilkins offer a platform for an unconventional female response to melancholia, and then show how this uniqueness is problematic since it cannot fit the standardised categories and their related labels. Marina revokes patriarchal control over the female body through her articulacy and her reclamation of chastity. She challenges the associations of chastity with silence, innocence, and naivety, and instead uses it to assert her vocal power and her physical strength in closure. But more than this, Marina exposes the danger of being forced to open-up, the identity loss which may occur as a result, and the potential for power in preserving oneself from the assault of others through intrusion under the guise of affective transaction. In a literal sense the Bawd, Boulton and Pander wish for Marina to become successfully transactional (for financial reasons), but more troublingly, they seek to readjust her to the patriarchal “way of womankind” and, by implication, to restore her gender normative behaviour through sexual silencing. Their cure seeks to strip Marina of her chosen closedness, her atypicality, and her independent identity.

The exploitative accusation that Marina is greensick is indicative of the kind of gendered enforced openness *Pericles* forces its watchers to confront, since this label redefines Marina’s experience and attempts to enforce submission and silence in patriarchal terms. Marina closes herself to male intrusion and exposes the exploitative nature and ultimately the limits of male eroticisation of the female experience. Marina is articulately affective and affected by the words of others in the accusatory labels affixed to her, her deflection of them, and her affective articulacy in the cure she enacts upon her father. In a dialectic where sex is seen to act curatively, the embracement of chastity and a refusal of labels is a radical response.

Conclusion

As this article has shown, in *Pericles* we see Shakespeare and Wilkins holding up early modern proto-medical practice for scrutiny by revealing the gendered assumptions which underpinned some early modern treatments of, applications of cures for, and responses to, melancholia. Through an integrated interdisciplinary approach, this article has shown how Shakespeare and Wilkins challenge the gendered assumptions which govern early modern designations of what is and is not melancholia, which affect the agency and subsequent reception of an individual’s voice, and which have an impact on the provision or refusal of an affective response to an individual experiencing an affective disorder. This lens is not only valuable, but also proves a critically revealing one through which to view present-day diagnosis, the absence or presence of affective agency and affective responses, the experience of depression and the gendered assumptions which act as subconscious learnt determiners, and the limitations *Pericles* reveals within them. Furthermore,

Pericles dramatises the consequences of mislabelling, the ethical dimensions of insisting upon openness, and the curative value of listening to an individual's voice and story.

Marina refuses the paralleling that the play posits, as it sets up a contrast between the two fathers and daughters the play presents, of curing her father through intercourse, feminised though he is.⁸ It is her voice not her body which acts curatively, and in her chastely closed self she remains bounded to herself rather than bounded to a man by a sexual "cure". By challenging the assumption that female melancholia must be silenced by enforced male physical cures, Marina shows the violating eroticism of these. This is further magnified by situating the curative conversation in a brothel, as Shakespeare and Wilkins highlight the pleasure aspect within these cures for men, and the exploitation aspect for women. Through Marina, *Pericles* offers a vital, if troubling, light through which the emphasis in current mental health campaigns upon being vulnerable and opening up must be read. In their scrutiny, Shakespeare and Wilkins problematise early modern proto-medical practice then and the risk of violation or vocal erasure which vulnerability and openness can invite now. Affective exchanges must not only involve someone speaking out but also someone listening out, not with a preconceived label, with assumptions about the voice of the listener or with exploitative intent, but simply a receptiveness to listen to each individual's story and to aim for a gender-neutral interpretation of the signs gathered from the story they hear. The contrast in the response Pericles receives and the response Marina is given shows how vital it is not only to create a culture which encourages individuals to speak out – or in Pericles' case at least to present your experience – but also how crucial it is to have a receptive responder willing to recognise, listen, and offer an affective response. This is perhaps no-more poignantly characterised than in Marina's curative speech when she speaks directly of the gender imbalance in the reception of voice (21.75–77).

Marina highlights the privilege of being able to be vulnerable and speak out without risk of exploitation. She is at once the independent "I am" and universal "she" (21.75) as she asserts her identity, and her voice "speaks" (21.75) sharply to the gendering of voices which lead to this disparity where male voices are heeded with affective response and female voices are not so "justly weighed" (21.77). She speaks directly of the gendered codes which allow male melancholia to be received and which invite the exploitation and violation of female bodies through forced openness, as she becomes the cure rather than being subjected to a cure. But Marina refuses to either enact or be acted upon in an eroticised cure where assault is packaged as therapy, and instead shows her vocal energy and the therapeutic power of her voice which at once allows her to keep her body closed and also to receptively open up male bodies. *Pericles* dramatises the inadequacy of a response which insists only on speaking out and opening up without due consideration of the cost of vulnerability, and a response which does not, in turn,

insist upon a willingness for others to listen out, as it highlights the need to be more critically aware of the gendered assumptions which undergird our readings of and responses to an individual's articulation of their experience of melancholia in the early modern period and of depression today.

Notes

1. The emphasis on talking, and talking as therapy, can be seen in the World Health Organisation (WHO) campaign "Let's Talk" (2017). WHO stated that "at the core of the campaign is the importance of talking about depression as a vital component of recovery" which "helps break down this stigma, ultimately leading to more people seeking help" (4).
2. This had particular poignancy given that the recording first aired 18 May 2020 into a climate of lockdowns and quarantining and where distancing was insisted upon across the world in the midst of the COVID-19 pandemic.
3. Marina is speaking here of leaving the brothel and suggesting that to clean even sewers would be preferable to her current role, but Shakespeare and Wilkins are also suggestively pointing to the kind of cleaning she is going to be called upon with her father and the kind her diagnosis of green-sickness and its subsequent cure imply.
4. This is particularly emphasised since Lysimachus has, prior to his offer, met her on sexualised grounds and described her as "a creature of sale" for male desire (19.80). Marina highlights the way she is objectified as something to be used to "heal" others as "the doctor's patrimony" (19.117). She explicitly draws attention to this figuring of her as a vessel for the needs of others in her pointed question: "follows it, that I / Must needs infect myself to give them maint'nance?" (19.118–19).
5. See Steven D. Brown and Ian Tucker's discussion of the "fundamental paradox" inherent in the process of storytelling which may lead to diagnosis: "It is the service user who 'knows' his or her body from within, who has primary access to his or her feelings and thoughts. But the service user's knowledge is to some extent discounted, since it needs to be completed and properly deciphered by the mental health professional" (242), and Barbara Rosenwein's discussion of the interaction between emotional expression and environment: "although we naturalize our own emotions – thinking that we know how *we* really feel – in fact we must interpret even our own feelings according to our own emotional community's norms and vocabularies" (5).
6. This draws on Melissa Gregg and Gregory Seigworth's discussion of affect where they note that "affect arises in the midst of *in-between-ness*: in the capacities to act and be acted upon" (1).
7. For use of these herbs for purgation see Christof Wirsung (191) and William Salmon (1). The physicians cited here represent a fraction of treatise writers who advise rosemary as a cure for melancholia.
8. The parallel between the incestuous relationship between Antiochus and his daughter and the relationship between Pericles and Marina. See Palfrey (61) and Barber (64).

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