

Disabled Bodies in Early Modern Spanish Literature

Prostitutes, Aging Women and Saints

Encarnación Juárez-Almendros



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Disabled Bodies in Early Modern Spanish Literature

*Prostitutes, Aging Women
and Saints*

Encarnación Juárez-Almendros

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Acknowledgments

Writing *Disabled Bodies in Early Modern Spanish Literature: Prostitutes, Aging Women and Saints* has been a long journey of scholarly investigation and self-exploration. My initial interest in investigating disability in literature arises from my reading of the fifteenth-century Spanish nun Teresa de Cartagena's autobiography *Arboleda de los enfermos*, written as a consolation for deafness and rejection by her community. The fact that Cartagena's critics hardly acknowledged the obvious main issue of her work, the stigma created by her impairment, made me wonder why disability was an invisible subject and what constituted disability in early modern Spanish cultural production.

In order to answer these questions I enthusiastically embraced a new field of research that related to my own personal experiences and political thinking. I would like to thank the many Disability Studies scholars who have emboldened my own social-political position and provided meaningful approaches to literary criticism. I am particularly indebted to the works of feminist disability studies scholars such as Rosemarie Garland-Thomson, Susan Wendell and Margrit Shildrick, who have helped me discover the profoundly disabling effects of being born with a female body. I deeply appreciate the Modern Language Association of America's commitment to supporting this field of critical inquiry. My service in the MLA Committee on Disability Issues in the Profession (2005–2008) and in the MLA Executive Committee Division on Disability Studies (2009–2014) was an enriching experience. In addition, I wish to express my warm gratitude to the colleagues who invited me to give seminars and presentations about my project at their institutions: Ignacio Arellano (University of Navarre, Spain), Elisabeth Davis and Brenda Brueggemann (Ohio State University) and

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Introduction

The purpose of *Disabled Bodies in Early Modern Spanish Literature: Prostitutes, Aging Women and Saints* is to examine, from the perspective of feminist disability theories, the concepts and roles of women in selected Spanish discourses and literary texts from the late fifteenth to the seventeenth century. My central argument is that the traditional notions and segregation of female bodies, considered imperfect and inferior in comparison to the prototype of the corporeal male, constitute a major paradigm of disability in the period. The female body, as with the disabled body, has been stigmatized, subjugated and deprived of freedom and opportunities. In the Western conceptualization, women and the disabled symbolize imperfection, corruption, impurity and, ultimately, human vulnerability.

Disability Studies is an area of intellectual inquiry that originated in the social sciences and in political movements from the 1970s and that has since been adopted by the humanities.¹ It is interdisciplinary and multidisciplinary in nature, with practical social and political ends: to investigate, uncover and denounce constructions of concepts and institutional barriers that have traditionally resulted in the segregation of individuals that do not conform to bodily ideals. The political movement resulted in the social awareness of injustice leading to the establishment of various laws and initiatives. In the theoretical realm, such awareness highlighted the need to develop analytical methods of study, as matters pertinent to the field became an object of scholarly investigation.²

Disability Studies utilizes a variety of methodologies to investigate specific aspects of disability, such as perceptions of the body, social justice and identity politics. The most influential paradigm in

this discipline has been the “social model of disability,” developed in England in 1976 by a group of disabled activists with a Marxist perspective, the Union of the Physically Impaired Against Segregation (UPIAS). The social model presents an alternative to the conventional ways of explaining disability as an individual tragedy or curse, or as a medical problem that needs to be cured or repaired, proposing a distinction between disability (as social exclusion) and impairment (as physical limitation), and arguing that disabled people are politically oppressed. Although this theory has been politically, instrumentally and psychologically effective, its neat dichotomies (able/disabled; individual bodies/social barriers) and the repudiation of the individual body in favor of social impediments have proven inadequate in explaining the complexities of impairments and oppression. Moreover, some critics propose that the disavowal of the body is the result of the gender of the original proponents of the social model, disabled men who rejected female expressions of personal feelings and bodily concern in favor of a doctrine of “liberal individualism” (Miceli).

The political aspect of the social model has become the basis for many disability theories.³ Nonetheless, recent scholarship in Disability Studies in the social sciences, the arts and the humanities has sought to surmount the limitations placed on the body by the social model. As Janet E. Price explains, although such scholarship retains its political mission, it displaces the disabled body from its “essentialist, stable, ‘impaired’ position” to consider the epistemology and ontology of disability as an “embodied condition, personal and political” (78). The latest developments in what has come to be known as Critical Disability Studies explore theories that establish connections between disabled bodies and those of other categories, such as the queer, racialized or gendered body.⁴

The wide-ranging goals of current trends in Disability Studies allow for an ample spectrum of critical frameworks in both theory and practice. Scholars frequently draw support from concepts from other disciplines to explain the construction of disability: hence Erving Goffman’s stigma theory, Mary Douglas’s notion of the other as “dirt” and Michael Foucault’s social constructionism. Theories of the body as well as phenomenological perspectives complement these constructionist positions.⁵ Indeed, while constructionist ideas have been very useful in explaining the social processes of the disability phenomenon in contemporary society, these theories fail to fully address the specificities of physical and mental pain and challenges. Analyses such as that of Tobin Siebers seek to modify the social model’s perception of impairment as neutral physical variants. Challenging various social

constructionism models and advocating for the reality of the un-representable body, Siebers contends that pain is a personal phenomenon whose complexity exceeds theoretical explanations that represent pain as “either regulatory or resistant.”⁶ The disabled body, just like its able counterpart, is a desiring body that seeks to live and function without shame (174–175, 177, 180). Siebers also criticizes Foucault’s concept of *biopower*, the linguistic and structural forces that constitute the materiality of human subjects, pointing out that Foucault, in contrasting modern “docile bodies” with the mythical strong, free and healthy body of the pre-modern period, actually converts present-day subjectivities into disabled ones. Physical embodiment must be present in disability analysis with the understanding that the body itself is always historically interpreted. Indeed, as Shelley Tremain affirms, if human materiality depends on “historical contingent practices” impairment is also discursively formed, insofar as it is “an historically specific effect of knowledge/power” (“On the Government” 185, 187).

Sociologist Bill Hughes adds a phenomenological approach to the social constructionism debate. In contrast with the stance of post-structuralist thinkers such as Foucault and Lacan, for whom the body becomes a sign divested of its carnal nature, passive and inscribed by discourse, Hughes underlines the advantages of assuming individual agency. Embracing the philosophical premises of Merleau-Ponty, for whom the body is both object and subject, Bryan Turner’s conception of embodiment in terms of social interaction and reciprocity and Jürgen Habermas’s dialectic play between structure and agency, Hughes proposes that a conception of an active body–subject admits the analysis of personal experiences of disabled people struggling with customary social practices of marginalization and injustice (“What Can” 85, 87–89). Finally, concepts such as Robert McRuer’s “spectral disability”—the idea that disability will sooner or later be experienced by all human beings (*Crip* 200)—along with the assertion that normalcy is a fantasy since all humans “experience the limitations of the body” (Davis, *Bending* 32, 35) can be useful in envisioning disability as a condition that affects people across time.

Humanities scholarship has proposed an approach to Disability Studies that accentuates the need to analyze cultural and artistic representations in addition to the political and personal factors involved in the construction of disability. Pioneering disability scholars such as Rosemarie Garland-Thomson and Simi Linton emphasize the cultural and representational aspects of disability as the result of social and institutional structures, and the need to apply disability analysis to expose distorted cultural portrayals of the disabled (Garland-Thomson,

Extraordinary 6; Linton, "What is Disability Studies" 518). In the last few decades, a profusion of literary and cultural critical studies using disability approaches have demonstrated the role of artistic and literary representation in definitions of disability. Seeking to conceptualize disability as tool of literary criticism, David Mitchell and Sharon Snyder underline the important function of the representation of disability in literary narrative and its pervasive and hypersymbolic nature. For these scholars, the representation of disabled bodies as deviant becomes the necessary innovation driving the narrative, while at the same time entrenching notions that associate disability with corruption. Since disability is considered a lack, a deficiency, the role of literature is to "prostheticize," control, resolve, amend or erase the problem, reflecting in this sense the medical model (*Narrative Prosthesis* 10, 53–56). But this literary prosthetic intervention is imperfect, an illusion, because while literature acknowledges the creative possibilities of disability literary representation often has the paradoxical effect of reinforcing the exclusion and exploitation of the disabled.⁷

Although the theories of disability outlined above do not consider the early modern period, they offer valuable notions and methodologies for the analysis of older texts. For instance, the concepts of stigma and dirt help explain social injustice and oppression; the idea that the body is discursively created illuminates the reading of many foundational and highly influential texts in Western thought; the awareness of the dialectic interaction between the individually lived body and the structures of power exposes the imposition of somatic interpretation on subservient people as well as individual resistance. In addition, phenomenological approaches are especially productive when analyzing personal testimonies of people with impairments. Present conceptualizations of disability and literary interpretations have had an important role in the acceptance of Disability Studies, particularly within the U.S. academy;⁸ however, as a cursory review of published texts and anthologies shows, most scholarly work has concentrated on modern and contemporary subjects in Anglophone culture and literature.⁹

Indeed, some scholars have gone so far as to deny the existence of disability as a category before the modern era, arguing that the disabled were part of an undifferentiated mass of people (Tremain, "On the Government" 186). Along the same lines, Lennard Davis suggests that people with impairments were not segregated in preindustrial societies since "the social process of disabling arrived with the industrialization and with the set of practices and discourses that are linked to late eighteenth- and nineteenth-century notions of nationality, race,

gender, criminality, sexual orientation, and so on” (*Enforcing* 24). In fact, disability has historically existed, although it has been manifested differently in diverse geographical areas and periods. In *A History of Disability* (1999) Henri Stiker suggests that during the Middle Ages the category of the disabled merged with the ample population of the poor, hence explaining the lack of historical documents allowing the study of the treatment of and attitudes toward impairment. Irina Metzler, in turn, argues that while there is ample documentation indicating the existence of impairments, such as the cases found in miracle narratives, “we can only speak of impairment, but not of disability, during the Middle Ages” (*Disability* 190);¹⁰ while John Theilmann maintains that medieval and early modern diseases became disabilities when they were incurable, or when they crippled and deformed the body. For Theilmann, the social exclusion of disease victims was not a disabling factor (202, 208, 223).

As these divergent affirmations suggest, disability in the early modern period was a fluid concept. Diseases and impairments in general were explained from a combination of perspectives ranging from specific mental and physical conditions, social status and moral judgment.¹¹ Poverty, wars and frequent pre-industrial plagues and epidemics produced numerous impairments.¹² Disability was central to justifying the inequality and inferiority of women and other disadvantaged groups and as a “marker of hierarchical relations” (Baynton, “Disability and the Justification” 34). This heterogeneous conceptualization of disease and disability in early modern Europe was mirrored in the social practices and beliefs of pre-industrial Spain. For instance, during the medieval period people believed to be affected by leprosy, known as *gafos* or *malatos*, constituted a group that included many other afflictions beyond leprosy itself. Diagnosed lepers were usually considered dissolute and allied with Jews, stripped of their economic possessions and sent to *casas* or special hospitals of Saint Lorenzo (García Ballester, *La búsqueda* 532–534).¹³

Such circumstances support the need to expose historical practices and explanations of bodies, to study rhetorical mechanisms of representation and to examine particular testimonies of experiencing bodies in order to have a more complete understanding of disability in the period. The goal for scholars investigating the past is to unveil the particularities of what constituted disability in specific eras and places. In order to fulfill this objective, the contributions of these histories can be complemented by exploring alternative sources such as poverty laws, histories of hospitals and charity institutions, corporeal and social effects of plagues and epidemics, physical consequences

of penitential punishment and of wars and, specifically for critics in the humanities, the investigation of representations in literature, the visual arts and first-person testimonies.¹⁴

Clearly, in the past as in the present, disabled people did not comprise a uniform category, but social segregation and stigmatizing attitudes towards corporeal diseases and deformities are a historical constant. The diversity of those incarcerated in lunatic asylums—beggars and vagabonds, prostitutes, libertines, syphilitics, alcoholics, rejected wives and deflowered daughters—underscores the intolerant and unsympathetic reaction of society to difference (Winzer 80, 99). Although understandings of physical impairments were often enmeshed with moral attribution, the acknowledgment of the natural origin of corporeal suffering and insufficiencies was gradually enforced during the sixteenth and seventeenth centuries. Medical discourses and treatises on anatomy and healing practices showed a progressive awareness of diseases and bodily dysfunctions independently from the individual's sins. In addition to the natural and health sciences, other social mechanisms contributed to create somatic classifications and physical constraints. For example, poverty laws differentiated those who were actually lame or ill from able-bodied beggars; hospitals became specialized in the treatment of certain impairments and diseases (leprosy, syphilis, madness); and public health regulations controlled disorderly conduct such as prostitution.

Literary texts, which can be placed in the same category as miracle narratives, are not historical documents in a proper sense, and yet they reflect personal and social reactions and interpretations of impairments and contribute to the diverse discourses that construct disability in particular periods and situations. In early modern literature the disabled body presents individual and social crisis, misfortunes and failures that demand solutions. Even though disability permeates many narratives and becomes a driving factor in the story, as occurs in, for instance, the most important early modern Spanish novel *Don Quixote*, literature seems unable to provide a positive resolution to the disabled body, which is usually forgotten, punished or reincorporated within the social order. Literary representation is always a political enterprise and its interpretation can reveal the values and feelings of the society during specific periods.

The main challenge for medieval and early modern scholars is how to adapt theories created to explain contemporary situations and issues to the reality and artistic expressions of the past. Scholars have applied diverse approaches for reading early modern texts. For instance, for his analysis of blindness in medieval French literature Edward Wheatley

employs a “religious model” that, like the medical model, imagines disability as a spiritual lack that needs remedy (Hobgood and Wood, *Recovering* 14). Contrary to the idea of disability as deficiency, Julie Singer proposes “a transhuman model of (medieval) disability,” or a view of disability as “the addition of *something* to the body in order to make it different, to enhance its capacities” (“Toward” 175, her emphasis). Joshua Eyler, recognizing the anachronisms and misinterpretations that can result from applying constructionist models and their separation of concepts of impairment and disability (Meztler’s social model), favors a cultural model in which the term disability is understood as “both the reality of corporeal differences as well as the effects of social stigmatization” (“Introduction” 6). For the study of Renaissance disability Allison P. Hobgood and David H. Wood suggest that we should overcome “the compelling but restricted language of marvelousness, monstrosity, and deformity” (“Introduction”) and consider other factors, such as the humoral conceptions of corporeal difference as well as the progressive introduction of Cartesian modes of subjectivities (*Recovering* 12). For the analysis of post-reformation English disability representation these scholars recommend observing the changed attitude in the period of cultural transition from Roman Catholic to Protestant ideologies (*Recovering* 14–15).

In an effort to understand the peculiarities of disability and the stigmatizing of certain diseases and impairments I focus on the conceptualization and representation of female embodiment.¹⁵ Although narratives of disability coincide with a wide range of hierarchical value systems, the relation between women’s bodies and disability is particularly relevant insofar as, within the context of early modern categorizations, Western philosophical, medical and religious discourses on embodiment consistently conceive women as inherently faulty and incomplete. Socially, they constitute a version of what Foucault calls the “docile body,” since, as Ian Maclean has demonstrated, women in legal and scholastic discourses and through institutions such as marriage were expected to be submissive (51). These theories show how in all discourses that explain human anatomy in Western civilization, men have devalued women on the basis of their bodies; as Shildrick comments, “it is the body itself, in whatever physical form it is experienced, which position women as both morally deficient and existentially disabled” (*Leaky Bodies* 14).

My approach contests the conventional analysis that assumes disordered female figures to be standard tropes with specific and static meanings detached from real life politics, such as we observe, for instance, in the figure of the *vetula* (hag), traditionally used in

literature to represent extremely negative female attributes through physical deformity.¹⁶ In literature, bodies are discursively fleshed out in a spectrum of meanings that introduce nuances to the constructions. In the past as well as in the present, impairments have different meanings according to factors such as class, ethnicity, gender and age. In early modern culture women are always considered inferior, regardless of their social status. Being poor is often synonymous with being disabled, particularly in a period in which people's bodies were frequently ravished by famine, plagues and infections. The intensity of body stigmatization augments with age. Sicknesses, impairments and corporeal defects both signify and demonstrate the uncontested axiom of moral and somatic sub-standards attached to some groups.¹⁷

In Western Europe, from the ancient philosophers to the early modern medical and moral treatises, women have been described as inferior and incomplete in relation to men. The assumption that female bodies and minds were defective also justified the notion that women were more prone to dangerous sexual behavior, bodily decay and contagious disease. Imperfections were exacerbated in socially uncontrolled women, such as prostitutes, or women with a lack of functionality, such as old hags. All women possessed imperfect bodies and weaker minds than males, but deviant females were historically and fictionally doubly marginalized because they did not conform to the female ideals of beauty, health, virtue and youth (Garland-Thomson, "Feminist Theory" 288). In early modern Spanish literature female figures, impaired by the sequelae of infectious diseases such as syphilis or by extreme poverty, ugliness and old age, symbolically represent not only the state of real women but also the social crisis and anxieties of the time. These characters are targets of violent male authorial contempt with an unconscious intention of resolving the problem they represent. Another layer of discrimination is the fact that both teachers and scholars in the mainstream academy have failed to explore the accepted construction of women's weakness and the subsequent negative consequences. Concepts of female embodiment and illnesses propagated in early modern vernacular medical and public health treatises and conduct manuals that form the ideological background of fictional works support the postulates of current disability feminist theory that consider the fact of being female a lifetime handicap.¹⁸

Agreeing with Eyster's affirmation that textual analyses should choose models that "grow organically" from the texts themselves ("Introduction" 7), I endorse the need to consider the specificities of early modern Spanish texts and the historical and ideological particularities in which they were created. Although the concepts of women's

inferiority in Spanish works reflect general beliefs of the period, they also demonstrate certain idiosyncrasies of the Iberian Peninsula. During the first part of the sixteenth century Spain was very involved in European affairs and scientific advances, but its reaction to the Protestant Reformation on the heels of the consolidation of the Reconquista and the expulsion of Jews and Muslims reaffirmed the Catholic orthodoxy of Spanish society in all areas of knowledge and artistic endeavors well into the eighteenth century. It also reinforced intolerance to the communities of *conversos* and *moriscos*, converted Spanish Jews and Muslims. This unique situation makes early modern Spanish society different from that of other European nations. Since the majority of the texts examined here are filtered through Catholic moralistic notions, the cultural model I propose for reading early modern disability is historically specific to a Spanish society in which the hierarchical creation of identities and exclusion involved a discursive amalgam of gender, religious, economic and ethnic factors. The symbolic female body, with its intrinsic tendency to sin and decay, exposes the mechanisms of creating otherness in this society.

In a period in which concrete cases of marginalization caused by malformations and sicknesses were not widely documented, the literary representation of female embodiment has various functions. Aberrant women affirm the existence of difference and question established truths but the literary solutions to the disorder promoted by their presence clearly show the general repudiation directed toward them. Destabilizing characters—both male and female—are especially crucial in relation to the important narrative innovations of sixteenth-century Spanish literature. Fundamental texts such as *Celestina*, *Lazarillo* and *Don Quixote* have as main protagonists an old woman, an impoverished outcast and a mad middle-aged man. In the realm of historical lives, Teresa de Avila, a woman with multiple ailments, develops the greatest insight into Catholic mystical doctrine. The pervasive appearance of imperfect bodies in sixteenth- and seventeenth-century Spanish literature is essential to explaining the artistic and ideological milieu of the time. The thrust of the reality of the vulnerable flesh surpasses the compulsory ideal of a body conceived as a finished, complete and whole product isolated from others, creating a significant tension in these narratives.¹⁹ Perhaps we should understand disability not only as a problem that literature needs to solve (the prosthetic function) but also as the forceful inevitable presence of the universal condition of human beings resisting the illusory desire of normativity.

This book is divided into three main parts that reflect the diverse factors involved in the disability phenomenon: discursive and

institutional creation, artistic representation and historical testimony. The first chapter explores sixteenth- and seventeenth-century Spanish medical, regulatory and moral discourses in order to show how these inherit, reproduce and propagate an amalgam of Western traditional concepts of female embodiment. I have chosen popular vernacular versions of academic medical texts written in Latin because they were accessible to a wider population and thus had more influence in the collective imagination. From the 1495 translations of the well-known collections Johannes Ketham's *Fasciculus medicinae* (1491) and Bernard of Gordon's *Lilium medicinae* (1305) to medical texts from the late sixteenth century that include the new scientific ideas and anatomical advances that presaged the modern period, these treatises repeat traditional concepts of somatic constitution that remain the same well into the eighteenth century. The content of the selected works deals with anatomic descriptions of bodily functions, the role of each sex in procreation and the explanation of diseases, prophylactic measures and cures. The basic doctrines of these treatises reproduce to a great extent Aristotelian ideas and other classical and medieval medical traditions—Galen, Hippocrates, Avicenna—that assume the male body as the complete model from which females diverge. The notion of a less developed female embodiment, marked from the moment of conception in the left part of the uterus and in the fact of being colder and more humid than males, is also the foundation for explaining her weaker mind. In addition, I examine discourses of syphilis in order to show how stigmatizing diseases particularly affected women. The anxieties produced by the syphilis epidemic from the end of fifteenth century, linked to ideas of contagion and cleanliness, determined public health programs and moral sanctions that resulted in the segregation of deviant females.

Besides medical treatises, influential moral works such as Juan Luis Vives's *De Institutione Feminae Christianae* (1524) and Fray Luis de León's *La perfecta casada* (1583), as well as discourses on poverty such as Vives's *De subventionem pauperum* (1525), and Cristóbal Pérez de Herrera's *Amparo de pobres* (1598), illuminate how the established conception of female mental and physical inferiority had tremendous consequences for her diminished social role. Women's marginalization paradoxically provided some opportunities for the development of exclusively female professions, such as midwifery and healing, and for the formation of female communities—brothels, nunneries and secular women dedicated to religious contemplation (*beatas*). Early modern Spanish medical and moral discourses rationalized, legitimated and instituted the disadvantaged position of women in society. These discourses form

the conceptual environment of literary works where female figures embodied abjection, immorality and disorder; these characters also perform stigmatized and devalued activities and professions that the fictional society denigrates, mocks, rejects and eliminates.

The second and third chapters examine concrete representations of deviant female characters in a variety of literary texts from the end of fifteenth to the seventeenth century. Depraved, sick, defective and aged female figures appear in literary works in contrast with the ideal young, beautiful, chaste and submissive female heroines. In real life, the presence of poor disabled women left practically no traces in history and, yet, aberrant female characters plagued early modern Spanish literature in spite of this entrenched rejection. In these chapters I focus on two sets of characters that embody and symbolize patriarchal beliefs relating to female imperfection. The first group is constituted by the figure of the prostitute whose body is ravaged by syphilis; the second is comprised of physically decayed aged women.

In reality, both the prostitute and the old woman form a continuum, an expected evolution. Many literary texts suggest that all women, because of their physical and mental deficiencies, are potential prostitutes, recipients of diabolic temptation and prone to deterioration and disfigurement. The aggressive literary treatment of these characters, considered contagious agents that should be contained, avoided or destroyed, is similar to the conflicted social reaction of terror, disdain and attraction toward different bodies in contemporary society. Representative brothel literature from the end of fifteenth to the seventeenth centuries includes, among others, Rodrigo de Reinosa's *Coplas de las comadres* (c. 1499), *Celestina* (1499, 1502), *Lozana andaluza* by Francisco Delicado (1528), picaresque novels, Francisco de Quevedo's satirical and festive works and Miguel de Cervantes's portrayals of old and debased women (Maritornes, Doña Rodríguez, Cañizares, Claudia and Esperanza) in *Don Quixote* (1605, 1615) and in his *Novelas ejemplares* (1613). Female characters in these works display the extreme consequences of uncontrollable bodies and their susceptibility to devilish behavior and social defilement. Their bodies show in different proportions the symptoms of syphilis, the devastating European pandemic during the period, in relation to activities such as prostitution, pandering and witchcraft. The metaphor of stigmatized disease became more intensely gendered in an inverse proportion to the prevalence of the historical malady.

In the early sixteenth century syphilitic female characters are more developed and portrayed as relatively strong and independent, as we can see, for example, in the case of Delicado's *Lozana andaluza*. The

negativity of female representations intensified over the course of the century to the point that, by the seventeenth century, figures of syphilitic women are horrendous, monstrous and devoid of any humanity. They become the stylized grotesque mark of corruption. I contend that the extreme disabling construction of women in this period corresponds to a fervent need in the male imagination to sustain the logocentric system at a time when the Spanish empire and traditional values started to show clear signs of disintegration.

To study the literary trope of the hag in the third chapter I use disability concepts and aging studies methodologies because of the similarities between ageism and ableism (Furman 10; Overall; Wendell, "Old Women" 133). The aged and the disabled body is usually rejected and considered inferior and unproductive. Cynthia Rich says that ageism cuts across all ethnicities and classes (Lipscomb 6, 11), but it also cuts across history. Nonetheless, the historical vacuum and lack of critical attention given to elderly women and to the disabled as objects of study in the artistic and scientific fields confirm the traditional invisibility of these groups. In literary texts older female characters usually occupy secondary positions and are negatively portrayed, but their presence is full of nuances. The paradox is that while older women (*viejas*, *dueñas*) were invisible and functionless in the historical reality they are pervasive figures in early modern Spanish literature. As I have mentioned in regard to the prostitute, the corporeal deterioration, mental incapacity, immoral activities and social uselessness of *viejas* also diverge from the idealized portrait of the noble heroine. The analysis from the perspective of Disability Studies of these recurrent figures, including old duennas, destitute procuresses, witches and go-betweens, which often appear in a variety of genres and works, exposes society's obsession with and apprehension towards aged bodies, redolent of vulnerability and death.

The fourth chapter analyzes the personal testimony of Teresa de Avila (1515–1582), a nun suffering neurological disorders, possibly epilepsy. It complements the discussion of early modern women's disability presented in the first chapter—as the discursive creation of women's incompleteness—and in the second and third chapters—analysis of literary representations of aberrant females as a symbolical way of designating social maladies and their remediation. In her autobiography, *Libro de la vida* (*The Book of Her Life*), Teresa explains her frequent physical problems in relation to mystical graces, involuntary and uncontrollable raptures, beatific and demonic visions and the hearing of voices and prophetic messages. In a period in which the experiences of epilepsy and of having visions were stigmatized

and the intervention of the devil in women's weakened body and soul was suspected, Teresa successfully defends her right to explain her own bodily experiences, contravening accepted explanations. As was the case of the fifteenth-century deaf nun Teresa de Cartagena, Teresa de Avila represents a unique female way of talking about the self through the vulnerabilities of her body that shares patterns characteristic of contemporary autobiographies of disease. The acceptance of and identification with physical weakness becomes central to reaching knowledge and independence in female testimonies. Teresa creates a textual resistance to external labeling and social segregation. Rejecting the established concept of women's mental and spiritual inferiority—even though she paradoxically uses this notion to her own advantage—the author demonstrates that she attains wisdom through her particular way of feeling her body. She creates her own space and alternative narrative that elude social constraints for women. In Teresa de Avila's self-narrative, impairments and pain are positive experiences that help her attain self-assurance and knowledge.

Early modern Hispanists have either ignored or contributed to the existence of textual disability. Critics have considered prostitutes and old hags as unchanging and recurrent literary stratagems used to create humor and satire without questioning other deeper needs fulfilled by the frequent use of these abject female figures. But the reading of deviant characters as tropological traditional devices with fixed denotation is not only reductive but also perpetuates discrimination. From the philological point of view, it is true that deviant female figures persistently appear in European literature, but the significance of their representation varies according to the historical context. Similarly, while the autobiography of Teresa de Avila has been the object of important linguistic and feminist analysis, Teresa's scholars have overlooked the importance of her impaired body in her writings. Feminist and disability methodologies allow for more nuanced interpretations of canonical texts. In this way *Disabled Bodies in Early Modern Spanish Literature: Prostitutes, Aging Women and Saints* contributes to the methodological exploration of early modern disability.

Notes

- 1 Even though scholars have been insisting on the novelty of the field, Tobin Siebers, during the MLA 2013 convention, proclaimed that because of the abundant critical and theoretical work produced in the last twenty years, disability studies is no longer an emergent field (oral presentation at the MLA Forum "Avenue of Access," January 5, 2013).

- 2 See Alice Sheppard (639), Simi Linton (*Claiming* 120–31), and Paul Longmore and Lauri Umansky (“Introduction” 12). For various definitions of disability, as well as for the enactment of public policies and recommendations, consult the World Health Organization, 1980, 2011 (<http://www.who.int/topics/disabilities/en/>); the U.N. Standard Rules on the Equalization of Opportunities for People with Disabilities (http://www.hrea.org/index.php?doc_id=416); the Disability Discrimination Act 2010 (U.K.) (<https://www.gov.uk/definition-of-disability-under-equality-act-2010>); and the Americans with Disabilities Act (U.S.) 1990 (<http://www.ada.gov>). The *Stanford Encyclopedia of Philosophy* finds two common features in the definitions offered by these bodies: They involved physical or mental impairments or dysfunction, and “some personal or social limitation associated with that impairment” (3). Impairment is a condition that the individual cannot alter (unlike poverty or certain diseases); the notion of limitation is also eclectic, according to the individual and circumstances (3–4).
- 3 See the description of diverse disability paradigms, which may be somewhat overlapping, in Pfeiffer’s “The Conceptualization.” The *Stanford Encyclopedia of Philosophy* offers a more concise view.
- 4 See Janet E. Price’s review, “Engaging Disability,” of six important disability books and collections published between 2002 and 2006: Corker and Shakespeare, eds. *Disability/postmodernity*; McRuer and Wilderson, “Introduction” to the special issue of *Desiring Disabilities*; Sandahl and Auslander, eds. *Bodies in Commotion*; Snyder and Mitchell, *Cultural Locations*; and Tremain, ed. *Foucault*. The contribution of Robert McRuer, *Crip Theory* (2006) opens new ways of understanding disability and queerness in contemporary societies dominated by the economic and cultural system of neoliberal capitalism.
- 5 In *Stigma* (1963), sociologist Erving Goffman explains the phenomenon of the social rejection of people who do not conform to established parameters. Stigma is an undesirable attribute of some individuals that provokes discrediting and rejection (“Selections” 132). It is “a social construct” that has three important components—fear of difference (affective), stereotyping (cognitive) and social control (behavioral)—that help to maintain the existing social hierarchy (Coleman 143, 149–150). These attributes are common in the marginalization of the disabled. Stigmatization has an important role in power relations because it “not only reflects the tastes and opinions of the dominant group, it reinforces that group’s idealized self-description as neutral, normal, legitimate, and identifiable by denigrating the characteristics of less powerful groups or those considered alien. The process of stigmatization thus legitimates the status quo, naturalizes attributions of inherent inferiority and superiority and obscures the socially constructed quality of both categories” (Garland-Thomson, *Extraordinary* 31). The idea of stigma as a cultural mechanism of exclusion of difference can be complemented with Douglas’s concept of dirt as “essentially disorder,” a threat to transgressors, a source of pollution, and an anomaly (*Purity* 2–6). Disability, like the concept of dirt, is the excluded, the aberrant, the anomalous and the impure that cannot be integrated into the system (Garland-Thomson, *Extraordinary* 33). But because the process of stigmatization is historically, culturally and politically contingent it is also important to understand the common mechanisms

of subjugation in play. The diverse factors that intervene in disability-related oppression are economics, culture and belief; the creation of false consciousness and individual alienation (internalization of inferiority, self-pity, shame); the formation, normalization and reproduction of structures of power and subjugation; and the significance of images and language in dehumanizing people with disabilities (Charlton 217–227). As regards knowledge/power relations, disability theorists have used the works of Michel Foucault, with his emphasis on modern taxonomies and institutional structures, in order to understand the creation of subjectivity in Western Europe from the end of the eighteenth century to the present.

- 6 Siebers is referring to Judith Butler's idea of physical pain as a social device of empowerment to produce conformity to the heterosexual body, and to Elaine Scarry's vision of pain as the Other situated outside, such as in torture and warfare. According to Sieber, both scholars neglect the reality of suffering for some people with disabilities that consciously identify with their bodies (179–180). Nonetheless, in *Bodies that Matter*, Butler exposes the limits of social construction because bodies in pain and abject bodies challenge representation. "Abject beings have bodies and desires that cannot be incorporated into social norms ... they inhabit the border between the acceptable and unacceptable" (Siebers 174).
- 7 The theoretical proposals of Mitchell and Snyder have been widely used in textual criticism. See, for example, Ato Quayson's cross-cultural analysis of literary representations of disability. According to Quayson, disability representation is a device of aesthetic collapse that produces a crisis, an aesthetic nervousness (25).
- 8 The fact that the Modern Language Association of America (MLA) published the collection *Disability Studies: Enabling the Humanities* (2002); sponsored a conference on Disability Studies and the University (Emory University, 5–7 March, 2004); published its proceedings (*PMLA* 2005); and created both the Division on Disability Studies and the Committee on Disability Issues in the Profession testifies to the recognition of this field of intellectual inquiry in the most important American association of literary scholars. In addition, from 2012 to 2013 Michael Berubé, a very well-known disability scholar, served as the president of the MLA. The 2013 MLA Annual Convention program demonstrates the growing interest in this field: it included twenty-one full panels, four related sessions, five individual papers and a Forum dedicated to disability studies.
- 9 See, for instance, the groundbreaking publications by Michael Bérubé, Brenda Brueggemann, Thomas Couser, Lennard Davis, Rosemarie Garland-Thomson, Sander Gilman, Diane Price Herndl, Simi Linton, and David T. Mitchell and Sharon L. Snyder.
- 10 For a review of Metzler's *Disability in Medieval Europe* see Monica Green ("Focus" 539–540). Her later work, *A Social History* (2013), aims to reconstruct the "lived experience" of mostly central European and English medieval disability through diverse documents, including literature (1).
- 11 "In pre-modern societies, classificatory distinctions between disease, deviance and sin are either non-existent or underdeveloped. The aetiology of physical disease and social deviance was sought in the moral history and condition of the individual. Health and morality were fundamentally united

in practice and in theory In terms of disease categories, epilepsy, venereal disease and leprosy perfectly illustrate the undifferentiated nature of the threats to society, since these conditions were simultaneously religious, moral, medical and legal phenomena” (Bryan Turner, *The Body and Society* 211–12).

- 12 Catherine Kudlick affirms that, along with wars, epidemics were “the primary producers of disabled people” (186).
- 13 Historian Henri Stiker presents a more positive role of the medieval leper during the thirteenth century that resulted from the teaching of Francis of Assisi, for whom the figure of the leper personalized the presence of the Lord and was glorified and spiritually integrated (82).
- 14 Metzler actually suggests many of these primary sources in her article “Disability in the Middle Ages” (2011).
- 15 My approach to disability also coincides with Tory V. Pearman’s *Women and Disability in Medieval Literature*, although my premise, scope and textual interpretation are very different. The works of Caroline Walker Bynum, Rosemary Garland-Thomson, Monica Green, Elisabeth Grosz, Helen King, Julia Kristeva, Ian Maclean, Margrit Shildrick, Susan Sontag and Susan Wendell, among others, inform the feminist approach to disability I have chosen to explore this topic.
- 16 Baynton similarly denounces the issue of not exploring representation beyond the accepted formula: “Literary critics have never ignored the existence of disabled characters nor their symbolic power—they could hardly do that, given their prevalence—but they have usually treated them as natural symbols rather than markers of cultural attitudes toward disability” (“Disability History” 289).
- 17 Baynton affirms that the injustice of attributing defects to women and minority groups has been noted by historians, but that “little thought has been given to why these attributions have such power to discredit, why they are so furiously denied and condemned by their targets, and what this tells us about the cultural meaning of disability” (“Disability in History” Paragraph 13).
- 18 For a pioneering work on the situation of disabled women in the disability movements see Deegan and Brooks’s *Women and Disability*.
- 19 Bakhtin’s description of what constitute the new somatic Renaissance ideal emphasizes characteristics opposed to women’s embodiment: “The new bodily canon, in all its historic variations and different genres, presents an entirely finished, completed, strictly limited body, which is shown from the outside as something individual. That which protrudes, bulges, sprouts, or branches off (when a body transgresses its limits and a new one begins) is eliminated, hidden, or moderated. All orifices of the body are closed. The basis of the image is the individual, strictly limited mass, the impenetrable façade. The opaque surface and the body’s ‘valleys’ acquire an essential meaning as the border of a closed individuality that does not merge with other bodies and with the world. All attributes of the unfinished world are carefully removed, as well as all the signs of its inner life” (*Rabelais* 320).

CHAPTER I

The Creation of Female Disability: Medical, Prescriptive and Moral Discourses

Research on female disability in early modern Spanish discourses seeks to answer how and why women's bodies have been negatively marked by society and culture. Toward that end, this chapter examines selected natural science texts as well as the social and moral prescriptions that predominated in Spain from the late fifteenth through the seventeenth centuries in order to elucidate specific concepts of corporeality during the period that inform artistic female representations. The anatomical descriptions of gendered bodies, and their somatic vulnerabilities, expected functions and assigned meanings, had remarkable political consequences. These discourses cooperated in the construction of a hierarchy of bodies that placed women, especially unruly females, at the bottom of the scale.

This chapter begins with an overview of selected male-authored vernacular medical texts circulating in the Iberian Peninsula that exemplify concepts of women's physicality. These manuals include general descriptions of the constitution of the female body, gynecological and obstetric treatises and epidemic literature, where women were allegedly implicated in the development and propagation of certain widespread diseases of the period, such as syphilis. I also investigate the function of public health recommendations and regulations concerning poverty and prostitution, as well as the role of hospitals, workhouses, penitentiaries and brothels in segregating poor women. Finally, I explore illustrative moral treatises that, in the same spirit that stimulated public health initiatives and poverty reforms, present guidelines of ideal female behavior based on the assumptions that women were fragile, defective and unstable and, therefore, needed to be subdued and controlled.

Although, clearly, general notions of women's inferior embodiment and mental feebleness and the subsequent social oppression make all women disabled by default, my objective is to uncover certain physical specificities, situations and tropes in the hierarchical social pattern that constitute the paradigm of disability in early modern Spain. Unruly, poor, ill women are the objects of maximum social stigma. Although, paradoxically, imperfect and powerless female figures are very present in the male artistic imagination, historically they form an anonymous group without voice. They left traces of their existence through indirect information, such as their role in pollution, hospitalization records, government regulations or sporadic legal complaints of disorderly behavior. At the other extreme of the female social spectrum, as my chapter on Teresa de Avila illustrates, religious women provided written testimony of the multifarious difficulties of being a woman living with unexplained diseases in the period: difficulties partly explained by the ingrained conception that the fragility of the female body-mind predisposed women to demonic influence. Following an examination of these discourses I conclude that, as with disability, the major element of the devalued trope of effeminacy is judgment and stigmatization of corporeal difference. The master trope of effeminacy is therefore used to depreciate not only specific gendered individuals but also other groups dismissed in the period, such as the Jews or the Venetians.

Theorizing Female Embodiment

There is a plethora of publications that study the body from diverse perspectives.¹ The main theoretical questions are concerned with elucidating the nature of the materiality that constitutes human beings and assessing the importance of sexual difference. Summarizing the complexities involved in descriptions of the body, Simon J. Williams and Gillian Bendelow describe it as:

a fleshy organic entity and a natural symbol of society; the primordial basis of our being-in-the-world and the discursive product of disciplinary technologies of power/knowledge; an ongoing structure of lived experience and the foundational basis of rational consciousness; the well spring of human emotionality and the site of numerous 'cyborg' couplings; a physical vehicle for personhood and identity and the basis from which social institutions, organisations and structures are forged.
(*The Lived Body 2*)

Despite differences in interpretation and approach, contemporary scholars of the body generally agree that it does not have an independent biological meaning, but, rather, is always the result of social and historical interpretation. As sociologist Bryan Turner observes, “the body is a material organism, but also a metaphor.” Bodies are individual ecosystems related to and influenced by others in society. They are essentially unruly, and can be “threatened by disease but also by social stigmatization” (*The Body* 7–8). The biological, symbolic and social aspects of embodiment, as well as the impact that impairments, diseases, social stigma and discrimination have on the self, are at the core of disability theories.

Nonetheless, many of the notions developed in somatic theories concern the male able body, the universal model of human being. Thus, even when their theoretical conclusions can be applied to both sexes, an exploration of how different bodies interact with their environment and how difference is used as justification for the social injustices directed to women and the disabled is essential. In a dichotomy that favors ableness and males, it is not surprising that feminist and disability studies share the common goal of examining and debunking the accepted meanings and social implications of physical embodiment.

In Western civilization, since Plato (428–348 BC), Aristotle (384–322 BC) and the Judeo-Christian tradition, the principal philosophical model within which bodies have been imagined is based on the dualism men–mind /women–body. Men have been placed on the positive side of the equation, and the ideal human being has been universally conceived as masculine, young and physically and mentally able. Women, in contrast, have historically been circumscribed as an insufficient or deficient version of this model. As Elisabeth Grosz has pointed out, the problem with dichotomous thinking is not the pair but the *one* within the pair considered independent, autonomous and universal, which “cannot tolerate any *other*” (*Volatile* 211, note 1, her emphasis).

Against this long tradition of polarized thought justifying men’s privileged position, contemporary feminist theories have elucidated multiple explanations for women’s subordination in relation to their corporality.² Grosz emphasizes the need to invert the dualisms that have prevailed in the Western world and to think about subjectivity “using the subject’s corporeality as a framework” (*Volatile* vii). Challenging the patriarchal position that favors male–mind, Grosz demonstrates that sexualized bodies are fundamental to an understanding of the connection between physicality, society and culture. Bodies are not a natural unchanged given, but the result of historical

inscriptions and cultural marks: not represented, but produced by representation itself.³ Given their organic openness and incompleteness, specific bodies are interactive, productive and unpredictable.

Grosz's reflections in regard to sexual difference and social inscriptions are of particular interest for an understanding of female disability. Especially useful are the concept of "dirt"—that which is out of order, marginal, unincorporable, a site of potential threat to the system—as developed in anthropologist Mary Douglas's *Purity and Danger* (1966), and Julia Kristeva's well-known theory of the "abject" expounded in her *Powers of Horror (Pouvoirs de l'horreur. Essai sur l'abjection)*, 1980). For Douglas, the body with its orifices and surfaces represents and symbolizes social anxieties and fantasies through rituals of pollution and purification, especially in the relation between the sexes (Douglas chapter 7; Grosz 193). Kristeva, in turn, refashions Douglas's sociological and anthropological ideas of pollution into the human psychological and subjective features she defines as the "abject." The abject is that which is "permanently thrust aside in order to live," such as body fluids, excrement and their equivalents (decay, infection, disease, corpse). Kristeva associates this "*corporeal waste*" with maternal and feminine corporality (70–71, her emphasis). What causes abjection is not sickness or waste *per se*, but the disturbance and danger these represent to identity and the stability of the subject's signifying system. The abject, then, is the ambiguous, the unruly and the unlimited, which expose the "frailty of symbolic order" (4, 70). The conception of female carnality constructed in the West is much more complex than a mere lack. The female body's openings, uncontrollable flows and changes of shape confirm its permeability and indeterminacy, in contrast with the solid and unified male. This disparity creates a gap, an intolerable distance, for masculine systems that demand sameness and identity, and justifies the historical violence toward women and other groups that challenge the order.

This intolerance and aggressiveness toward female bodies also describes the disorder caused by disability. The differences marked on female bodies (emptiness, impure fluids, broken) authorize men to associate women with disease, infection and contamination (Grosz 203, 207–208). Women, like the disabled, have incomplete, uncontrollable, deformed and excessive bodies that threaten mainstream order and solidity.

Early Modern Discourses on Women's Bodies

Early modern discourses reproduced and circulated commonly held classical and medieval conceptions about women, principally centered on their defective corporality and moral corruption. Such ideas inform the abundant corpus of vernacular medical, public health and hygiene treatises as well as religious, moral and prescriptive works available to a wide sector of the population. They are also reflected in literary and artistic artifacts.

In early modern Europe, the innovation of printing, humanist interest in publishing older medical texts and the consolidation of university programs resulted in an abundance of medical writings in Latin and in vernacular languages that gathered and propagated both classical and medieval medical knowledge and innovations as well as practical guides for the general population (Barona, "El Escorial" 161; Gutiérrez Rodilla, "La medicina" 301–302; Maclean 28; Siraisi 187–188). The concepts of the female body found in these discourses supports Shildrick's assertion that "it is the body itself, in whatever physical form it is experienced, which positions women as both morally deficient and existentially disabled" (Leaky 14). During the late medieval and Renaissance period, medical definitions of the female body are complex and interconnected with such areas as spermatology, hystero-logy, humor theories, embryology and anatomy (Maclean 28). As such, early modern medical treatises are a continuation of medieval medicine based on an amalgam of the principles found in Aristotle, Hippocrates, Galen and the Judeo-Christian tradition, in addition to Renaissance philosophical currents, discoveries and practices (Siraisi 187).

Aristotle's *On the Generation of Animals* is a useful starting point, insofar as it elaborates concepts about human corporeality and procreation that would dominate Western knowledge for centuries to come. Aristotle proclaims the superiority of men in relation to generation, owing to their more active, effective and transcendental capacity: "the male stands for the effective and active, and the female, considered as female, for the passive" (Book I, 20). Males, for Aristotle, are associated with "the principle of motion" (Book II, 5) and spirit-form, and females with matter (Book II, 4). Women's smaller, rounder bodies and menses are interpreted as signs of their imperfection (Book I, 19), as expressed in the following well-known assertion, which emphasizes their essential disability: "*for the female is, as it were, a mutilated male, and the catamenia are semen, only not pure; for there is only one thing they have not in them, the principle of soul*" (Book II, 3, my emphasis). Aristotle's explanation of women as less developed than

men, colder, with impure fluids, passive and connected to matter, consolidates a negative and enduring representation of female embodiment in Western thought.

By the second and third century AD, Galen, accepting Hippocrates's theory of humors in addition to Aristotelian concepts, developed the notion of a hierarchy of bodies according to their vital heat (the one-sex model). Both male and female have seeds, but males are more perfect than females because of their hotter constitution. Therefore, the colder and moister dominant humors in women explain their internal sexual organs and inability to produce semen (Maclean 31). The belief that men and women were the same sex with equal genitals, but inverted and internal for women because of their lesser development, was so ingrained that even after empirical observations to the contrary Andreas Vesalius and other sixteenth-century anatomists continued to graphically depict the similarity of the sexual organs. Alternative discourses, such as Hans Kaspar Wolf's well-known compilation of gynecological treatises *Gynaeciorum* (1566),⁴ accepted the idea of two sexes, but women continued to be placed in an inferior position.⁵ Their bodies are more humid, which results in a softer and more porous flesh, cannot consume the digestive excess because of their sedentary life and have an uterus able to travel around in the body and press other organs, as Plato had already indicated. Early modern medical texts also discount women's intervention in reproduction. Thus, even as the model of a single sex was largely discarded by the end of sixteenth century, the idea of women's colder metabolism continued to be central in explaining female somatic eccentricity (King, *Midwifery* 13–14; Maclean 36–39; Shildrick, *Leaky* 31–34).⁶ Classic conceptions of men's physical and mental superiority—they are stronger, hotter and healthier, stay youthful longer and have superior virtues—have an enduring symbolic value to this day. By comparison, women are flawed and disabled from the moment of conception. The female embryo is already marked in the uterus by discarded materials and impure blood (Shildrick, *Leaky* 35).

Alternative concepts such as the Hippocratic notion that women ejaculate and have their own semen and that the human fetus is the result of the merging and interaction of male and female seeds also circulated during the early modern period in Europe. The implication of the existence of female seeds (also accepted by Galen) may support an argument for the equal worth of the sexes. Nevertheless, gender and physiological differences undermining women's position in society persisted. It was believed that men had more physical ability to convert their seed into nutrition and, as a consequence, to avoid sex without

harming their health, while women, due to their sedentary life, had more difficulties in dispersing or excreting the seed, thereby leading to the accepted conviction that they could not have a healthy life without having sexual relations (Schleiner, *Medical Ethics* 129).

In addition to considering women's seeds weaker, menstruation was not associated with fertility but with lack, pollution and health problems. The traditional understanding considered menstruation a purgation of harmful excesses accumulated in women's bodies because of their inability to completely digest food, their lack of heat and their sedentary life. This view associated female fluids with impurity, filth, contagion and the transmission of diseases, frequently expressed by the idea of the uterus as a sewer (Stolberg, "A Woman" 294). Even when there is a positive note in the idea of purging or cleansing the body, the majority of erudite and popular testimonies of women's menstruation inferred lack and pollution. Furthermore, menstruating women were associated with women's fertility and social function, a requirement for the good wife, while amenorrhea and menopause were by default a condition associated with disease and social stigma.⁷

If the female seed was believed to be inferior, and menstruation the result of excessive impurities, the uterus was also conceptualized as a source of problems. Impure excessive blood and movements of the uterus were considered the main causes of hysteria, thought to be a woman's disease well into the late twentieth century (King, "Once" 8, 64). Influential thinkers and texts, such as Plato (*Timaeus*) in the fourth century BC, Aristotle, Aretaeus of Cappadocia (first century AD?), Hippocratic texts and Galenic thought, blamed the moving uterus for causing several female symptoms.⁸ In medieval texts the phenomenon of the uterus pressing against other organs and obstructing breathing is called *suffocatio matricis*; it is described in the Hippocratic texts and related to a female disease similar to hysteria, which could also be caused by the retention of menstrual fluids in the brain.⁹ Women were different because of their uterus, their accumulation of blood and their peculiar spongy flesh (King, "Once" 30; Stolberg, "A Woman" 292). On the Iberian Peninsula the long list of hysterical illnesses included by Luis Mercado in his treatise *De mulierum affectionibus* also insisted upon the uterus's role in producing a weaker mind (Maclean 41).¹⁰

The conception of a wandering uterus implies a hollow female body. Andreas Vesalius's anatomical figures show the structural solidity of the male muscles and skeleton, while the female body appears with soft surfaces and an empty interior where the reproductive organs are loose. Embryos and fetuses also seem disconnected and

without context in the uterus. Usually the figures represent a small child completely formed, which gives the impression of self-sufficiency, making the maternal body into simply an independent empty container (Shildrick, *Leaky* 38, 42). This lack of substance and vacancy in the female body has been a recurrent theme in Western culture.¹¹

Another issue regarding women's physicality that would have important moral and social consequences for women was the notion of virginity, defined as the intactness of the hymen. While ancient natural philosophy (Aristotle, Galen) lacked the concept of the vaginal hymen and considered female virginity more a state of moral purity and innocence than a physical state, Christian societies invested defloration with impurity and moral judgment. The evolution of the concept of a vaginal membrane that guards a maiden's purity for her future husband or for God "goes hand in hand with the increasing control over her life by men" (Lastique and Lemay 67).

Lastly, the problems of female corporality constitute the rationale for her mental weakness and moral depravity. Women's lack of body control, slower metabolism and uterine pressures in the brain increase their sexual needs and provoke irrationality. Their weaker body and mind justify their confinement to private social spheres and their submission to men (Maclean 41–44; Shildrick, *Leaky* 35–36). The diverse constructions of the flawed materiality of women support the conception of their physical and intellectual inferiority and the cultural expectations of their social role during the early modern period. These classical and medieval concepts of women's bodies and temperaments also generate the gender roles that have permeated western culture to this day.¹² Moreover, the imperfect female body envisioned in Western natural philosophy forms the prototype for all other marginalization and stigmas assigned to different bodies, whether marked as racial difference or disability.¹³ At the end of her analysis of the Hippocratic texts, King concludes that in the traditional medical stories "the language may shift—the womb travels, vapor rise, sympathy transmits symptoms through the body—but the message remains the same: *women are sick, and men write their bodies*" ("Once" 64, my emphasis).

Women in Medical and Social Health Discourses in Spain

Late medieval and Renaissance Spanish medicine follows the same European trends, characterized by the influence of classical and medieval natural philosophy.¹⁴ Ancient medicine remains the basic state of knowledge up to the eighteenth century, but during the Renaissance the views of Galenic scholasticism and the Arabic tradition were confronted by the humanist movement, a revival of Hippocratic ideas, atomism, alchemy, some aspects of the hermetic tradition and Neo-Platonism (Barona, *Sobre medicina* 14). Spanish medical humanists such as Andrés Laguna and Luis Mercado produced significant academic books written in Latin, while other authors and practitioners wrote in the vernacular. Vernacular texts constituted a tendency that would increase over time for reasons of convenience and distribution, since the majority of the population, including most popular healers, did not know Latin (Gutiérrez Rodilla, “La medicina” 303, and “Los textos”). Such books were accessible and fulfilled the expectations of ill readers in search of medical advice (Solomon, *Fictions* 8).

At the end of the fifteenth century two important vernacular translations from Latin of medical texts appeared in Spain: the *Lilio de medicina: un manual básico de medicina medieval* of Bernardo de Gordonio (c. 1260–c. 1318) (Sevilla 1495) and Johannes Ketham’s *Compendio de la humana salud* (Zaragoza, 1494; Pamplona 1495).¹⁵ These translations became very well known within Spanish medical teaching spheres, or *Studia*. Both manuals include chapters on women’s bodies, gynecology and conception. They address the prevailing humoral theory as well as traditional, classical, Arabic and medieval scholastic rationalization (Aristotle, Galen, Averroes, Avicenna, Albertus Magnus and Constantine Africanus) on the inferiority of women. *Compendio* and *Lilio* attest to the persistence of medieval medical knowledge during the Renaissance (Granjel, *La medicina española renacentista* 46). In effect, descriptions of women’s nature and reproductive system found in these texts were not very different than those found in medieval European medical texts.¹⁶

In *Compendio* and *Lilio* women’s weakness and ailments are connected to their sexuality. *Compendio* dedicates the fourth treatise, entitled “Delas dolencias delas mujeres,” to therapeutic advice as well as a description of the female reproductive system. Similar issues are found in Book VII of Gordonio’s *Lilio*.¹⁷ Women’s sperm, menstruation and pregnancy are the major topics in relation to female disease. Notwithstanding Aristotle, both *Compendio* and *Lilio* acknowledge the

existence of the female seed, which is produced more abundantly than men, but is of inferior quality. Seeds are originated either in the superfluous humor of digestion or in the distilled humor of the brain, and their expulsion is a natural and healthy occurrence. When this need is unfulfilled, the retention of menstrual blood and sperm increases sexual desire in women as well as producing diverse illnesses such as suffocation of the mother (hysteria).¹⁸ *Lilio* explains that the retention of sperm affects more specifically widows and unmarried women that do not have intercourse. Among other cures for suffocation, such as applying stinking odors in the nose and pleasant ones in the lower parts (to drive the uterus down), *Gordonio* recommends that midwives massage the genitals.¹⁹ The function of the uterus is to greedily attract the male seed, to the point that some virgins could get pregnant by bathing in water where a man has expelled his seed (*Compendio XX*).

Compendio explains that menstrual fluids are corrupt and undigested red blood that occurs only in women owing to their cold nature and imperfect metabolism.²⁰ Both texts agree that, with the exception of when the polluted blood becomes nutritional milk during pregnancy, the obstruction of the healthy monthly evacuation of blood results in terrible disorders for women, such as epilepsy, mania, melancholy, suffocation, nausea, dropsy and gout. Because of their continuous contact with this poisonous substance, women are essentially immune to venom and can have a powerful destructive and polluting effect on others during their menstruation through the venomous fumes emitted from their eyes.²¹

Clearly these conceptions produce the idea of a dangerous female that can infect and destroy people. Because of their somatic qualities, females need to be feared and restrained. One way of monitoring them is by affirming their natural need for moderated intercourse for procreation, which should occur within the institution of marriage. As a result of this policy, unrestrained single and older women are especially dangerous, physically and socially.

As set forth in the *Compendio*, menstruating women are also responsible for monstrosity, malformations and infections. Women who become pregnant during their periods will deliver deformed or leprous children (*Compendio XXIV*). Moreover, the voices of men that have intercourse with women during menstruation turn husky because their breath attracts the infected air of women.²² Menstrual fluids, the sign of womanhood or Woman itself, offend and damage everything. Even worse, when the flow of blood is retained, or interrupted by aging, the liquid rots inside their bodies, making women insane. The corrupted matter retained in the body of post-menopausal

older women may result in their infecting children with their breath. Healthy adult males should avoid any sexual contact with them (*Compendio XXv*).²³ In traditional physiology, old women are explained as a poisonous social threat, an idea reflected in literary portraits.

The description of specific female organs completes the defective physiology of women in these treatises. *Compendio* reveals the traditional conception of the uterus explained above: an organ that moves and provokes suffocation, and that is programmed to conceive men, since woman is a monstrous accident of nature.²⁴ She is not only a natural aberration but also the main cause of genetically malformed children.²⁵ Other medical discourses of the period, such as Francisco López de Villalobos's "dellas passiones de la madre," included in his 1498 *Sumario de medicina*, discuss similar women's issues.²⁶ Additional publications on the education of midwives that appeared during the sixteenth and seventeenth centuries provide valuable information about the health demands of female physiology.²⁷ At the beginning of the sixteenth century these well-known and authoritative medical collections established a model of women's bodies that justified both adverse beliefs and representations and the necessity of social restrictions on women.

Treatises on Anatomy: The Physicality of Women's Inferiority

Anatomy was a branch of medicine that flourished during the sixteenth century, advancing the study of the human body through direct observation and dissections of bodies, in contrast to the inherited theoretical ideas presented in learned medical books.²⁸ Despite certain advances and the rejection of some antiquated beliefs, such as the different conception of men or women according to the site of the uterus, these anatomies continued to closely follow Galenic ideas, however. For instance, the first anatomical book written in Castilian, Bernardino Montaña de Monserrate's *Libro de Anothomia del hombre* (1551), acknowledges that the female body is less developed in terms of her inverted genitals, her ineffectual seeds, her difficulty in metabolizing food because of its lack of heat, her need to expel superfluous blood through the most convenient orifice and her use of excessive blood to generate and feed the fetus as well as the infant by its conversion into milk (fol. LXXXI, quoted in Barona, *Sobre medicina* 60). These premises are similarly included in the most widely known treatise on anatomy, by Juan Valverde de Amusco, *De humanis corpori fabrica* (Rome,

1543), translated to Spanish in 1556 as *Historia de la composición del cuerpo humano*.²⁹ Despite the fact that Valverde's anatomy relies more upon direct observation it continues to maintain traditional notions. Female genitals are an inverted version of the male's,³⁰ and menstruation is an excess of humidity that needs to be expelled for the health of the woman to avoid corruption and sicknesses.³¹ Similarly, writing in the end of the sixteenth century, Andrés de León, in his *Libro primero de Annathomia* (1590, 1591), underlines the basic idea that nature is inclined to produce the best products, males, and women are the result of weak semen. However, León's book adds a complexity to sexual difference not found in the other anatomies. For him, both males and females have seeds in variable quality; there are women with manly semen and men with feminine semen. Depending on the degree of heat during gestation the result can be effeminate males or manly women ["varones amugerados" or "mugeres varoniles y machorras" (28v)]. León mentions a tissue not described in Valverde's *Historia*, the hymen, explained as a bad sewn tissue, called the virginal panicle, which is ruptured during the first act.³² His moralistic comments about the location of the uterus, between the rectum and the bladder, a Divine reminder to human beings of our humble origin neighboring the waste matter,³³ have direct echoes in the baroque writer Francisco de Quevedo's *Providencia de Dios*, in which he depicts the place of conception in the *madre*, understood as the uterus in the literal sense of the period, but also in the symbolic psychoanalytical sense of the maternal, the feminine origin of human beings as something revolting and filthy. These anatomies attest that during the sixteenth century even the most empirical and secular approach to understanding bodies did not produce a more favorable concept of female corporality.

Women and Contagion: The Discourses of Syphilis

In addition to the ideas presented in medical and anatomic treatises, notions of female somatics can be found in the abundant plague and epidemic literature of the period. Most of these texts deal with syphilis, a previously unknown disease that appeared at the end of the fifteenth century and became a devastating pandemic during the sixteenth century and well into the seventeenth. The most accepted theory of its origin and propagation at that time is that Columbus brought syphilis from America. It was first documented in 1494 in connection with the siege of Naples by the French army under King Charles VIII. When the mercenary militia, already contaminated by

their sexual relations with the French prostitutes that followed the band of soldiers, returned to their places of origin in 1495, they rapidly propagated it to the rest of Europe. Although other nationalist terms would be used over time, by the early sixteenth century the appellation *morbo gálico*, with its charged negative reference to the French, had become generalized. The term *syphilis* was first coined in 1530 by the Italian physician Girolamo Fracastoro in his poem *Syphilis sive morbus Gallicus* (Syphilis, or the French disease), as the name of a character inspired in another from Ovid's *Metamorphoses*, Sipylus. It was not until the early twentieth century that a cure was found.³⁴

Most early modern Spanish manuals on syphilis indicate that it was a common illness, affecting people from all walks of life (Torres, "Al lector" in *Libro que trata*; Mercado *Libro de la peste*; Calvo 563). Concerns about the *morbo gálico* infiltrated diverse discourses of the period. Numerous medical treatises speculated about its corporeal, astrological and divine origin, explained its symptoms, provided advice on how to avoid contamination and prescribed diverse cures. Moral discourses considered the malady a justified punishment for perverse behavior and recommended more austere lifestyles, while the Spanish state enacted diverse regulations to preserve public health.³⁵

The literature of the period reflects the anxieties caused by an illness that affected all social strata. Parallel to the emergence and development of the disease across Europe, syphilitic characters and motifs appear in many Spanish fictional works from the beginning of the sixteenth century. In these texts, the symptoms and marks of syphilis are conventional features in the representation of female figures related to activities such as prostitution and witchcraft. These characters are usually portrayed with deformed, repulsive, leaky and contagious bodies, a construction that supports the traditional association of the female body with physical and moral decay. In fact, as Humberto Huergo points out, syphilis becomes the sign par excellence of women, with their defective, excessive and impure bodies (xvi). These female characters are the site for infection, contagion and impurity, and also the abject, using Kristeva's words, which society needs to push to the margins or to eliminate.³⁶

It is important to understand how the concept of contagion was approached. During the early modern period categories of diseases were not clearly differentiated from moral beliefs and environmental phenomena. As we have seen, concurring with the tradition of natural philosophy inserted in medical texts such as *Lilio* and *Compendio*, women can naturally contaminate others through the venomous vapors emanated from their bodies through their eyes or through their

breath and sweat. In line with this concept, in his book *Reprobation of Superstitions and Sorceries* [*Reprovacion de las supersticiones y hechizarias* (1530)] Pedro de Ciruelo includes lepers, syphilitics, menstruating women and ugly old hags in the category of infectious people.³⁷

In the case of syphilis, from the beginning of the epidemic it was known to be sexually propagated; thus, it was also linked to culpability and moral judgment. For instance, López de Villalobos, one of the first doctors to describe the disease in Spain, affirms in his *Sumario de medicina* (1498) that the new pestilence occurred at the end of the fifteenth century as divine punishment.³⁸ He also comments on its rapid dissemination, its epidemic nature and transmission by contagion, its capacity to cripple people with pain and other sufferings and its venereal nature.³⁹ Even though López de Villalobos observes its infectious nature, it was Girolamo Fracastoro who in 1546 introduced the concept of *seminaria prima*, or tiny spores that could transmit diseases, in his *De contagione morbis*. This notion presented a new model of conceiving diseases as an invasive organism, in contrast to the medieval and early modern Galenic pathology based on the imbalance of humors. As the result of the new medical paradigm there was a greater preoccupation with the vulnerability of the body and the power of the environment and other people to infect.⁴⁰ During the second half of the sixteenth century many writers of plague treatises used Fracastoro's ideas on infection.⁴¹ For instance, Mercado defined contagion in his *El libro de la peste* [*Book of Pestilence*] (1599) as the transit of a somatic malady from one body to another through *seminaria* transmitted by air.⁴² Among the diverse means of transmission, Mercado accepted that *seminaria* can be communicated through evil eyes, which were usually associated with women.⁴³

During this period, in addition to the *morbo gálico*, persistent foci of pestilences appeared throughout the Iberian Peninsula that contributed to the extreme social concern about contagion. Medical treatises offered diverse recommendations for purification and cleanliness. The poor, the sick, the disabled and prostitutes were among the populations most subjected to a separate set of regulations that marginalized them from the rest of society.⁴⁴ Given its sexually transmitted nature, the measures to avoid infection proposed by fifteenth- and sixteenth-century medical writers on syphilis specifically targeted women. For instance, in 1497 Gaspar Torrella recommends in his *Tractatus cum consiliis contra pudendagram seu morbum gallicum* that all female sex workers be gathered in hospitals until they could be certified as being cured (García del Real 444). Forty years later the surgeon Ruy Diaz de Ysla, who had many years

of experience in treating syphilitic patients, wrote in his *Tractado contra el mal serpentino* [*Tractate against the serpentine maladie*] that the preferred way of transmitting the contagion is through intercourse, urging healthy people to diligently avoid infected people.⁴⁵ Even when Diaz de Ysla admits that anyone can transmit the disease, he believes that women are more infectious due to their menstruation. Specifically, he states that infected women can cause alopecia in men when they have coitus during their menstrual period.⁴⁶ With regard to the public health of cities and villages, he proposes frequent inspections and regulations of prostitutes by paid surgeons, prohibition of their activities during the first year of the disease, and restriction of movement. Women found to be ill after the surgeon's inspection should stop working, should be isolated from the public in brothels, hospitals and jails and should even be forced to wear external signs to warn people.⁴⁷ The author also advocates the supervision and monitoring of other women of the lower economic strata, such as innkeepers and lady's maids, in order to eradicate the disease.⁴⁸

The most advanced, complete and methodical compilation of public health measures is without doubt Mercado's *El libro de la peste* [*Book of Pestilence*], published in 1599. The book emphasizes cleanliness of public sites, living quarters and clothing, and personal hygiene. Among many prophylactic actions, he recommends the relocation of contaminated and "useless" people from the city, placing them in specific houses and hospitals away from the population centers (231). He also underlines the need to protect the real poor, such as old, one-armed, lame and blind people ["viejos, mancos, cojos y ciegos" (349)] through regulated charity. These affirmations demonstrate the link between poverty and disability in the period.

Mercado's insistence on cleanliness, purification and segregation of undesirable populations, such as prostitutes, unsupervised lower class women, the disabled and the elderly, is echoed in other treatises of the period, such as Ambrosio Núñez's *Tractado* (1601), Andrés de León's *Practico de morbo gallico* (1605), Juan Calvo's work on *morbo gálico* included in his *Libro de Medicina y Cirugía* (1592, 1647) and Pedro de Torres' *Libro que trata de la enfermedad de las bubas* (1600). In his manual, Andrés de León's emphasis on taking personal precautions and his overstated preoccupation with cleanliness is reminiscent of the state of paranoia first experienced in the United States during the 1980s with respect to the HIV infection. Syphilis, de León says, can be transmitted in many ways, such as sharing clothing, bedding and drink containers, and through intercourse. Contagion can also occur via contaminated blood and fluids transmitted by casual body contact

with the infected person, such as slapping someone in the face with a trace of blood on the hand, or touching sores and not washing one's hands immediately (*Practico* 31), but most of all it occurs by having sexual relations with women that have had any kind of sore in their genitals.⁴⁹ De León mentions that when he was a doctor for the Royal Army he expelled prostitutes from the camp, and advocates the regulation of prostitutes by law and physicians because of the harm and infections they cause; menstruating women are especially capable of polluting many men (17–17v).⁵⁰ Other ways of contracting the disease included having frequent sexual relations⁵¹ or through nursing women (Calvo, *Libro de Medicina y Cirugía* 570). The majority of these authors agree that menstruating women have an increased power for propagating venereal diseases (Torres, *Libro* 34, 42; Calvo, *Cirugía* 574) and are more prone to infections, either because they have more pleasure during intercourse, as Calvo says,⁵² or because of their redundancy of bad humors.⁵³ All these authors concur that general hygiene and cleanliness, sexual abstinence and the regulation and ostracism of undesirable groups will achieve purification of the civil body.

Treatises describing health problems and remedies usually use the masculine gender. In their construction of syphilis they detail the horrible somatic transformation of the sufferers, such as having a fetid odor, swollen knees, an emaciated body, melancholy, pain, pustules, insomnia, buboes, alopecia, a snub nose because the disease eats away the nose's cartilages, and nasal or twanging speech (De León, *Practico* 24v). Even when they agree that all kinds of people are equally affected, Juan Calvo seems to encapsulate the accepted scapegoat for the disease when he advises his readers to stay away from women with the signs of syphilis as you would from the plague itself ["quando las vieremos apartarnos hemos como de peste dellas" (*Cirugía* 573)]. Visual images of syphilitics in early modern Europe corroborate the construction of women as the focus of infection and men as victims (Gilman, *Disease* 248–256).⁵⁴

In these treatises, therefore, the traditional concept of women's somatic inferiority supports the impression of their major role in infecting others. These discourses also confirm the metaphorical nature of certain stigmatizing diseases in relation to the social persecution of targeted groups in the pursuit of cleanliness and purification. Unruly women with the marks of syphilis offer the image of perversion, blame, shame, weakness, passivity and pollution. They become a threat in a society that needs to avert them in order to recover health and purity.

Female Mental Infirmities: Hysteria and Epilepsy

If unrepressed sexuality and poisonous humors make women more prone to acquiring illnesses and infecting others, their physical constitution is also the direct cause of their weaker mind. López de Villalobos describes women's brain maladies (*males de cerebro*), such as *gota coral* (epilepsy) and *desmayos mortales* (lethal loss of consciousness, hysteria), as a consequence of the retention of putrid sperm and blood.⁵⁵ Hysteria is a female condition and both a physical and a spiritual malady; it is a history of male fear but also "of linguistic embodiments, rhetorics, and emplotments" (Rousseau 93). During the Renaissance it was associated with the discourses of demonology and witchcraft, also present in cases of holy women and saints, and with love sickness "linked to female sexual organs" that lead to the *furor uterinus* (Rousseau 112–113). Spanish medical discourses elaborate concepts of female hysteria that emanated from the Galenic theories. According to the physician Gaspar Navarro, women tend to have false visions and revelations owing to the fact that they have less judgment and wisdom, dream more, are passionate and have a more humid and vaporous nature and an exacerbated imagination (32v). Hysteria, which includes all these features, is the maximum expression of female illness that includes the body, mind and spirit.⁵⁶ The long tradition of associating hysteria with the peculiarities of the female body has persisted to this day.

Women and Public Health Reforms

Frequent local plagues, the spread of syphilis and the medical knowledge of infection impelled a need to improve individual and public health. This preoccupation manifests itself at the level of government in ordinances of pharmaceutical and medical professionals, through written health regimes for privileged individuals, and in advice for the general population in relation to epidemics. The examination of these social initiatives opens a window to understanding how women with low social standing were particularly discriminated against. It also allows us to theorize about the distinct Spanish approach to disability during the period.

The concern with avoiding frequent epidemics informs numerous manuals on collective health. Most follow Galenic–Hippocratic theories about environmental influences on human wellbeing and, by the second half of sixteenth century, many writers introduce Fracastoro's

key concept of *seminaria*. Specific treatises offering advice to the group in power were intended for male readers, as was the case of many other manuals of courtly conduct produced in the period.⁵⁷ In these texts, male behavior is the norm and women, representing either excess or lack, appear objectified. Francisco Núñez de Oria's *Tratado del uso de las mujeres* [*Treatise of the use of women*] is particularly illustrative of my arguments. The treatise follows the medieval textual tradition on the prophylactic of coitus in Galenic thought, to which Núñez de Oria adds religious and civil elements.⁵⁸ For this author, women are necessary partners in a crucial practice that assures procreation and health, but men should be aware of female's intrinsic extreme lust resulting from her specific physiology, as he illustrates in the case of young females. Since they have less humidity (and, in women, having more or less humidity can be harmful) and smaller orifices, young women cannot purge excessive fluids during coitus; hence, they develop an insatiable appetite for sex.⁵⁹ Because of their eccentric anatomy, males should not insist on satisfying female cravings at the risk of their health ["sino quieren incurrir en diuersas enfermedades" (291v)]. The treatise elaborates the common paradoxical conflict toward females; they are essential for the health of men but always potentially the source of physical danger (290v–291r).⁶⁰ Ultimately, these kinds of recommendation not only convert women into objects of male consumption but also support the idea of men as innocent targets of the bizarre female menace.⁶¹ The notion of the insatiable sexuality of young women contributes to the consolidation of restraining social institutions and also to the controlled tolerance of prostitution.⁶²

Women, Poverty and Regulations

Stigmatizing diseases, pollution and poverty are closely related to female prostitution in pre-industrial Spain. Diverse historical factors, such as plague, economic insolvency and malnutrition, produced diseases and impairments and forced many people to beg, to prostitute themselves or to depend on social charity and welfare (Carmona García, *Enfermedad* 11–14). Among the general impoverished population, women were treated with more suspicion and penalized more severely (Maravall, *La literatura* 66; Pérez Baltasar 27).

During the Middle Ages *pauperes* were a multiform category that included a variety of people: widows, orphans, the ill, blind, crippled, weak and pilgrims. They depended on charity and were considered part of the fabric of the social group. Understanding poverty as a way of

gaining salvation justified a social order based on inequality (Benassar 205; Metzler, *A Social History* 157). Towards the end of the Middle Ages the number of poor people increased throughout Europe as a result of population growth and migration. Beggars inundated cities and private charity decreased, while diverse recommendations for institutionalized welfare began to emerge. The new situation required a greater examination of the destitute bodies in order to decide the legality of vagabonds (Farmer).⁶³ Even when the disabled and sick were indistinguishable from the masses of the poor (Stiker 67) disability was “generally regarded as a prerequisite for legitimate begging and/or receiving alms” (Metzler, *A Social History* 194). Nonetheless, disabled beggars were often regarded with mistrust, as transmitters of diseases and in the context of mutilation as a punishment for criminal acts; they were also accused of feigning impairments or illness. Some laws and written directives even recommended that sick and unsightly vagrants cover their bodies (such as in the city of Nuremberg, 1478). People with ugly appearances were sometimes described as *abiectus*, for being both poor and disabled (Metzler, *A Social History* 192). The paradoxical position of mendicants is that while physical blemishes became shameful traits that should be hidden in order not to offend others, at the same time impairments were the justification that validated begging.

The new attitude that had developed in the late Middle Ages intensified in the centuries that followed. In contrast with the important function of the medieval *pauper*, in sixteenth- and seventeenth-century Spain, as in the rest of Europe, poverty became a political, economic and social problem that needed to be remedied.⁶⁴ The increase of vagabonds—a mixed group that included delinquents—as a result of industrial underdevelopment, lack of work, scarcity of food and the spread of diseases contributed to a situation that generated an aggressive response towards and distrust and rejection of beggars. Their ugliness, infirmity and incapacities made poor people useless and scorned. Instructions and regulations of poverty in connection with disease and the demarcation of hospital functions were part of the public health movement to remediate the problem.⁶⁵ Several thinkers proposed solutions to solve the crisis, either by defending the traditional charity system or by implementing more secular rulings such as forcing employment for the able-bodied poor or by enclosing them in hospitals and other welfare institutions. The literature of the period also projects the “increasing paranoia” towards the “other”—poor, pícaros, *moriscos*, Jews (Cruz, *Discourses* 44, 47, 50)—a list to which disabled and destitute women should be added.⁶⁶

Discourses of poverty and government ordinances are crucial for understanding the meaning and treatment of disability during the early modern period. Vagrants became a “social disease” that needed to be cured or hidden (Vives, *De subventionem pauperum* 148–149), even though many of the measures suggested during these two centuries proved ineffective in solving indigence. Compelled by the need to discriminate between genuine and fraudulent beggars, thinkers advanced explanations of somatic differences. For instance, Cristóbal Pérez de Herrera defines the legitimate poor as those who have no possessions and neither the health nor the strength to earn them,⁶⁷ while Mercado insists that the real poor are the elderly or people with impairments (*Libro* 349). The conception of a proper pauper thus involved physical impairment, old age and unprotected women.⁶⁸ Another common trait of these treatises is the revulsion in regard to the public exhibition of somatic miseries. If in the medieval Christian tradition infirmity and impairments were considered mysterious divine prescriptions to develop the virtues of patience and humility in order to gain salvation, during the Renaissance sick and deformed people became a nuisance and a threat to the wellbeing of the city.

The medical metaphors and health vocabulary that imbue the writings recommending ways to curb poverty show a general disgust at other embodiments. For instance, in his influential treatise *De subventionem pauperum* (Bruges, 1525) humanist Juan Luis Vives writes that urban poverty is a social danger to the health of others and that depraved and diseased vagabonds are like an infection and an ugly abscess in the city (75). Instead of charity, the author recommends a series of secular initiatives to assist the destitute through education, work and social integration, as well as government assistance. Indigents can transmit sicknesses and their appearance is offensive to decent citizens.⁶⁹ Beggars are agents of contagion and a squad of sicknesses, rotten tumors, ulcers and unbearable maladies that incite nausea in decent parishioners, as observed in the following quotation:

How many times have we seen that a sole individual introduced a cruel and grave disease to the city, such as *morbum gallicum* and similar epidemics that caused the death of many people? And how can it be that when there is a solemn and well-attended celebration in a church we need to inevitably enter the sacred building through two lines or squads of sick people with rotting ulcers and other conditions, which names we cannot even bear, and that this is the only way through which children, maidens, old people and pregnant women can enter? Do you think that everybody is so stern as to not be impressed by this

view, especially on an empty stomach and when those ulcerated individuals not only are visually disgusting but they also get very close to the smell, mouth, hands and bodies of the passerby? Beggars are so impertinent!⁷⁰

The description ends with a complaining exclamation accusing mendicants of brazenness for showing their imperfect, foul-smelling bodies. Poverty, sicknesses and impairments are annoyances that should be removed from the cities for their offensive exposition of human decay. In relation to indigent women, Vives adds to the general rejection a traditional sexualized moral burden. In the mendicant lifestyle young girls, *mozuelas*, become impure and libidinous (73), mature women sell their chastity and elderly females' activities consist of procuring and sorcery (149).

In the spirit of Vives's proposals, the Spanish secular and religious efforts toward social integration and the protection of impaired and chronically ill poor people demonstrate the connection of poverty and disability and the differential treatment of women. In 1540 Charles V approved a law to proscribe mendicity by enclosing and protecting the true poor in hospitals and pressing able-bodied ones to work.⁷¹ The categorization of human bodies according to their capacity reflects a growing intolerance for the public display of impairments and illnesses and for the lack of bodily and behavioral control. Recurrent pestilences, the general syphilitic epidemic and the abundant medical literature explaining contagion and recommending prophylactic measures to curb infectious diseases contributed to the repudiation of somatically disgusting indigents and the perception of a need for social cleansing and purification. The enclosure and removal of indigent people "served to isolate the infection of poverty and disability" (Perry, *Crime* 180).

In the spirit of this social reform, the role of diverse hospitals and hostels and the creation of correctional centers and prisons to control unruly women stand out. Many hospitals specialized in the cure of specific diseases and included separate halls for each sex; others, such as the general hospitals, admitted all kinds of people.⁷² Some of them served exclusively women. Patient records show that hospitalized women were always less numerous than men. Records also reveal that women with more economic power and better reputations could more easily conceal the shameful symptoms of such stigmatized diseases as syphilis, and that many ill women from diverse social ranks depended on social and family networks for support and survival.⁷³ Documentation of the most indigent disabled and ill women

is sparse, as beggars did not have a stable place of residence and were often excluded from public assistance (Martz 127); in Castile prostitutes were not allowed to take up residence and maintained temporary or foreign status (Ramos Vázquez 273).⁷⁴ Seeking care at the General Hospital of Valencia was voluntary, except for syphilitic prostitutes working in the brothel, who were forced into hospitalization in order to prevent contagion (López-Terrada 34). The 1681 regulations of Seville's Hospital del Santo Cristo de los Dolores, founded exclusively for disabled women, established that the goal of the hospital was to assist sick, disabled and defenseless women because many of them were dying, consumed by their misery and helplessness (Carmona, *El sistema* 338). These studies of hospitals suggest the dejected condition of ill and disabled poor women.⁷⁵

In the last decade of the sixteenth century poverty increased dramatically, as did prostitution, female delinquency and the abandonment of children (Benassar 212). Under these adverse circumstances, Cristóbal Pérez de Herrera (1556–1620), a doctor of the Spanish galleys, wrote a series of recommendations to Philip II to solve the question of poverty in his *Amparo de pobres* [*Protection of the poor*] (1598).⁷⁶ He envisioned creating shelters in the major cities where vagrants would be registered and examined to determine who were the legitimate poor (usually disabled) and to train the able-bodied poor for work. In *Discourse IV* of *Amparo de pobres* the author proposed remedies for mendicant women in the form of a program of reformation in houses of work and labor, or reclusion in special houses called *galeras* (121), a kind of women's prison, in order to suppress prostitution and the propagation of venereal diseases and other disorders (Benassar 214–215). The internment of sick prostitutes was an idea already expressed in medical writings. In 1497 Gaspar Torrella insisted on gathering infected syphilitic women in hospitals, and in 1542 Díaz de Ysla recommended inspections, regulations, restriction of movements and social segregation of prostitutes and lower-class females. In the disciplinary program for women suggested by Pérez de Herrera, which included control of the body, appearances and behavior,⁷⁷ the ultimate goal was to prevent outrages such as contaminating the community with the *morbo gálico* and other sicknesses, having abortions, killing newborn babies or abandoning infants at the Church doors. In another work, *Epilogo y suma de los discursos* (1608), Pérez de Herrera insists that the best remedy for *huérfanas*, female orphans, without authority figures was to preserve their chastity; living a disordered life would result in contracting contagious diseases and infecting the kingdom ["cobrar

enfermedades contagiosas, con que inficionan estos reynos”] (22r).⁷⁸ In these treatises, dealing with an ample population of varying age and gender, it is remarkable to note the steady insistence that only unrestricted women were responsible for violating sexual morals and propagating diseases. The ideology expressed in the poverty proposals had a regulatory effect on women that was achieved through the building of correctional houses—magdalen houses—and *galeras* in many cities.⁷⁹ Finally, even though the documentation is very scarce, there are hints that within indigent populations physically impaired, ill and old women were even more stigmatized. A young woman who was ugly or deformed could not get married and would find it difficult even to find work as a maid or a prostitute. In turn, older women with impairments were especially suspected of evil doing.⁸⁰ Complementing the physical description of weaker bodies and voracious sexuality, ethical and material decay were also female attributes during this period.

In addition to the control mechanisms and segregation of deviant females in hospitals, workhouses, magdalen houses and *galeras*, many insolvent women were living as prostitutes in brothels, usually built in the liminal places of the city. Prostitution was an answer to the miserable existence of poor single women who did not get married for lack of a dowry or for having illicit relations, were abandoned by their husbands, or were orphans, but women lived subservient lives in these places. City officials and religious organizations usually controlled brothels and benefited from the business up to 1623. Therefore, the female body contributed to the wealth and maintenance of the system. Consistent with the theoretical thinking of Mary Douglas and Julia Kristeva, the brothel in the city paralleled the latrine in the house, “where the filth and ugliness of the flesh are gathered like the garbage and dung of the city.”⁸¹ To avoid contamination and sickness, especially under the threat of the spread of syphilis, doctors periodically inspected prostitutes.⁸² When sex workers were incurably ill, usually with venereal diseases, or old, they were expelled from their sole source of sustenance (Graullera Sanz 88; Perry, *Crime* 216; Pozo Ruiz). Externally marked and ostracized, prostitutes were the stigmatized scapegoat of social problems; the filth tolerated and necessary for the health of upstanding citizens.

The rejection of sex workers intensified toward the end of the sixteenth century and in the first decades of the seventeenth, when a group of zealous moralists started a crusade to eliminate prostitution houses. The petitions of the Jesuits of the Congregation of the Holy Spirit in Granada, driven by the puritanical campaign of Father

Pedro de León (1545–1632), were especially forceful.⁸³ The pressure of this campaign, in addition to the reformation program of the prime minister Count-Duke of Olivares, aimed to increase the control and uniformity of the modern state, and resulted in the decree approved by Philip IV in 1623 to close down all brothels within the kingdom (León Vegas 324, 337).

The acerbic tirades of the *congregados* Fray Gabriel de Maqueda and Jerónimo Velázquez are of special interest because they portray the prostitute as the embodiment of the maladies of the period. In the *Invectiva* by Maqueda (1622), prostitutes are the dung of the Republic [“Las rameras son el estiercol de la República”] (8v) and the origin of many other sins (14v). They practice and teach sodomy, incite masturbation in young males and contaminate them with *bubas* (20r–22r). Because of their capacity to infect morally and physically, prostitutes need to be expelled from society or at least be differentiated from honest women with external signs (52r).⁸⁴ In his *Información*, published in the same year, Velázquez’ negative portrait of public women goes even further. In addition to being mistresses of the *pecado nefando* (sodomy), foul-smelling, diabolic, sick with *bubas* and infectious, they are also instruments of heresies, support infidels, destroy the male economy and practice all manner of crimes, including blasphemy, incest, abortion, theft, magic spells, sacrilege, adultery and homicide. The prostitute is, ultimately, the major evil of all evils, a monster, a *quimera* composed of several cruel and poisonous beasts that need to be excommunicated and eliminated (17r–19r). This crusade and the subsequent law to close brothels did not work, as Dr. Juan Arias de Loyola acknowledged later in the century in a petition directed to the king. In effect, Arias de Loyola comments that even though some brothels in Madrid have been closed, there were still many women that continued openly selling their bodies, rather than sinning privately without scandal. Since many calamities and wars were caused by enormous and abominable sexual sins, including sodomy, he recommended the need to extirpate from the Christian kingdoms all women who publicly earn a living with their bodies.⁸⁵

The written advice and regulatory efforts in early modern Spanish society aimed at solving the problems of poverty and prostitution helped to reinforce both the connection of destitute women to their inferior body and sexuality and the need to control or annihilate them. These discourses are further instances of how conceptions of the materiality of the body, social stigmatization and discrimination merge in the construction of female disability. Destitute, deformed, old and sexually perverted women, the scum of society, illustrate what

happens when women are not controlled. Unruly, sick and impaired poor females are placed at the extreme end of a continuum of negative conceptions of female embodiment, occupying the opposite end to the ideal woman imagined in the male-authored instruction manuals that emerged during the period.

Moral Prescriptions of the Ideal Woman

In effect, throughout the sixteenth and seventeenth centuries important educational texts about the desirable behavior of women in different phases of life offer a paradigm of social expectations. Treatises such as Erasmus's *The Institution of Marriage* (1518), which favors marriage over celibacy, Juan Luis Vives's *De Institutione Feminae Christianae* (1523) and Fray Luis de León's *La perfecta casada* (1583), among others, were very well known and instrumental in the strengthening of the institution of marriage. The ideal woman is the one subjected to a husband.

In this category of literature, women's mental and physical weakness is an assumed fact of nature associated with original sin, shame and impurity. The scholastics and the Fathers of the Church used these ideas in order to demonstrate woman's submission to man and to justify all manner of restrictions and exclusions (Maclean 7–27). From the Augustinian idea that woman incarnates lust, the origin of all evils, the female's flawed and subordinated body is the site of all human miseries. Blame, concupiscence and death in connection with women appear in all Christian discourses.⁸⁶

Numerous moral writings during the period propagate the Christian concept that women need to be controlled and regulated by superior, rational men. They also circulate the idea that, because women's way of thinking is flawed and can be harmful for others, they should be silent. Women are treated like incapacitated beings unable to care for themselves, enjoy sensual pleasures, have freedom of movement, receive education or think independently. Male discourses instructing women rationalize and justify their subjugation. They contribute to the regulation of female body practices and to the creation of docile bodies in the Foucauldian sense. The basic model presented is: young women with intact—virginal—bodies in which the value of male honor is invested should be protected; the bodies of sexually productive adult women are tied to a husband to guarantee his reproduction and well-being; while the old woman's body is a threat, rejected or absent in the male imagination.⁸⁷

These triple objectives are evident in the Spanish humanist Vives's advice in *De Institutione Feminae Christianae*.⁸⁸ The division of the book into three parts dedicated to young virgins or *doncellas*, married women, and widows, emphasizes the expected function of women: marriage and procreation. Vives defines virginity as a corporeal and spiritual integrity immune from all corruption and contagions; a virtue that all young women should carefully cultivate and maintain until the moment of their marriage, an institution created by God.⁸⁹ In order to preserve the two major attributes that virgin women can offer to their future husbands—chastity and an irreproachable reputation—Vives develops a detailed regime of female bodily control, restriction of worldly pleasures and intellectual activities, and family vigilance. The author warns that many beautiful young women, upon losing their precious gift, end up occupying brothels, begging on street corners or in hospitals infected with horrible diseases (161). The consequences of losing virginity are family dishonor, social rejection and illness. Corporeal wholeness becomes a necessity and a building block for early modern communities. The idea of female physical integrity also excludes all manner of impairments, conditions that young females should keep secret because popular knowledge of their defects will work against their honor and good reputation.⁹⁰ The construction of wholeness is also based on her ignorance [“*tiernecita hija, ignorante e inexperta en todo*”(174)]; hence, the insistence that virgins avoid contact with experienced women, specifically old poor women who would incite lascivious acts. These hags are like basilisks that spread powerful venom with their lethal gaze and should be expelled from the city (113). In the writer's mind, the combination of experience, poverty, old age and gender becomes the maximum threat to a social system founded on a hypothetically intact female body that is carefully protected and offered to the future husband.⁹¹

Between the virgin and the old hag, Vives, following the Pauline dictates, conceives of the married woman's body as the property of her husband. A wife should unconditionally accept her husband, with his illnesses, vices, perversity and infidelity. She should take care of herself in a restrained and modest way, knowing that, after all, a beautiful female body is like a colorful veil that covers a dunghill.⁹² He repeats the concept that, because of their delicate body and the effects of their sex (menstruation, the uterus, and childbirth), women are mentally and physically weak (255–256). The wife should avoid having pleasure in bed, remain in and govern the house, cover her head when in public, be frugal and take care of ill members of the family on the condition that she does not learn too much of medicine

["yo no quisiera que la mujer se dedicara a la ciencia médica" (312)]. She should educate her children and avoid the madness of loving her deformed, hunchback or impaired children more than the handsome and prudent ones (327–328), underlining the notion that impaired people are less worthy.

Vives's formula of the ideal woman, which draws from the natural sciences as well as from the classic and Christian European tradition, is continued in similar texts written subsequently. In *La perfecta casada* [*The perfect married woman*], focusing on the married state of women, Fray Luis de León repeats Vives' ideas. His prescription of female submission and silence is one of his best-known recommendations.⁹³ This book, written in Castilian, will have had an enduring effect, as it was published in numerous editions and widely read after the original publication in 1583. In the same way, other writers stress the need for women's governance in their different states. The Jesuit Gaspar Astete, in his lengthy *Tratado del gobierno de la familia y estado de las viudas y donzellas* (1597) [*Treatise of the family government and state of widows and maidens*], emphasizes men's ownership of women's bodies. Fathers possess their unmarried daughters and husbands their wives.⁹⁴ He also offers a series of guidelines to prevent the breaking of the fragile and delicate glass of a virgin or a young widow.⁹⁵ Women need a rigorous regime of vigilance and self-control; they should avoid sensual pleasures and contacts with the external world, have limited education and remain silent. A woman should not write either, because she does not need to make a living with her writings; if a pen and a sword are glorious for men, the spindle, the spinning wheel and the pillow to make lace are glorious for women.⁹⁶

Franciscan Juan de la Cerda reinforces the traditional concepts in his encyclopedic *Vida política de todos los estado de mugeres* (1599) [*Political life of all states of women*].⁹⁷ For him the feminine other is a threat to men from the moment they are born. He advises that male newborns should be washed with salty water to encourage strength and solidity and to avoid becoming "mujeril," effeminate and sickly.⁹⁸ His Christian guidance to women presents the procedures to obtain the docility of their bodies. Young women should be silent, uneducated, modest, private and humble. They should avoid relationships with others, especially with elderly women, and attending public events or entertainment.⁹⁹ Cerda also repeats Vives's opinion that the terrible consequences of losing virginity are getting husbands that despise them, being poor and having ugly and prolonged illnesses (Suárez edition 28). Attention to old age is similarly absent in Cerda's book. When occasionally named, elderly women are pejoratively called

vejezuelas (old hags) and described in the pattern of *Celestina* (Suárez edition 32). Old men, on the other hand, are *graves* and *cuerdos*, prudent and wise (444v).¹⁰⁰ The last segment of Cerda's book concerning "women and general" encapsulates the overall feeling, giving free rein to the author's aggression and contempt. Women are devilishly curious and tempted to diversion and novelties. They are sly, acute and prone to create fictions, hypocritical and false in their appearances, especially with cosmetics. They overspend on clothing and fashions and are cruel. An entire chapter is dedicated to advising sexually active males of the dangerous consequences of dealing with women. In short, the Christian moralistic manuals accept and complement the established conceptions that condemn women for their defective and weaker embodiment in opposition to the perfect, more rational and spiritual male body. In sixteenth- and seventeenth-century Spanish society these notions become the uncontested truth supporting a gendered hierarchy of bodies.

As shown in this chapter, if medical and epidemic discourses demonstrate how female corporeality is envisioned as the paradigm of imperfection in nature and the source of pollution, poverty discourses and public health regulations and institutions provide a window for understanding the classification and enclosure of bodies according to their abilities and physical conditions. The impaired, defective and diseased are considered the real poor that should be protected. The recommendations of Vives and Pérez de Herrera for developing a primitive social welfare system to solve the situation of indigent disabled people were diminished by the authors' contradictory attitude of disdain towards difference and decay. Poor, ill and impaired women were particularly vulnerable to social ostracism because, in addition to their economic situation and somatic condition, they were judged to be morally flawed. Women at the bottom of the social scale induced fear and suspicion. The excluded and abused body of the prostitute condenses all the characteristics of what constitute early modern female disability: somatic and moral imperfection, a tendency to decay, and the vehicle of contamination and impurity. These negative traits augment with aging. The poor hag is the personification of evil, the cesspool of society and a threat to the Christian patriarchal system. The solutions given in poverty treatises—regulation, reformation, incarceration and elimination of the most destitute group—failed to resolve society's fear of the potential danger of women.

The review conducted above of several instruction manuals on the ideal behavior of women demonstrates that in the male mind the only way to resolve the female threat was through her domination and

taming. These manuals established that women's bodies belonged to men and, by maintaining them enclosed and deprived of physical and intellectual development, they should become docile and silent. But the threat remains latent, because female materiality, representing chaos, imperfection, decay and death, is the unwanted ghost in the closet that affects all humans.

Notes

- 1 For the multiple approaches used in the field of sociology to explore the body see, for instance, Williams and Bendelow 16–17; Turner, “Recent Developments,” and Fraser and Greco.
- 2 For the rejection by traditional feminist movements of women's biological particularities see Jaggar 24–36. Garland-Thomson, “Integrating”; Samuels; and Shildrick, *Dangerous* discuss the intersection of feminist theories and disability studies.
- 3 “[Bodies] cannot be adequately understood as ahistorical, precultural, or natural objects in any simple way; they are not only inscribed, marked, engraved, by social pressures external to them but are the products, the direct effects, of the very social constitution of nature itself. It is not simply that the body is represented in a variety of ways according to historical, social, and cultural exigencies while it remains basically the same; these factors actively produce the body as a body of a determinate type” (*Volatile x*).
- 4 *Gynaeciorum, hoc est, de mulierum tum aliis, tum gravidarum, parientium, et puerperarum affectibus et morbis, libri veterum ac recentiorum aliquot, partim nunc primun editi, partim multo quam antea castigatiores* (1566) was published several times during the sixteenth century. Luis Mercado's treatise *De morbis mulierum* was included in the 1588 edition. The publications are electronically accessible in La Biblioteca Digital Discórides, Universidad Complutense de Madrid (<http://cisne.sim.ucm.es>).
- 5 Michael Stolberg (“A Woman” 276) and Helen King (*Midwifery* 14) have criticized Thomas Laqueur's thesis in *Making Sex* that the conception of a one-sex model prevailed up to the eighteenth century. According to King, Wolf's *Gynaeciorum* favored texts by Hippocrates that promoted the notion of two different sexes and the specificity of women's maladies (*Midwifery* 3–7, 11). Regardless of the anatomic conceptions of woman, the fact remains that either she is deemed an inferior version of a universal male body or she has a different sexual anatomy that promotes her submissive gender position.
- 6 For instance, in his *Commentarii in Galeni de usu partium corporis humani* (1625), physiologist Kaspar Hofmann illustrates the common view, following Galen, of male superiority from the moment of conception, as paraphrased by Maclean:

Heat is instrumental in the production of the perfect semen from which the male will be born, which is produced in the right (hotter) testicle and deposited in the right (hotter) side of the uterus. The male grows faster *in utero*, is of darker and harder flesh, more hirsute, more able to

sustain extremes of temperature, has larger arteries and veins, a deeper voice, is less prone to disease, more robust, broader, comes to full maturity more slowly and ages less quickly than the colder female ... and has mental characteristics which may also be attributed to body heat: courage, liberality, moral strength, honesty. The female on the other hand, being colder, is characterized by the deprivation or opposite of these features. (Maclean 32)

- 7 For the different interpretations of menses during the sixteenth and seventeenth centuries see Beusterien; Lastique and Lemay 60–61; Maclean 39–40; Pomata 142; Stolberg, “A Woman’s Hell”; Wiesner-Hanks 58–60. About recommended treatments for retention of fluids see Schleiner, *Medical Ethics* 111–112.
- 8 King, “Once” 8, 64; Maclean 40.
- 9 From ancient times intercourse was considered the cure for hysteria (King, “Once” 18; Maclean 40–41; Shildrick, *Leaky* 42).
- 10 Luis Mercado (c.1525–1611) was a professor of medicine in the University of Valladolid and *protomédico* (chief physician) to Kings Philip II and Philip III. His gynecological treatise, published in Valladolid 1579, had nine translations and became very well known throughout Europe. For his biography see Blanco Quirós and Mata.
- 11 According to Shildrick, the idea of the absent, incomplete and permeable body is adopted by the discourse of psychoanalysis that envisions women as castrated men because of their lack of penis and their mysterious hole. Female corporeality is a threat to the structuration of the Western logics (*Leaky* 43).
- 12 See Cadden.
- 13 For instance, the female characteristic of menstruation was also attributed to Jewish men during seventeenth-century Spain in order to prove their impure blood, with the dramatic consequences of social marginalization and expulsion, as Beusterien shows. Renaissance manuals of conduct addressed to the masculine elite were also careful to eliminate all feminine features from the formation of the ideal courtly man (see Rico Ferrer).
- 14 For the history of Spanish medicine in the sixteenth and seventeenth centuries see, among others, the works by Luís García Ballester, Lluís J. Barona, Luis S. Granjel, Bertha M. Gutiérrez Rodilla, María Teresa Herrera, E. Montero Cartelle, María Jesús Pérez Ibáñez, Juan Riera and María Nieves Sánchez González.
- 15 Gordonio (Bernard de Gordon) was born near Montpellier, France and taught medicine in the *Studium* of Montpellier from 1283 to 1308. *Practica dicta Lilium medicine* (1305), his most famous work, is divided into seven books representing the seven petals of the lily, each of them with a variable number of chapters. I am using John Cull and Brian Dutton’s critical edition of *Lilio. Compendio* is a translation of the prestigious Johannes Ketham’s *Fasciculus medicinae* (Venice, 1491) a collection of diverse treatises by different authors, which became very well known in Europe (García Ballester, *La búsqueda* 346). There are modern editions of *Compendio* by María Teresa Herrera (Madrid: Arco Libros, 1990) and M.J. Mancho (Universidad de Salamanca, Madison, 1987). In addition, María Nieves Sánchez González de Herrero and María Concepción Vázquez de Benito have published two brief texts included in *Compendio*, “Tratado de Fisonomía” and “Tratado de la

forma de la generación de la criatura.” I am quoting from the Zaragoza 1494 edition, which, according to García Ballester, was a translation adapted to the Spanish market (*La búsqueda* 149).

- 16 For instance, similar information can be found in the late thirteenth-century *Secreta mulierum*, attributed to the pseudo-Albertus Magnus and in the twelfth-century treatises attributed to Trotula de Salerno and known as *Trotula: On the Diseases of Women* (*De passionibus mulierum curandarum, Trotula Major*). The *Trotula*—a title derived from the name Trota, a historical twelfth-century woman who practiced medicine in Salerno—also draws from Galenic–Arabic medicine in relation to women’s coldness, insufficient digestion of food, menstruation as purgation and womb suffocation (Green, *Trotula* 2–3, and *Making Women* 3).
- 17 The first chapter of “Delas dolencias delas mujeres” consists of healing recipes to alleviate breast pain, produce more milk, induce abortions, expel placentas, help to conceive, improve intercourse, help in difficult childbirth and after labor, to ameliorate amenorrhea and hemorrhage, purge the uterus, improve menstruations, know the fetus’s sex, expel the dead fetus, determine women’s virginity and diagnose sterility (fols XV–XVIIIv). The second chapter discusses the reproductive system and the secrets of women. It explains sexual intercourse in relation to women’s desire—“el desordenado deleite del acto libidinoso” (fol. XVIIIv) and physical needs—the natural inclination to breed and necessity to expel the seed. Women have twice as much pleasure than men because they receive the male’s seed while at the same time expelling their own (fol. XIXv).
- 18 “Sufocación de la madre es subir la madre a las partes de arriba fasta la diaflama por causa de vapores corrompidos veninosos, por los quales acontese comprimientos de los miembros espirituales e síncope e perdimiento del sentimiento e del movimiento en todo el cuerpo” (*Lilio* VII.10).
- 19 “E después la partera unte su dedo en olio muscelino o de bálsamo o de espicacardi. E si fuere la muger corrompida, meta el dedo aquí e aí e menéelo fuertemente aquí e aí, como la materia veninosa salga a las partes de fuera” (*Lilio* VII.10).
- 20 Following Aristotle’s affirmation in the *Generation of Animals*, for the authors of *Compendio* menstrual blood is a material so poisonous that it can dry up a tree and can cause rabies in dogs if they ingest it “porque es materia venenosa ... si quando la mujer lo echa tocasse algun arbol, quando enla primavera recresce, secarse hía. E si comiese del algún perro, al tercer día se tornaria rabioso. Y porende la natura purga aquella superfluidad venenosa cada mes” (*Compendio* fol. XXv). In the quotes from *Compendio* I use the whole words in lieu of the abbreviations (*que* instead of *q*) as well as the modern use of *v/b*.
- 21 Porque los ojos de la mujer mestruosa infeccionan el espejo, tanto que como escribe Aristóteles en el libro que hizo del sueño e de la vigilia, que con su vista se engendran nubes sanguinolentas en el espejo? responde porque naturalmente cuando la mujer esta tal, se resuelve en ella dela tal materia un fumo muy venenoso, el cual le causa enla cabeça muy gran dolor. E por quanto los ojos son llenos de poros, aquel tal fumo infeccionado busca de salir por ellos, e infecciona los tanto que se muestra en ellos venas sanguineas, e como son ellos de su condicion lacrimosos e expulsivos de gotas lacrimales el ayre que les esta contiguo recibe aquella infeccion e corrompe el objeto del

- espejo que le esta junto delante. E aun escribe Avicenna, que el ojo dela mujer mestruosa abastaria de empozoñar el camello, e echarlo en el silo sin poderse del desviar" (*Compendio* fol. XXI).
- 22 "Porque los hombres que se ayuntan con las mujeres mestruosas tornan roncós? ... porque los tales por el aliento atrahen el ayre infeccionado delas mujeres alos miembros especiales e instrumentos de la voz, e aquel ayre infecto causa la ronquedad" (*Compendio* XXII).
- 23 The explanation in *Compendio* that menstruation originates in a vein in the back, also responsible for the notion of hemorrhoidal fluids, supports the idea of menstruating men.
- 24 "[L]a natura siempre se esfuerça, e entiende de concebir macho, y nunca fembra, porque llamamos la fembra hombre ocasionado, e monstruo en natura" (*Compendio* XXIII).
- 25 Monstrous birth and malformed children are caused either by defect or by excess of the matter, for the disorderly position of sexual intercourse (*Compendio* XXIIv), by getting pregnant during menstruation, and due to the influence of the imagination: "E acaesce algunas vezes que las mujeres, o hombres en aquel acto imaginando en algun lebroso, o manco, o feo: engendra el fijo lebroso, o manco, o feo" (*Compendio* XX).
- 26 Such as female sterility, pregnancy and delivery complications, and problems in relation with menstrual blood. See García del Real's edition 331–341.
- 27 I discuss midwives' treatises more extensively in Chapter III.
- 28 For a general introduction to anatomical knowledge in sixteenth-century Spain see López Piñero "La disección."
- 29 Valverde (Amusco? 1525–Rome 1588) was the most distinguished disciple of the school of Andreas Vesalius, who perfected and advanced the knowledge of the body based on the experience of human dissections with his superbly illustrated book dedicated to Charles V.
- 30 For example, his description of the vagina, or "cuello de la madre," conspicuously resembles the male genitalia: "la sustancia del es entre nerviosa y carnosa, y esponjosa, casi como los cuerpos dela verga, y por esta razon se hincha un poco quando la mujer es tentada de carnal apetito, y principalmente aquellas carnosidades o Ninfas, que diximos verse junto ala natura, las quales se aprietan como que quisiessen abraçar la verga, y el cuello se endereça quanto basta a poder bien recibir la semiente" (68r). The ovaries or "compañones" also correspond to the male testicles: "Digo pues, que las mujeres no menos tienen compañones que los hombres, aunque no se vean por estar metidos dentro del cuerpo, como fue necessario aviendo de concebir dentro de si mesmas; por la qual causa fue tambien ordenado, que todos los demas instrumentos de las mujeres necesarios a la generation estuviessen dentro del cuerpo" (68v–69r).
- 31 "Las mujeres, assi por su natural complexion, como por la ociosa vida que tienen, son mas umedas que otro ningun animal delos perfetos; y que la Luna segun comun opinion de todos, y segun que por la esperiencia cada dia vemos, es comun madre delas umedades, haziendolas crecer y menguar, segun que ella cada mes mas crece o mengua. Sabido esto digo, que en la mujer cada mes crecen los umores tanto, que no pudiendo caber en las venas se rebuelven por todo el cuerpo conturbando la sangre, hasta que naturaleza la espele por la via que mas aparejada a ello halla, que son las venas que van ala madre y al

- cuello della. Pero si alguna vez estas venas estan tapadas (como muchas vezes acontece) en tal manera que la sangre no puede salir, corrompese dentro del cuerpo, y causa muchas y diversas enfermedades ... [durante el embarazo] porque la criatura se mantiene dela sangre dela mujer, y la dexa tan privada de umedad, no pueden los umores crecer como solian” (70r).
- 32 “tela mal texida, a quien llaman paniculo virginal, el qual se rompe en el primer acto” (52).
- 33 “tiene su asiento en la parte mas baxa del vientre enmedio del intestino recto, y de la vexiga de la orina: lo qual fue ordenado por la magestad de Dios con gran providencia, para dar a entender a el hombre, y que conociesse su miseria cosiderando fue criado entre estiercol y orina” (51v–52r).
- 34 For the origins of the sickness as well as for the historical, cultural and textual construction of the disease consult chapter one of Arrizabalaga *et al.* and Carmona, *Enfermedad*.
- 35 For a general overview of the treatment of syphilis in Spain consult Berco, *From Body*.
- 36 For the repercussions of the venereal epidemic in the stigmatization of women see Hatty and Hatty.
- 37 “Y esta dolencia [infección] no solamente los a dañado por vista y ojo: mas avn y mucho mas por el aliento de la boca y narizes y por el sudor, o vapor, o baho que sale de todo el cuerpo de aquella persona inficionada: ansi como es vn leproso: un buuoso: una muger sangrienta de su costumbre: alguna vieja de mala complexion” (*Reprovacion* 95).
- 38 For the biography of this Jews-converso doctor from the area of the University of Salamanca see Arrizabalaga, “Francisco López.”
- 39 Fue una pestilencia no vista jamas
 en metro ni en prosa ni sciencia ni estoria
 muy mala y perversa y cruel sin compas
 muy contagiosa y muy suzia en demas
 muy brava y con quien no se alcança vitoria
 la qual haze al hombre indispuesto y gibado
 la qual en mancar y doler tiene extremos
 la qual escuresce el color aclarado
 es muy gran vellaca y asi a començado
 porel mas vellaco lugar que tenemos. (*Sumario*, Stanza III)
- 40 See Harris 19–27.
- 41 Examples of texts that use the idea of contagion are Ruy Diaz de Ysla’s *Tractado ... contra el mal Serpentino* (1539, 1542), Francisco Franco’s *Libro de las enfermedades contagiosas* (1569), Luis Mercado’s *Libro en que se trata con claridad de la naturaleza ... peste* (1599), and Alonso de Freylas’s *Conocimiento, curación y preservación de la peste* (1606). See López Piñero, “Los orígenes” 450–451.
- 42 “El contagio no es otra cosa que un tránsito del mal de este cuerpo a otro, en el cual se engendra enfermedad semejante en especie y de la misma naturaleza que la tiene el que la pegó” (Mariscal and García ed., *El libro* 190–191).
- 43 The transmission of seminaria is described as something “delgado ... agudo, penetrativo, eficaz y caliente ... que engendra enfermedad ... como lo vemos en las fiebres malignas, en la ptisica y *males de ojos* y otros semejantes, principalmente si se junta a las condiciones dichas algún mal modo de putrefacción” (Mariscal and García ed., *El libro* 196, my emphasis).

- 44 Luis Mercado (1599), Ambrosio Núñez (1601) and Alonso de Freylas' recommendations and measures for the cleansing and purification of people, objects, houses and public spaces are instances of the increase in awareness of contagion and infection by the end of the century. Kings Charles I in 1539 and Philip II in 1570 enacted regulations regarding prostitution to avoid contagion among the general population (Granjel, *La medicina española renacentista* 120).
- 45 "... los sanos deven tener mucha astucia et habito de se apartar delos inficionados" (fol. 6). It seems that in addition to his experience as a doctor Diaz de Ysla had also contracted the *morbo gálico* himself, as we can infer from his affirmation in fol. 5 that he has overcome the symptoms of the first stage of the disease and has felt healthy for ten or twelve years since then. I am quoting from the 1542 edition.
- 46 "E quando enel semejante tiempo tiene el hombre ayuntamiento conla muger como aquellos dos venenos esten juntos hacen Tal infeccion que causa caymiento de cabellos con todo lo demas" (fol. 10).
- 47 "Esta tal muger deveria poner mucho cobro enella depositandola en casa de aquella persona que tiene cargo dellas, o en un hospital donde la curen y passen sus terminos, o en la carcel porque este mas guardada. E sobre todo toda muger que tuviere ulceracion o bogaje o otra qualquier mala dispusicion en su natura deve ser tirada del semejante officio ... Y aun alas semejantes seria muy bien que truxessen alguna seña con que fuessen conocidas et todo so graves penas" (Diaz de Ysla fol. 14v).
- 48 "Assi mismo havian de ser visitados los mesones las criadas de los taverneros y las criadas de las mugeres enamoradas, y en las ventas que no pudiesen recibir ninguna muger sino llevase su fee del visitador del cargo, así mismo los señores delos ganados que avisase cada uno a sus vaqueros y hombres del campo que se guardassen dela muger que no mostrasse como yva. E pueyendose estas cosas la enfermedad ami ver avria fin. E qualquier cirugiano dandole cargo del semejante caso lo holgaria de hacer dandole toda muger que ganasse cada sabado que la fuesse a visitat diez m̄rs, et a buena diligencia muy poco turaria la enfermedad" (fol. 14v).
- 49 "Assi mesmo se guarden de juntarse con mujeres que ayan tenido qualquiera genero de llaga en la natura, aunque se tenga por cierto no aversido de causa morbosa" (*Practico* 31v). Pedro de Torres, in his 1600 publication, stresses the same method of contagion through intercourse, drinking women's breast milk, kissing and sharing clothing and drinking utensils: "infección, ó corrompimiento de la sangre, pegada, y adquirida principalmente de los actos deshonestos, y de mamar la leche, y de besarse, y de comunicar mucho tiempo con personas que tienen el mal, y de ponerse sus vestidos, y aun de beber con los vasos que los otros han bebido" (5–6).
- 50 Curiously, Susan Sontag refers to a similar case of quarantining and incarcerating thirty thousand American women suspected of being prostitutes in detention camps during World War I for the purpose of controlling syphilis in the army, with not so successful results (*Illness* 169).
- 51 "... que el demasiado uso del coito, sin aver contagion, puede ser causa de la enfermedad, por corromperse la simiente" (Torres, *Libro* 7).
- 52 "Que las que sienten mas delectacion en el acto venereo se inficionará mas presto ... y las mugeres que los hombres, porque ellas doblada delectacion sienten" (*Cirugía* 569).

- 53 “Quan peligrosa sea esta enfermedad, y mucho mas en las mugeres que en los hombres, como dize Aetio, porque siempre tienen mas redundancia de humores malos, los quales evacuandose por la madre impiden la curacion dellas” (*Cirugía* 592).
- 54 For the cultural markers attached to the pox, see also Berco, *From Body* (4–5, 23) and “The Great Pox.”
- 55 La prefocación es passion con quien viene
la gota coral y desmayos mortales,
por quanto ell esperma y la sangre se tiene
de dentro de la madre, y daquesto prouiene
luego el coraçón y cerebro estos males;
que así retenido ell esperma y podrido,
se torna en poçoña y enbía vapor
do el cerebro se encierra y se encoge a su nido,
y del coraçón el esprito deuido
no sale haz a el cuerpo por este temor. (*Sumario* 340)
- We should note how in this quote uterus suffocation affects both the brain and the heart. This concept illuminates Teresa de Avila’s description of her suffering “dolor de corazón.”
- 56 I examine the representation of diabolic hysteria in female characters believed to be witches in Chapter III, as well as the implications of this way of thinking in the historical case of Teresa’s the Ávila in Chapter IV.
- 57 Examples of these kind of books are Luis Lobera de Ávila’s *Banquete de nobles caballeros* (1530), Blas Álvarez Miravall’s *Libro intitulado la conservación de la salud del cuerpo y el alma* (1597), and Francisco Núñez de Oria’s *Regimiento y aviso de Sanidad* (1569), which in the 1572 and 1586 editions includes the treatise of sexual hygiene entitled *Tratado del uso de las mugeres* (López Piñero, “Los orígenes” 449–450).
- 58 For this idea and the general description of the document see Jean Dangler’s “Estudio sobre el *Tratado del uso de las mugeres*.”
- 59 The quote reads as follows: “porque tienen los orificios angostos y estrechos, mas que las de mayor edad, y tiene menos humedad, la qual como sea compellida a salir con la fricación del coyto, y por ser poca no salga, mas antes se quede en los orificios y vias de la matriz, es necessario que se enfrie y quiera ser expellida y alañada otra vez, por lo qual ay gran apetito de mas fricación para que salga fuera y sea expellida, y porende no ay para que alguno contienda y porfie con ellas para poderlas satisfacer y vencer porque son de apetito insaciable, y mas luxuriosas que los varones” (290v–291r).
- 60 Núñez de Oria says that men need women to evacuate their surplus of seeds, otherwise they may feel a dullness of the senses and an obfuscation of their ingenuity and understanding, and even melancholy when the sperm’s vapors rise to the head: “de subirse el vapor del esperma a la cabeça se causara melancolia mania” (293). But the immoderate practice of coitus also shortens their lives because they waste sperm, made from the purest blood: La “humedad del esperma es de la mas clara y pura sangre de las arterias de la qual se alientan los miembros principales” (294v–295r), while it does not affect women since they invest less effort in the act (297v).
- 61 In his review of a group of European learned texts in Latin directed to male readers explaining how to avoid contagion when having intercourse with

women, especially paid women, Schleiner concludes that the value of public health was conceived as the health of men (“Infection” 502).

- 62 Perry, *Crime* 216.
- 63 In her article Sharon Farmer argues that during the late Middle Ages the connection of women with the body was also applied to male beggars, considered effeminate for not fulfilling the expectations of working manually. The issue remains the same: incapacity—many of the poor were disabled or sick—equals femininity.
- 64 Historians make a distinction between the known endemic or circumstantial city poor and the anonymous beggars who included impaired people unable to earn a living (Martz 118, 127).
- 65 López Piñero, “Los orígenes” 454–456.
- 66 For early modern Spanish poverty in relation to literature consult Cavillac; Benassar 203–226; Maravall’s *La literatura*; and Cruz, *Discourses*.
- 67 “Aquel se puede llamar legítimo pobre que ni tiene bienes con que mantenerse, ni salud ni fuerza con que ganarlos” (*Amparo de pobres* 183).
- 68 In a 1675 registry list of the people licensed to beg in Seville, sixty-nine percent were over sixty and eighty-four percent over fifty. Among the disabled people recorded, seventy-four percent were crippled and forty-two percent blind; other afflictions were listed in lesser percentages. Mentally retarded individuals were considered cursed and were found begging, confined to insane asylums (*casas de locos*), or simply expelled from the city (Perry, *Crime* 168–169).
- 69 Vives depicts the horror and repulsion that these people produced in several occasions (*De subventione* 75, 148, 151): “Será más seguro, saludable y gustoso asistir a los templos y recorrer toda la ciudad. Porque no se meterá en los ojos, ofendiéndoles, aquella fealdad de llagas y enfermedades de quien la Naturaleza siente horror y más señaladamente el ánimo humano y misericordioso” (212).
- 70 ¿Cuántas veces vemos que un solo individuo introdujo en la ciudad una cruel y grave dolencia que ocasionó la muerte de muchos, como peste, morbo gálico y otras epidemias semejantes? ¿Y qué es esto de que, cuando en un templo se celebra una fiesta solemne y concurridísima, se tenga que entrar, forzosamente, en el sagrado edificio por en medio de dos filas o escuadrones de enfermedades, tumores podridos, llagas y otros males cuyo nombre no se puede sufrir, y que éste sea el único camino por donde han de pasar los niños, doncellas, ancianos y mujeres encintas? ¿Pensáis que todos son tan de hierro que no les impresione semejante vista, con el cuerpo en ayunas, y señaladamente cuando estas úlceras no sólo se meten en los ojos, sino que las acercan al olfato, a la boca, a las manos y al cuerpo de los que van pasando? ¡Tan descocado es el pordiosero! (*De subventione* 148). English translation is my own.
- 71 These rules also incited a debate over the defense of the old way of individual charity and freedom for mendicants—the conservative preservation of the traditional hierarchical status quo—against the implementation of government and private welfare and the new bourgeois work values, which included differentiating true from false beggars (Cavillac xcvi–cvi). For these debates see Arrizabalaga, “Poor Relief;” Cavillac xcvi–cvi; Clouse 143–167; Cruz, *Discourses* 23–29; and Maravall, *La literatura* 27–28.

- 72 For instance, the ordinances of the General Hospital of Madrid (1581–1598) state that it was founded to provide relief to many sorts of poor people, sick, incurables, the elderly and disabled (Huguet-Termes 77).
- 73 See Berco, “Textiles;” García Sánchez.
- 74 Among the numerous studies on specific city hospitals during the Habsburgs see Berco, *From Body*; Carmona, *El sistema*; García Sánchez; Huguet-Termes; López Terrada; Martz.
- 75 Arrizabalaga *et al.* reached the same conclusion in their study of Italian hospitals (217).
- 76 The objective of Pérez de Herrera’s recommendations were to achieve a natural social body cleaned of extraneous and corrupting elements, including suspicious groups such as indigents, Jews, Moors, prostitutes, heretics and foreigners. For instance, Pérez de Herrera in 1610, one year after the decree expelling the Moors, directs a text with the expressive title of *Curación del cuerpo de la República o Remedios para el bien de la salud del cuerpo de la República* to Philip III. Like the discourses on women, the propagated myth of somatic inferiority—tainted blood, effeminacy and sexual deviance—was applied to *conversos* and *moriscos* to convey their apparent threat to society. For the topic consult Cavillac and Perry, “The Politics of Race.”
- 77 He recommends wearing special clothing, cutting their hair, and getting trained in some female occupations such as serving in honorable houses (122–123).
- 78 Pérez de Herrera’s preoccupation with poor loose women is also shown in his *Discurso de la reclusión, y castigo de las mugeres vagabundas, y delinquentes destos Reynos...* S.l. : s.i., s.a [Biblioteca Nacional, R/28762–5].
- 79 Philip II called on Mother Magdalena de San Jerónimo, who had experience directing a reform house for prostitutes in Valladolid, to open the Galera de Santa Isabel in Madrid (Perry, “Magdalens” 135). In her proposal concerning how this prison should be run Mother Magdalena seems to follow Pérez de Herrera’s recommendations. Her disciplinary code, entitled “Razón y forma de la galera y casa real ... para castigo de las mujeres vagantes, y ladronas, alcahuetas, hechiceras, y otras semejantes” [“Reason and form of the women’s prison and royal house ... for the punishment of vagrant women, and thieves, bawds, sorceres, and others similar”] (Salamanca, 1608) is very eloquent about the general feeling toward unrestrained women. For the warden, the objective of these jails was the confinement and penalization of rotten women in order to cleanse the nation. These loose female vagabonds damaged the rest of the population by propagating diseases: “como muchas están dañadas, inficionan y pegan mil enfermedades asquerosas y contagiosas a los tristes hombres, que, sin reparar ni temer esto, se juntan con ellas; y éstos, juntándose con otras o con sus mujeres, si son casados, las pegan la misma lacra; y así, una de éstas contaminada basta para contaminar mucha gente.” (Berbeito 72). On correctional centers for women see also Boyle 19–42; Pérez Baltasar; Torremocha Hernández; and Vidal Gavidia.
- 80 Magdalena de San Jerónimo harshly denounces older women for abusing and prostituting young females (Torremocha Hernández 21). Philip II enacted an order in which he formulates that old women were suspicious and needed to be controlled in order to avoid the probability that they would use witchcraft (Ortega López, “El periodo” 287).

- 81 According to the sixteenth-century cleric Francisco Farfán (quoted and translated in Perry, *Crime* 226).
- 82 On prostitution in early modern Spain see Graullera Sanz; Herrera Puga; León Vegas; Perry, “Magdalens” and *Crime*; Moreno Mengíbar and Vázquez García; Pozo Ruiz; Ramos Vázquez; Segura Graíño.
- 83 See Pozo Ruiz 6–7. The requests to the king to eliminate legal prostitution were also supported by other men, such as the Toledo’s lawyer Jerónimo de Ceballos, who repeats the idea that prostitutes are responsible for all society’s maladies.
- 84 The “mugeres del partido ... inficionan, y destruyen con su contagio cuerpos, y almas” (29v). “Las ramerar deven ser expelidas, y echadas fuera de los lugares honestos, donde habitan, y tienen vezindad las mugeres honradas, y de buenas costumbres” (51v).
- 85 It seems that exterminating prostitution was an impossible deed because of the different ways and places of practicing the trade, as Arias de Loyola describes: “a la obligacion de Rey, y soberano señor en estos Christianos Reynos, toca precisa e inmediatamente el mandar se extirpen luego dellos todas las mugeres que publicamente ganan con sus cuerpos, ... ora estan en casas publicas de las ordinarias, que llaman burdeles, ora en casas, o casillas separadas y repartidas por los barrios desta Corte, y de los demás lugares del Reyno, o repartidas y puestas por las calles y cantones de noche, como señuelo de Satanas, para irritar a los hombres.” It is in this climate of extreme intolerance that Francisco de Quevedo wrote his acerbic invectives against prostitutes.
- 86 For a detailed discussion of the Fathers of the Church’s interpretation of Genesis see Sarrión Mora 29–38.
- 87 Some historical studies indicate that the rhetoric of honor did not always function as a trap to keep women enclosed or dominated (Taylor 193) and that women used diverse legal recourses to maintain and restore their honor (Dyer); nonetheless, the cultural notion of honor based on women’s repression offers a scheme with undeniable adverse consequences.
- 88 The book is dedicated to Catherine of Aragon, wife to Henry VIII of England, and provides advice on the formation of her daughter Mary Tudor.
- 89 “Denomino virginidad a la integridad de la mente que se extiende, también, al cuerpo, y me refiero a esa integridad que está exenta de toda clase de corrupción y contagio” (*De Institutione* 73).
- 90 “Es indicio de una castidad no íntegra o de mala fama ser conocida por muchos. ¿Qué decir de aquella mujer cuyo nombre se cacarea por toda la ciudad o se la conoce por alguna nota o algún distintivo, como pálida, coja, bizca, chata, patiuerta, miope, inconstante, diminuta, giganta, obesa, lisiada o tartamuda? Conviene que estos defectos, si se dan en una mujer honrada, sean ignorados por la muchedumbre” (*De Institutione* 132).
- 91 “Debería partir del poder del estado toda acción encaminada a que se investigue a las *viejas pobres* para que el censor, que vela por las costumbres de la ciudad, tuviera constancia de la forma con la que consiguen ellas las provisiones, pues, si les falta el sustento, con toda certeza se hacen alcahuetas y luego pasan a ser brujas” (*De Institutione* 113, my emphasis).
- 92 “El cuerpo de una mujer, por más hermoso que sea, no es más que un estercolero recubierto con un velo blanco y de púrpura” (*De Institutione* 251).
- 93 Fray Luis de León affirms: “es justo que se precien de callar todas, así aquellas

- a quien les conviene encubrir su poco saber, como aquellas que pueden sin vergüenza descubrir lo que saben; porque en todas es, no solo condición agradable, sino virtud debida, el silencio y el hablar poco” (Lorenzo Conde’s edition 233).
- 94 Fathers should be very vigilant in preserving their daughters’s chastity: “assi como la muger casada porque esta debaxo de la proteccion del marido, y su cuerpo es del marido, quando comete pecado haze agravio e injusticia al marido: assi la virgen quando esta en poder de su padres, y es suya, quanto a la custodia que tiene de su persona, quando da su cuerpo a otro hombre le haze agravio, y es genero de injusticia: y se puede llamar adultera como el Espíritu Santo la llama” (Astete 158–159). According to Astete, if the woman is independent and loses her virginity it is not a sin of injustice and nor has she wronged anyone; she only commits a sin of lust “porque ella es señora de su cuerpo” (160).
- 95 “Que no ay vidrio mas quebradiço, y delicado que ella” (54).
- 96 “[La mujer] no tiene necesidad de escreuir. De mas desto, la muger no ha de ganar de comer por el escreuir ni contar, ni se ha de valer por la pluma como el hombre: antes assi como es gloria para el hombre la pluma en la mano, y la espada en la cinta, assi es gloria para la muger, el huso en la mano, y la rueca en la cinta, y el ojo en la almohadilla” (170).
- 97 I use both the Biblioteca Nacional’s copy and Enrique Suárez’s online edition.
- 98 “... si el niño pecase de demasiada humedad y le lavasen con agua dulce y caliente, le pornían en peligro de salir mujeril y de flacos niervos y necio, dispuesto para flujo de sangre y para padecer desmayos” (Suárez edition 23).
- 99 De la Cerda’s prescription of the expected behavior of the virginal young woman appears similarly in many literary portraits, such as Dorotea in *Don Quixote* and, ironically, Esperanza in *La tía fingida*, a novel attributed to Cervantes. A maiden should not leave the house or use the windows; she should venture outside only in the company of her mother. On the street, she should walk in an honest way, avoiding looking at others and attracting the attention of men for being either too covered or for being dishonestly uncovered, showing their breasts: “Hase de tener en cuenta con la doncella no sea salidera ni ventanera; y cuando saliere, sea con su madre. Y ha de ir por la calle con gran mesura y honestidad y no traer los ojos estrelleros ni mirando para que la miren, ni dando ocasión a los livianos que la sigan y se vayan tras ella por ir muy tapada hecha coco o por ir tan deshonestamente descubierta que lleve los pechos defuera: cosa tan estupenda que se había de castigar por justicia” (Suárez edition 34).
- 100 Older women are placed in the same category of sick and impaired: they are not even considered acceptable for the estate of nun. Domingo Baltanás, for instance, explains in his treatise *Exposición del estado y velo de las monjas* (1557) that old women, as well as sick ones, should not join the convent because they are not very useful to the community: “Pero la que [se] siente enferma, o con flaquezas. Demanera que por seruir la otras monjas han de dexar de seguir la comunidad, y el conuento ha de distraerse por causa de ella, y ella no ha de tener de monja mas del nombre y el habito, malauenturada es ... Lo que se ha dicho de las mugeres enfermas que no deuen entrar en religion, digo tambien de las mugeres viejas. Porque la vejez es vn mal de que nunca conualescemos, y enfermedad de que al fin morimos, y que ninguna medicina puede curar” (fol. 9v).

CHAPTER II

The Artifice of Syphilitic and Damaged Female Bodies in Literature

Chapter I provided an overview of various early modern medical texts, public health regulations and moral debates to demonstrate their role in creating and establishing concepts about the inferiority and imperfection of women's bodies in the Iberian Peninsula. Such discourses also informed the social practices and conditions of poor, impaired females, while validating suspicions of any woman who veered from conventional behavior. At every rank of society, from wealthy courtesans to destitute prostitutes, women always fared worse because of their sex. With the spread of syphilis from the late fifteenth century, gendered connotations of the disease became increasingly misogynist as men were portrayed as innocent victims of the women who allegedly contaminated them. The added blame and spectre of contagion further supports the conclusion that in Spanish culture the ostensibly defective female is a master trope for disability in the period.

This chapter examines the literary depiction of the broken and contaminated corporality of female prostitutes as illustrated in Francisco Delicado's *La Lozana andaluza* [*Portrait of Lozana: The Lusty Andalusian Woman*] (1528), Miguel de Cervantes's *Casamiento engañoso* [*The Deceitful Marriage*] (1613), *La tía fingida* [*The pretended aunt*], a novel attributed to Cervantes,¹ and Francisco de Quevedo's satiric poetry written in the first half of the seventeenth century. These works share a common representation of syphilis as a gendered metaphor of physical and moral decay that functions in opposition both to male embodiment and to the ideal of the integrity of the female body, expressed in the concept of virginity and chastity. Furthermore, they exemplify the development of both the syphilitic trope and the

diverse solutions to taming alterity through the century. In reading these texts I take into account the complex relationship between creators and their characters, which entails a heteronormative and ableist position of the male authors and their need to transfer patriarchal anxieties to the polluted bodies of women. These writings reveal a flexible understanding of the nature of disease, impairment and creativity according to gender and social status. They also develop issues concerning queerness, gazing, voyeurism, pleasure, fear and apprehension in dealing with difference. The symbolic disabling of female characters is ultimately the result of multiple factors, including literary traditions, concrete ideologies and historical circumstances as well as personal crises affecting the writers.

Although brothel literature has a long tradition in European letters it was not until after the syphilis epidemic had affected Europe from the late fifteenth century that the characterization of prostitutes and lower-class women acquired symptoms of the disease. The visible physical signs of this deforming condition, along with the fact that it was a contagious ailment associated with sexuality and pleasure, produced ambiguous reactions in mainstream society.² In sixteenth-century Europe syphilis was understood from a moral, xenophobic and heterosexual perspective. Initially social constructions attributed the source of the disease to the Other—Native Americans, women, Jews, foreigners—but they also represented syphilis in relation to enjoyment and blamed promiscuous young courtiers for propagating it. Later in the century the affliction became a metaphor of the repulsive, stigmatized and abject female condition that affected males, the victims.³ The “medical heteronormative” promulgated the idea that syphilis was transmitted from women to men, avoiding naming other ways of sexual contagion such as sodomy (Berco, “Syphilis and the Silencing” 108).

Female characters affected by syphilis are ubiquitous in Spanish literary works and reflect this progressively more unfavorable attitude over time. In the late fifteenth and early sixteenth centuries syphilitic female characters are portrayed as relatively strong, freer and more literarily developed. The deforming consequences of the disease are suggested but not emphasized. For instance, at the end of fifteenth century the reference in *Celestina* to the unhealed nose scratch of the old protagonist insinuates her venereal disease without further elaboration. In the first quarter of the sixteenth century the symptoms of characters affected by the *morbis gallicus* in *Portrait* are relatively mild. However, the frequency and negativity of these constructions intensified over the course of that century to the point that by the

seventeenth century figures of syphilitic women are at times horrendous, monstrous and completely devoid of humanity.

Delicado's *Portrait of Lozana*, one of the earliest Spanish texts to deal with syphilis, exemplifies the ambiguous perception of the disease that characterized attitudes during the first decades of the sixteenth century. Written in 1524 and published anonymously in Venice in 1528, this work belongs to the tradition of *La Celestina*, by Fernando de Rojas, who developed the character of the old prostitute and procuress Celestina in the late fifteenth century.⁴ While syphilis in *Celestina* was a "hidden and unmentionable disease, hanging like a dark pall over human sexuality" (Michael, "Celestina" 119),⁵ Delicado's preoccupation with and open treatment of the disease reflects the more advanced stage of the pandemic by 1524, adding to the ambiguities and complexities that critics have observed in this work.⁶ The writing is the product of a syphilitic author who seems to both accept and undermine the binary construct of the disease, resulting in a blur of gender and disability representation. The merging of diseased-author/diseased-protagonist results in a malleable understanding of the syphilitic phenomenon.⁷

Portrait narrates the life of Lozana, originally called Aldonza, an ingenious, attractive Spanish prostitute, whose main physical traits are her open and profuse sexuality and her symptoms of syphilis.⁸ Born in Cordoba, Andalusia, in humble circumstances, Lozana is sexually initiated very early in her life. She leaves Spain to follow her lover/pimp, the Genoese merchant Diomedes, to various places in the Near East and, after being sequestered and abandoned by Diomedes' father, moves to the Spanish neighborhood of Pozo Blanco in Rome, where she lives most of her life working as a prostitute, bawd, healer and beautician. The life of Lozana is somewhat reflective of that of her creator: both are exiled Andalusians from *converso* families, living in Rome, and affected by syphilis. Francisco Delicado, or Delgado (born c. 1475–1489), an Andalusian priest probably of Jewish descent, moved first to Rome, where he lived until 1527 (the date of Charles V's attack on the city), and then to Venice, where he published several books, including *Portrait*. In his writings Delicado admits to have been suffering from syphilis for twenty-three years and that he composed the story of Lozana while recovering from the disease, most likely in the Santiago de las Carretas (San Giacomo degli Spagnoli) Hospital of the Incurables in Rome.⁹ He also reports that he has written other books about the venereal disorder—*De consolatione infirmorum* (unknown today), with the intention of comforting passionate ill men like him, and the short treatise *El modo de adoperare el legno de India*

Occidentale (Venice, 1529), in which he explains the discovery and use of the Guayaco, guaiacum wood, a tree from the West Indies that was considered the best medication at the time to cure syphilis. These writings evidence Delicado's involvement and preoccupation with the disease as well as the figurative constructions of the condition.¹⁰

Portrait maintains the conventional binary opposition of condemned infected women/innocent cured men in the iconographic and written story, but many elements of the composition blur this dichotomy: the author conceals his name (publishing his work anonymously), attributes features of his own identity to the female protagonist and inserts himself into the fictional world of Lozana as an actor.¹¹ The Spanish prostitute seems to reflect a distorted image of Delicado, a safe way of representing a frail transgressive feminine aspect of his personality that he carefully veils in what could be characterized as a symbolically transgender act. Delicado needs to maintain the inconspicuous normative and naturalized positions dictated by heterosexuality and able-bodiedness. As part of the dominant group he lacks the marks of the socially excluded but nevertheless needs the "embodied, visible, pathologized" others (McRuer, *Crip* 2).¹² In *Portrait* the syphilitic author remains partially invisible, unmarked and above the imperfections of the residents of Pozo Blanco. He artistically visualizes their disordered sexuality, damaged bodies and marginalization, while concealing his own body (gender) troubles.

The story of Lozana illustrates the ambiguities of a social disease that affects everyone and, yet, not everyone has an excuse for having it or deserves a cure. This contradiction is found in well-known European writings on syphilis that argue that the disease can be treated and even cured when it affects powerful people, usually men, but when dealing with the contaminated poor majority population it is understood as a punishment for social or individual disorders.¹³ These contrasting understandings of the ailment may be observed in the woodcuts that illustrate *Portrait* and *El modo de adoperare*. The frontispiece illustration of *Portrait* shows Lozana, with the marks of syphilis on her face, sailing on the Ship of Fools. The allegoric image of the boat was usually complemented with the Tree of Vanity, as in Hieronymus Bosch's *Ship of Fools* (1490–1500), but in *Portrait* the tree motif is revealed in the written discourse as part of Lozana's dream in the last *mamotreto* of the story (lxvi).¹⁴ In this way folly frames the narrative. In Bosch's painting the mast in the center of the *Ship of Fools* becomes the tree in which a menacing owl or skull can be seen. The motif of the tree also appears in the woodcut illustration in the frontispiece of Delicado's *El modo de adoperare*, but here it is

converted into the guaiacum wood, also called sacred wood or *palo santo*, and, unlike the anonymous laughing tree keeper in Lozana's dream and the mysterious menacing figure in Bosch's painting, this tree is crowned by an image of the Virgin Mary. The sacred wood divides the drawing into two equal parts: Saint Jacob (the same saint as that of the hospital where the author is cured) appears to the right of the *palo santo* and Saint Martha, patron of Martos, Delicado's adopted hometown in Andalusia, to the left. Near Saint Jacob, in the extreme lower right corner, Francisco Delicado kneels devotedly with his hands together in prayer thanking the Virgin, Saint Jacob and Saint Martha for curing him.¹⁵ In a game of superimposition of images, Delicado's self-representation in a sanctified and redemptive atmosphere is also reminiscent of the plate in Joseph Grünpeck's treatise on syphilis (Augsburg 1496), in which the Virgin with the Christ child sending miraculous curative rays to syphilitics is similarly positioned in the upper center of the illustration.¹⁶ In contrast with the blemished Lozana embarking on the Ship of Fools, Delicado depicts himself in his clerical garb, kneeling and looking up reverently to the saints and virgin, consoled, cured and saved, while his syphilitic character is exiled and condemned to die from the disease.

The image of the Ship of Fools visually introduces the disposition toward syphilis in *Portrait* as a justifiable penalty and stigma for disorderly marginalized women. In the book, the disease is confined to prostitutes and their clients.¹⁷ The main character, Lozana, symbolizes the kind of body and behavior that was typically associated with the malady in literary constructions. The narration accentuates the excesses and weakness of her physicality: her precocious sexuality at the young age of eleven, her discharge of fluids in the form of urine (*Mamotretos* vii and xix) and menstruation (*Mamotreto* xlii), her impure blood as a converted Jew (*conversa*), and her syphilitic body marked with a scar/star [*estrella*] on her forehead and a collapsed nose.¹⁸ Thus polluted liquids, uncontrolled sexual impulses and decay constitute her corporality. The symptoms of the venereal disease as well as her ethnicity socially label her and determine her marginality. Upon arriving in Rome she is openly identified as a syphilitic: "can't you see she has the pox?" an older woman says after meeting her (20). Lozana herself recognizes that the blemish in her face disfigures ("deforms") her (26), a defect acknowledged by other characters. For instance, the Jew Trigo, who rents her a house, comments that the mark of her disease is her flaw: "if it weren't for that fly bite on your forehead, everything about you would be perfect" (70). The French disease is a persistent and fundamental feature of her distinctiveness,

since, as her servant and lover Rampín explains, Lozana was never able to rid herself of the illness (72), despite her knowledge of invocations to repel it (76).

Syphilis in the ghetto of Pozo Blanco, where Lozana resides, is the expected outcome rather than an avoidable or treatable illness.¹⁹ The community of women living there speaks of the origin, development and lethal consequences of the epidemic that looms over all of them as an avoidable punishment. Older prostitutes in the story, such as the toothless bald washerwoman from Nájera and the old consumed Divicia with her false teeth, mention that the beginning of their career coincided with the outbreak of the incurable French plague in Naples. One of Lozana's first clients explains that there are numerous prostitutes living in Rome from different countries and at the end of their careers all of them have a "French friend"—a euphemism for syphilis—who accompanies them to their death (95). Silvio, a character who duplicates the author's voice, also comments that all women are hounded by "the illness that comes to them from Naples" (105). When, later in the book, the aged Lozana decides to give up her trade because "it's been a bad year for whores" (194), she bemoans the fact that, although some prostitutes are successful, many others are unfortunate women that end up poor and ill, with their "bodies wasted and worldly goods dispersed" (196–97). In *Portrait*, the gloomy future of and final retribution for this group of segregated uncontrolled women reflects the opinions of the period and, yet, the voice of Lozana denouncing the outcome of poor women who endeavor to subsist, many through prostitution, unsettles the conventional wisdom of the time. The following quote is a poignant description of the miserable lives of women whose bodies are a way of survival but also the source of suffering and abjection:

And they used their bodies as shields and their ears as helmets, struggling on their own and paying their own lodgings, both night and day. And now, how are they rewarded? For some, broken arms; for others, bodies wasted and worldly goods dispersed; for others, scars and pains; for others, bearing children and then abandoned. Some who were ladies are now maids; others ply their trade on the street corners; some are washerwomen, or stable women, or whores in the service of other whores; still others are bawds, midwives, or women for rent; others weave and are not paid; others beg from those who once begged from them and serve those who once were in their service; some fast because they have nothing to eat, and others because they can't. (195–196)

For the narrator, poor women use their bodies as a “shield,” a protective matter that provides their subsistence, but that also represents a material that disintegrates with age and generates pain, disfigurements and even the need to abandon children—the fruits of their corporality. The collapse of their bodies parallels their social degradation. These women end their lives begging, in unpaid servitude or in questionable professions. Some just starve. Even when Lozana’s friend, Silvano, responds by telling her that the city hospital (San Giacomo) provides shelter for syphilitic women, the protagonist’s lament reflects the sad reality of abandoned and emaciated, diseased prostitutes as documented in historical sources and illustrations.²⁰

Syphilis is a gendered, stigmatizing and penalized disease in the text that contributes to supporting the traditional concepts of female embodiment. This work centers on the body as source of pleasure, contagion and wickedness. Even Lozana’s additional activities, such as beautician, hymen mender and healer, are linked to her main profession and the need to maintain the matter upon which women’s survival depends.²¹ Once their youth and their health disappear, all prostitutes, rich courtesans as well as poor whores, become vulnerable and have a wretched end, as in the case of a famous Portuguese courtesan who appears in the story begging for alms on street corners. The wasted courtesan is a frightening example for all women in the profession. According to a male character named Herjeto, the ruin suffered by such women is the consequence of not placing God before their desires (*Mamotreto* xlix). In *Portrait*, disease, poverty and destitution are divine punishments with a hopeless outcome.²² Earlier in the text, the aged prostitute Divicia suggests the possibility of curing syphilis with new treatments, such the ones proposed by the author: “They’ve already begun treating it with aloeswood from the West Indies. Sixty years after it began, it will end” (232). However, according to Lozana, who represents the reality of living in the prostitution district, venereal disease is incurable and divinely fated: “there’s no physician as asinine as the one who wants to cure the pox since God makes man have the disease” (252). This inescapable fact is underscored in the last chapter of the novel, when Lozana remarks on the doomed destiny of whores [“three kinds of people end badly: soldiers, whores and usurers” (276)]. The disease is terminal for prostitutes because they cannot afford to pay for the remedies the author has received. While Delicado recovers in the hospital, he creates a protagonist who laments the lack of government provisions and shelters for destitute women (198). This complaint about the unequal treatment of indigent women adds to the complexity of a text that demands multiple readings.

Many critics consider that Lozana is portrayed with positive features and is not morally judged; and, yet, it is important to recall that the author chooses a female to represent syphilis.²³ Lozana is tied to the destiny of her peculiar embodiment (impaired Jewish woman) and punished for her subversive way of living (prostitution). Although she seems to be constantly on the move and has a voice, she is marginalized and circumscribed to closed geographical quarters inhabited by prostitutes, courtesans, pimps and self-indulgent clients. Indeed, the syphilitic prostitute is the origin and the center of the story, but she can never be integrated to society.²⁴ At the end of the story, Lozana retires to the isle of Lípari, a kind of penitentiary in the north of Sicily (Allaigre 139), and, in this way, the aged protagonist is excised from the community, thus preventing the revelation of the disastrous physical effects of aging and illness. Her fictional life parallels the function of the narration itself, to entertain and to divert attention from the tribulations of the protagonist and from the invisible ordeals of the author.²⁵ In his Letter of Petition to “an honorable Lord,” included at the beginning of *Portrait*, the writer consigns “to discreet readers the pleasure and enjoyment that reading about Mistress Lozana may well bring them” (3). In the author’s imagination the deformed and diseased Lozana will continue giving pleasure to the readers without complaining about her own suffering. The book is in essence a sort of *carpe diem* that incites men to enjoy the virtual obscene body of the prostitute; in this way it functions as a kind of literary voyeurism without risk of contamination, and without exposing the woman to her final corporeal condemnation and destruction. By poetically gendering decay, impairment, marginalization and exile, Delicado controls a fiction of the disease that preserves his heteronormative status.

Three decades into the pandemic Delicado openly discusses syphilis in his literary creation by feminizing and restricting the experience of the malady to a ghetto in Rome for Spanish *converso* prostitutes, a place that male clients visit, become contaminated and have the opportunity to leave and be cured. By the end of the sixteenth century and the beginning of the seventeenth, the figure of the syphilitic prostitute is pervasive in many baroque texts and permeates diverse areas of the urban environment. It reflects common preoccupations of the period in relation to poverty and the stigmatizing social response to unrestrained women. In the two short novels I examine next, Cervantes’s *The Deceptive Marriage* and the attributed *The Pretended Aunt*, female disease and impairments appear immersed in the net of social relations of Counter Reformation Spain. In these works, the damaged physicality of unrestrained women questions traditional institutions

such as marriage and virginity that demand female normative bodies and behavior.

The portraits of promiscuous women in the works of Miguel de Cervantes (1547–1616) are characteristically negative, although not all of them manifest symptoms of venereal disease.²⁶ In *Don Quixote*, Maritornes illustrates the extreme ugliness and impairments with which the lower-class maids that appear in rural inn scenes are depicted, a frequent convention in picaresque novels. The women who appear on Monopodio's patio in Seville in the short novel *Rinconete and Cortadillo* illustrate the typical characterization of prostitutes: heavily made up, with vulgar manners, and physically abused by pimps.²⁷ Some of these figures are syphilitic, such as la Pericona, the aged prostitute in the *entremés* "Rufián viudo" (The Ruffian Widower). They also reflect the preoccupations of the time over the need to improve the social health of women and to remediate the intolerable plague of "young female wanderers" that filled hospitals and contaminated men.²⁸ In *The Deceptive Marriage* syphilis plays a central role in exposing complex issues in relation to female sexuality, pollution and poverty. It also creates the symbolic exclusion from society of diseased women through a failure to attain the honored married status.

The novel is the story of a relationship of reciprocal deception between the ensign Campuzano and Doña Estefanía de Caicedo, a courtesan. The two characters, after a seductive encounter in the inn of La Solana in Valladolid and eight days of courtship, negotiations and promises of mutual economic contribution, get married. Following six more days of blissful honeymoon during which Estefanía acts like the perfect domestic and submissive wife, the reader learns that her alleged property holdings were a sham (the well-furnished house where she takes her husband belongs to her friend). Finally, after six subsequent days of quarreling, Estefanía, intimidated by Campuzano's threats, disappears with his trunk and costume jewelry, leaving the soldier infected with syphilis.

Unlike the case of Lozana, who openly discloses the marks of her diseased body and talks about her life, Estefanía is a *tapada*, a veiled woman with no voice.²⁹ It is Campuzano, the affected victim, who offers a progressive revelation of her life and the secret constitution of her body, the object of his desire.³⁰ Estefanía is a thirty-year-old city courtesan approaching an age when prostitutes start worrying about their future, as we have seen in Lozana's account.³¹ She openly confesses her profession to Campuzano and states her desire to marry him in order to gain a more stable and secure life. Probably because she is poor and unable to secure a decent marriage she lies about her

dowry, but the ensign also lies about the value of his gold chain and garments, both perhaps with the sincere intention of obtaining a situation that will improve their present existence (Márquez Villanueva, "Novela" 616–617).³² However, Estefanía also conceals her venereal disease, a significant factor connected with her corporality that elucidates the development and denouement of the story.

In effect, the story begins with an anonymous narrator describing the physical frailty of Campuzano immediately after leaving the Hospital of the Resurrection, on the outskirts of Valladolid,³³ where he has been receiving the remedy of sweating out the "bad humors" of the *morbus gallicus* for twenty days.³⁴ The purge has left the soldier pale and weak, to the point that he needs to use his sword as a cane. On his way to the city he encounters his old friend the licentiate Peralta, who, shocked by the soldier's appearance, asks him about the reasons. Campuzano's unexpected physical decline demands an urgent explanation and reparation, a fact that supports one of the usual functions of deviant literary figures to stimulate the narration (Mitchell and Snyder, *Narrative* 53). Marrying Estefanía de Caicedo has resulted in his sicknesses and emasculation, as Peralta suggests by using language that connotes verticality and flaccidity: from bearing lances in Flanders, Campuzano is now dragging his sword (522). The soldier—ideal emblematic embodiment and defender of patriarchal society—has been damaged in the story by the dangerous sexuality of a woman. By symbolically castrating the soldier, Estefanía, the Woman, becomes the voiceless real threat to the system. She has been the object of male desire and has offered the fleeting pleasure of the submissive wife,³⁵ but when she disappears Campuzano is left *pelón*, hairless and penniless, sick and impotent; she leaves behind the marks of her polluted body, and yet she is also the source of his creativity.³⁶ Gossy has indicated that "the germ of the text is located in Estefanía's body," and that the trace of syphilis she leaves when she disappears permits Campuzano to become the author of the narration (*The Untold Story* 61, 69). Certainly, Estefanía is "a figure of undecidability" (between marriage and prostitution) because she does not adjust to the rigid code of patriarchal honor; however, it is important to underscore that it is the discovery of her disabled dejected body that impedes the desired integration. Once she is unveiled and possessed, Estefanía passes on the intolerable stigma of vulnerability and decay. This instability needs to be symbolically fixed. In effect, just as we have observed in the case of the negotiations of the syphilitic Delicado in relation to his creative work *Portrait*, Lieutenant Campuzano not only needs to purify (sweat) the bad humors he caught from the Woman but, during

his painful convalescence—a period of cleansing his body of her infection—he experiences literary inspiration. His flaccid sword becomes a creative pen. This burst of imaginative fertility occurs during a feverish night in the Hospital of the Resurrection of Valladolid, when he hears, or dreams about, a conversation between two dogs, which the soldier recreates in what will be the next novel in the collection of *Exemplary Novels*, *The Dialogue of the Dogs* [*Coloquio de los perros*].³⁷ In the same way that Lozana retreats to an island, in *The Deceptive Marriage* Estefanía is condemned to live on the fringes of society. In overcoming the female menace, patriarchal society remedies emasculation and is reinforced by the narrator's creativity. Impaired dissolute women are shunned in the narrations but the traces of the ailments they leave behind become nevertheless fundamental to sustaining the patriarchal fictions of controlling the uncontrollable.³⁸ The idea of normalcy and male integrity needs the disabled female.

Estefanía lacks the physical and moral integrity demanded by the institution of marriage and the honor codes, closely connected to the concept of female virginity, a topic explored in the short novel attributed to Cervantes, *The Pretended Aunt*. In early modern literature, the hidden impairment of having a broken hymen generates the greatest stigma and rejection a woman could suffer. This novel adds the issue of female somatic deficiency to the theme of infection in what I call the politics of virginity.³⁹

The story of *The Pretended Aunt* deals with the typical pairing of the aged retired sick prostitute, Doña Claudia de Astudillo y Quiñones, and an eighteen-year-old disciple, doña Esperanza de Torralba, Meneses y Pacheco. The story takes place in 1575 in the university city of Salamanca, where the women, along with two maidservants and a squire, have just arrived. Their shuttered rented house of ill repute, as well as their public composure, display a behavior typical of honorable women and entices the curiosity of two Manchegan students. Having seen the beautiful Esperanza and suspecting the real business of the group, the students unsuccessfully accost her with a nocturnal serenade and, finally, ask a friend, don Félix, for help in conquering Esperanza. Don Félix, by bribing Grijalba, one of the lady's maids, discovers that the young Esperanza is in fact a concealed courtesan. Later that day, Grijalba hides don Félix in Esperanza's room with the consent of the young woman, who agrees to meet him after her aunt Doña Claudia retires to bed. From his hiding place, don Félix hears a conversation between the aunt and niece about their profession. Claudia gives Esperanza a series of recommendations on the most profitable ways to attract clients and on the characteristics of potential

male customers in Salamanca. The niece, after reminding her aunt that she has frequently heard her advice, adds that this time she will not tolerate suffering the pain involved in surgically reconstructing her virginity. At that moment, due to an incontrollable sneeze, don Félix is revealed, much to the consternation of Claudia, who attacks the servant Grijalba with her shoe. Responding to the women's altercation and screams, a magistrate (corregidor) and twenty other men that have also been hiding and listening to the graphic conversation emerge; among them are the two students that accosted Esperanza at the beginning of the novel. The magistrate and his men take the women to jail but the students manage to rescue Esperanza and bring her to their hostel. In their room, the young men quarrel about their prerogative to sexually possess the young woman. The story concludes when one of the students decides to marry Esperanza in order to acquire the undisputable right over the enjoyment of her body, while the magistrate, accusing Claudia of stealing and exploiting girls and of being a witch, penalizes her with four hundred lashes, public exhibition and humiliation.

In *The Pretended Aunt*, the corporality of the female characters reflects masculine anxieties around somatic fragmentation and disorder. The story reveals male fears and perverse curiosity about the enigma and ambivalence of an embodiment that is the object of both their pleasure and disgust. After the discovery and revelation of the secret of the women's bodies—they are deceptively broken and infected—the plot adopts the customary solution of controlling, penalizing and confining them. In the pairing of old and young courtesans, the portrait of Esperanza is linked to virginity and a lost hymen, while the characterization of the experienced Claudia follows the literary tradition of syphilitic older procuresses and healers. As was the case of Doña Estefanía in *The Deceptive Marriage*, the dynamic of *The Pretended Aunt* moves from veiling to revealing, from the initial depiction of Claudia and Esperanza wearing fashionable and decent clothing at the beginning of the narration to the later disclosure of their imperfect bodies. The narrator, in describing Esperanza, emphasizes the customary characteristics of a young woman with a beautiful face and fashionable coiffure and clothing. In addition to her elegant appearance, the third-person narrator adds that she carries herself with grace and modesty: with “dignified bearing, honest gaze, elegant and noble stride” [“[e]l ademán era grave, y el mirar honesto, el paso airoso y de garza” (628)].⁴⁰ Esperanza is the image of decorum that fulfills the expectations of a young beautiful decent girl. Her “honest gaze” is a feature connected with virginity in some medieval medical

texts; however, her stylish silver-colored hair [“cabellos plateados y crespos por artificio”] and her alluring expensive shoes [“chapines de terciopelo negro con sus claveles y rapacejos de plata bruñida”] seem to be inviting attention.⁴¹ Later in the narration we learn that the young woman has sold herself three times as a virgin and seems to accept without reservation her profession, as she talks to her aunt about their future plans of traveling to Seville, where the fleet will arrive, bringing plenty of clients and profit. Critics have mentioned her passivity, as her body functions as merchandise for her aunt and an object of desire for men (Martín, *An Erotic Philology* 8); however, the young woman becomes a speaking subject when she asserts the state of her body and tells Claudia that she cannot endure again the torture of repairing her virginity. Reconstructing her hymen has been a painful and distressing way of recovering a useless provisional worth. She explains that her sensitive flesh should not be sewn like a textile and should not be fictionalized and recreated as complete. Her remarks corroborate that fiction and representation are framed in the context of physical bodies that feel pain. In her conversation with Claudia, she crudely describes the surgical procedure she has endured to reconstruct her broken hymen with silk thread and needle (“sirgo y ahuja”).⁴²

Repairing hymens with red silk thread is a typical occupation of Celestinesque procuresses. It is one of the main occupations of Celestina, Lozana and Aldonza Lorenzo, the mother of Pablos in Quevedo’s picaresque novel *El Buscón*.⁴³ In literary works the procedure is presented as immoral and deceptive, but the restoration of lost virginity, which was called *sophistication*, was a common theme in ancient and medieval gynecological texts that include prescriptions. The method was used to assist in saving women’s honor and virtue, but also to increase sexual pleasure or to assist in conception.⁴⁴ Although the practice may have been performed frequently in real life and often mentioned in literary texts, the first-person description of this excruciating experience is unique to *The Pretended Aunt*.⁴⁵ In effect, the protagonist’s openness and candor in explaining this procedure caused a “critic scandal” in male readers (Gossy, “‘The pretended’” 255), who consider the discourse obscene (Martín, *An Erotic Philology* 26), and also created an obstacle for accepting the authorship of Cervantes.⁴⁶ In my opinion, what makes this work so obscene and so uncomfortable for readers is not only the topic but also the frank talk about the fallacy of virginity. Hymens, the membranes that preserve the myth of female undamaged flesh, are fictional veils that can be manipulated. Virginity was an expected state for unmarried young women with social, legal and moral implications in the period. It usually meant that the woman

had no sexual relations and that she had maintained her body, as well as the purity of her thoughts, intact. It guaranteed female corporeal wholeness, a quality expected in maidens at the point of transfer of legal guardianship from their fathers to their husbands. The loss of virginity, understood as the tearing of the hymen, devalued females at all levels of the economic exchange, and the reconstruction of *virgos* was a means of maintaining the worth of both virtuous women and prostitutes.⁴⁷ Claudia needs to create the oxymoron of a “virgin whore” in Esperanza (Gossy, *The Untold Story* 97) in order to certify a clean and safe flesh to the potential buyer during a period when prostitutes were blamed for spreading venereal diseases. The twenty-two hidden voyeurs in the story, as well as the male readers outside the text, observe with extreme concern how Claudia and Esperanza are dismantling the social illusion of bodily integrity, described by the niece as “an entire, intact and never touched garden.”

The anxiety felt by the male subjects as they overhear the truth about Esperanza’s incongruous corporality reveals important aspects that explain the rejection of the disabled. From the point of view of psychoanalysis, the repudiated defective body is not an external thread but a repressed experience of a disintegrated, de-unified and uncontrollable embodiment.⁴⁸ Claudia and Esperanza’s revelation of their efforts to conceal physical incompleteness in order to meet patriarchal demands (and to provide female profit) stirs profound unease in the male voyeurs in relation to their refusal to see their own vulnerabilities and created myths. Another reason for consternation is observing the dismantling of a social fabrication. Claudia’s surgical sewing, repairing Esperanza’s torn flesh, exposes the instability of virginity, the very foundation of the structure of the honor system.⁴⁹ For men, it is disturbing to acknowledge that, just as prostitutes alter their bodies to increase their market value, other privileged women can do the same to secure their worth. Women sell men the illusion of stable signs, when in fact the meaning of the hymen itself, a membrane that is situated in-between and that breaks down dichotomies, reveals the undecidability and instability of valuing symbols. In the case of *The Pretended Aunt*, as well as that of Doña Estefanía in *The Deceptive Marriage*, fashionable clothing and constructed virginities function as veils, as fictions that cover the diseased and incomplete bodies of unrestrained women.⁵⁰ Claudia, the hymen mender, becomes an accomplice of a society that demands virginity, but she, as with other aged Celestinas, also uses her knowledge of the female body to subvert and take advantage of a system that stigmatizes the sexually active woman.

The details of Claudia's surgical procedure are unclear, but data from several scientific articles about current medical practices attest firstly that the presence or absence of the membrane called the hymen, as well as the anticipated bloodstains after the first intercourse, in many cases have nothing to do with virginity. It is a fabrication. Furthermore, current scientific literature indicates that the surgery to reconstruct the hymen by sewing small flaps of vaginal skin is risky if performed by non-professionals and can create numerous health problems, as well as leave "significant scarring" that causes chronic pain during intercourse (Raveenthiran 225).⁵¹ In *The Pretended Aunt*, Esperanza seems to allude to this scarring when she says that her flower (vagina) is already "negra de marchita," black and withered. The lacerated and wilted genitals mark Esperanza's still young body with disease, corruption and death; her future will be similar to that faced by Claudia, as the next revelation in the story suggests.

In reality, syphilis is Claudia's hidden secret. Following the conversation between the aunt and the niece about Esperanza's "open door", there is an altercation in which the lady's maid Grijalba pulls off Claudia's headdress to reveal a piece of dangling false hair over her bald scalp, an outcome of syphilis that made her look ugly and repulsive ["quedó con las más fea y abominable catadura del mundo" (646)]. In fact, Claudia, as with many other old procuresses in literature, displays the usual pejorative signs of an imperfect and decayed body through the metaphorical use of syphilis.⁵² In the novel, the apprehensive male curiosity seems to discover what women conceal.

In the three works examined, male authors expose the incomplete, deformed and threatening bodies of women living at the edge of social norms to a voyeuristic audience both inside and outside the texts. Once they have unveiled the bodies of their female protagonists, the male writers close their narration by removing them from society: Lozana is isolated on an island, Estefanía disappears, Claudia is punished and jailed and Esperanza is trapped in a forced marriage with a rapist. The show is over, the threat reduced. From the male point of view, which includes that of the authors, male characters and readers, the final ending is indeed a happy one, in fiction and desires.⁵³

Nonetheless, the dichotomy of heterosexual abled men versus diseased and deformed women is blurred in these texts, which reveal the complexities and instability of the signs of the construction of disability. In *Portrait* the author Delicado both constructs and crosses the barriers of the division. He feminizes disease and subversive behaviors but this fabrication also allows for the amalgam of representations of gender and disability: the syphilitic Lozana is the reflection

of his cured self, the approved social trope to express the experience of a devastating, reviled disease. Unlike Delicado's disguised persona, the protagonist of *The Deceptive Marriage*, ensign Campuzano, openly appears cursed by his contact with a syphilitic woman. The result of female contamination is impairment and feminization. Both Delicado and Campuzano find creativity in the process of purging the disease, or the Woman. The stories they envision while they are cured in syphilitic hospitals expose community and individual difficulties, suggesting the universality of human suffering. Finally, in *The Pretended Aunt*, the topic of broken/fabricated hymens questions the wholeness of bodies and their conventional worth. The disclosure of the flawed female flesh covered by veils produces an aggressive reaction in the male voyeurs, who use their authoritative control as a way to cover their own fears and vulnerabilities. The elimination of the "problem" at the end of each of the stories is also a futile move, as the female and the somatic flaws will continue to resurface in the male imagination.

Delicado and Cervantes's complex treatment of syphilis, impairments and gender in the novels discussed are absent in other works, where the symptoms of syphilis become a standard trope for female moral and physical degradation. Among seventeenth-century writings, the most extreme, obsessive and unambiguous rejection of female corporality may be found in the satirical works of Francisco de Quevedo (1580–1645). His pen frequently emphasizes the syndrome of syphilitic women with morbid intensity and detail: alopecia, missing teeth, putrefactive secretions, sores and foul smells. Infected poor women are horrendous examples of society's abjection and the excesses and detritus that should be eliminated in order to maintain the status quo. Quevedo's literary exercise is an aggressive attack on women's bodies that converts them into dehumanized and grotesque figures. As a privileged aristocratic conservative male, his literary violence against the Other (women, Jews, blacks, Venetians) can be read as an extreme intent of disassociation from the weakness of femininity.⁵⁴

Quevedo's representation of the female body follows the traditional division of women's physicality based on conventions of literary genres. His lyric love poetry adopts Petrarchan and Neoplatonic patterns in the construction of the idealized woman: noble, young, beautiful, chaste and angelical.⁵⁵ In contrast, the lusty, ugly, sick, poor, old and evil female is at the center of his burlesque poetry. In fact, in both poetic genres, lyric and festive, and consistent with the poetics of the time, the intention is not to describe a realistic and individualized body or, much less, to express particular ways of being, but to show the reaction and feelings of the male poetic voice through the creation

of clever images. The represented female is an excuse, a motive, a topic and an object to display in his brilliant compositions; yet the caustic figuration of female physicality has deeper motivations.

In the burlesque category, defective female corporality is constructed in a continuum of figures of different ages and states that share lewd conduct and threatening sexuality. The sick prostitute and the emaciated hag are key characters in the series.⁵⁶ The majority of critical analyses of Quevedo's satires and burlesque poems employ historical and philological approaches in order to find the sources and features of the negative characterization of women in misogynous time-honored Greco-Roman, Patristic and European discourses (Arellano and Schwartz LIII).⁵⁷ Nevertheless, reducing the poet's attacks to female figures to a brilliant poetic exercise of wit based on *imitatio* not only exculpates the responsibility of the author but also eludes questioning the deep-seated political and social attitudes and ontological anxieties that underline his artistic expressions. There is too much obsessive vehemence in the Quevedean satire to reduce it to a mere inventive play (Iffland, *Quevedo* vol. 2, 269).

Reading Quevedo's negative construction of women's corporality through feminist and ageist theories of disability adds new critical perspective to the phenomenon of the misogynist satire. The intensity of the poet's violence and rejection of women should be understood in correlation with inner crisis and efforts to defend and maintain the solidity of the ideal model, since the existence of the model depends on the abjection of others (Butler 3). In the extreme devaluation of the syphilitic young prostitute and the monstrous old hag, two of his iconic figures, Quevedo projects discomfort, fear and aggressiveness, the same feelings that characterize society's dismissal of different embodiments. In his burlesque poetry, the syphilitic prostitute and the ugly hag are the dregs of society, judged, degraded and destroyed because they transgress the desired order and introduce chaos. These figures show existential experiences shared by all human beings: pain, sickness, desire and death. They reveal human malleability and physical vulnerability and challenge the concept of the control, limits and integrity of the prescriptive body. Ultimately, they represent threatening powers from which society needs to protect itself, provoking the need for their elimination.⁵⁸

Quevedo's harsh invectives against women reveal his anxiety and preoccupation with physical deterioration and death. In his creation of abhorrent grotesque figures he uses witty humor and the ingeniousness of his conceptual style to cover his intense aggressiveness towards the different groups he detests, such as the Jews (Iffland,

Quevedo vol. 2, 188, 221–231), but he seems particularly vehement in relation to sexually active lower-class females.⁵⁹ Because traditionally women have been related to the materiality of the flesh, Quevedo's poetic hostility towards them focuses precisely in imagining characters with ulcerated and corrupt bodies as agents of contamination and social danger. The author's misogynist imprecations reveal his inner anxiety and his need to shield himself from women. He denounces the irresistible sexual attraction of young prostitutes that jeopardizes the integrity of the underpinnings of the patriarchal system: corporeal, moral and economic health.

In the prose works analyzed earlier in this chapter syphilis marks female characters, but the signs of the disease are not accentuated. These protagonists preserve the essential characteristics of human beings who move, feel their body, have desires and relate to others. Moreover, venereal disease in those novels functions as a narrative device that determines the dynamic of the story, reflects contemporary issues and affects the author's persona. In contrast, the use of syphilis in Quevedo's burlesque poetry is highly reductive: it focuses on an exhaustive scatological description of the diverse symptoms of the French disease.⁶⁰ The human body is fragmented and dehumanized. The objective of the satiric and burlesque poetry is to produce laughter (Arellano and Schwartz, *Un Heráclito* lii), but the emphasis on different symptoms of syphilis—buboes, disfigured noses, alopecia, inflammation of the joints and pain—provoke disgust and hatred. The spirit of the character disappears and women are reduced to a materially damaged commodity.⁶¹

The distorted female bodies that Quevedo creates are objectified into contaminated marketable flesh used dangerously for masculine pleasure.⁶² They are reminders of decomposition and death; prostitutes are dead meat, *carne mortecina* (*Un Heráclito*, Poem 252, vv. 37–40).⁶³ The stage of their venereal disease, in addition to their ethnic origin—they are new Christians, contaminated with Jewish or Moorish blood—determines their economic value and the fragility of the *buscona's* world (*Un Heráclito*, ballad 278). There is no hope or redemption for them. For instance, the sweating treatment for the diseased young Marica (*Un Heráclito*, romances 253 and 254) in the hospital of Antón Martín in Madrid becomes an excuse to illustrate her body's disintegration and to condemn her immoral behavior. These depictions underline the superiority and separation of the male voice/creator that presents the ruined female bodies as the paradigm of what he is not. Marica is devalued with a stigmatizing disease that places her in the same historical, political and mythological parameter that has

ambiguously defined the disabled body as excessive, polluting, malignant and dependent (Shildrick, "The Disabled" 756). In Quevedo's satirical and burlesque poetry, impaired female characters are a degenerate and dehumanized group that threaten the establishment and need to be punished and eradicated.

This analysis of the selected early modern Spanish literary works published during the century when syphilitic epidemic was rampant has shown that the symptoms of this disease became an important metaphor for describing a conception of women's bodies as defective and chaotic. In 1524 the *morbus gallicus* in Delicado's work seems to be a distant problem for many reasons. Syphilis is contained within the limits of a specific group—exiled *converso* woman of low economic and moral standing—living in a marginal neighborhood of Rome. The fact that *Portrait* was published anonymously and did not become familiar in the Spanish letters until the discovery of the text in the nineteenth century increases the feeling of remoteness. Nonetheless, Delicado already outlines what would become a common device in later works: the figurative division between impaired pollutant women and the victimized abled (cured) men. This earlier work also introduces the negotiation of gender through metaphorical veils and transferences. Contrary to the remoteness of *Portrait*, the two short novels attributed to Cervantes are fully immersed in the climate and concerns of Counter Reformation Spain. The narratives reflect anxieties about the castrating outcomes of venereal disease in the emblematic male soldier, the cracks in the fundamental social institutions of marriage and virginity and the endemic poverty that forces young women into prostitution. *The Deceptive Marriage* and *The Pretended Aunt* show that diseased and defective physicality is a feminine attribute that negatively affects the rest of society, but, similarly, they suggest that established social structures that subordinate women as well as the inability of the system—including the artistic realm—to find solutions also create their disability. These works show that the veil of Doña Estefanía, the fabricated hymen of Doña Esperanza and the wig of Claudia cover poverty, impairment, suffering, pain and vulnerability. The ambivalence toward syphilitic figures in Delicado's and Cervantes's stories disappears in the works by Quevedo, however. The skillful demands of this linguistically superb poetry partly justify the immense separation between the male poetic voice and the imperfect creatures. By creating this distance, the proud Quevedo, wearing the noble signs of the Order of Santiago, also shows a fervent defense of the Spanish heterosexual, abled and aristocratic masculine values menaced by the chaotic incongruous embodiment of the feminine and others outside privileged society.

Although each author relates to venereal disease in different ways, it is clear that in early modern Spanish literature syphilis is connected with the defective female body and used as a significant trope to express alterity and rejection of difference in the period.

Notes

- 1 These two novels are included in Cervantes, *Novelas ejemplares*.
- 2 Sixteenth-century drawings of syphilitics exhibit disfigured people with crutches and bodies covered with pustules, some of them begging, similar to the stereotypical representations of the disabled. See plates 8.1, 8.14, 8.15, and 8.17 in Arrizabalaga *et al.*
- 3 These responses to this disease were common in Early Modern Europe. See Berco, *From Body*, chapter 1; Poirier 167–171; Schleiner, “Moral Attitudes” and “Infection.” Although initially considered incurable, the pox was later perceived as treatable (Arrizabalaga *et al.* 231).
- 4 The most accepted opinion in *Celestina*’s criticism is that an earlier author elaborated the first act and Rojas completed the work (Serés 369).
- 5 For the affinities among Rojas, the doctor Francisco López de Villalobos, and Delicado see Bubnova. In addition to the direct reference to *Celestina* in *Portrait*, Delicado probably published the Rojas’s work in 1531 while living in Venice (Gernert, “Prólogo” xxxiv).
- 6 For the linguistic ambivalences see especially the introduction by Claude Allaire to his edition of *La Lozana andaluza*.
- 7 The concept of genderqueer, defined by the online Oxford dictionary as “a person who does not subscribe to conventional gender distinctions but identifies with neither, both, or a combination of male and female genders,” can be associated with this phenomenon. For further definitions see Roxie. For the relationship between Disability Studies and Queer Theory see Mark Sherry and the works by Robert McRuer and Abby Wilderson.
- 8 The name Aldonza changes to Lozana, a word connected with her sexual body, in *Mamotreto* IV.
- 9 Delicado describes his case as an example of the healing properties of Guayaco wood in his treatise *El modo de adoperare el legno de India Occidentale*: “e presenta neo remedio contra il mal françoso, dal quale per vintitre anni, siando io stato infermo, ne mai per niun altro remedio, saluo che per il preditto legno, guarito” (Damiani, “El modo” 256). There were ten beds for superior or recommended patrons such as Francisco Delicado in The Hospital Incurabili in Rome (Arrizabalaga *et al.* 187, 202).
- 10 For further information on Delicado’s life consult Gernert, “Prólogo” to the edition of *La lozana andaluza*, xxix–xxxiv.
- 11 For the role of the author as actor in *Portrait* see Beltrán.
- 12 According to McRuer, “compulsory able-bodiedness and compulsory heterosexuality are interwoven” because those identities, using Judith Butler’s queer theory, need repetitive performance to maintain their hegemony. The problem is that “this repetition is bound to fail, as the ideal able-bodied

- identity can never, once and for all, be achieved.” McRuer calls this difficulty “ability trouble” (*Crip* 9–10).
- 13 Bruce Boehrer reaches this conclusion after analyzing the rhetorical language of major sixteenth-century texts on syphilis by William Clowes, Joseph Grünpeck and Girolamo Fracastoro: “Syphilis in fact, comes into being as a treatable ailment only when it is associated with [those] figures at the heart of the political and social order [—with cardinals, popes, electors, and later with ‘the superior order of the bourgeois.’] When identified with the poor and socially undistinguished, the disease almost ceases to be a disease at all; instead, it emerges in its concomitant character as an instrument of discipline and punishment” (209, his emphasis). See also Schleiner, “Infection.”
 - 14 Lozana concretely refers to the “árbol de la locura” and “árbol de la vanidad.” See Allaigre, “Introducción” 133.
 - 15 The woodcut image can be seen in Damiani’s transcription of *El modo de adoperare*. For descriptions and interpretations of the picture see Recio Veganzones; and Allaigre (152–154), who also connects the motif of the tree with the poplar of Martos (“alamillo de Martos”) illustrated in *Mamotreto* xi and described in *Mamotreto* xlvii.
 - 16 According to Michael, Grünpeck’s image showing the curative approach is a modification of the woodcut [*Flagellum Dei*] in the Basel verse broadsheet of 1496 that shows the retributive view of the disease (“*Celestina*” 115).
 - 17 The quotations in Spanish are from the Jacques Joset and Folke Gernert edition. The English quotations are from Bruno Damiani’s translation.
 - 18 In the polysemic language of *Portrait* the scar or star in her forehead can be interpreted as a sign both of syphilis and of Jewishness. Allaigre suggests that the scar or *chirlo* in *Celestina*’s face inspires the infamous mark in Lozana (129).
 - 19 For the topic of exile in connection with the *converso* and Jewish origin of the community of women of Pozo Blanco, as well as with Delicado, see Costa; and Wolfenzon.
 - 20 For instance, Arrizabalaga *et al.*, after examining the clothing that patients wear at San Giacomo’s admission (the same hospital where Delicado was “cured”), conclude that “women appear to have been poorer than the men,” which seems to be the case in other hospitals as well (216–217). The plates of syphilitic women begging on the streets included in the book [Plate 8.17] corroborate Lozana’s description.
 - 21 For Lozana’s inefficient role as healer and *ensalmadora*, see Dangler’s *Mediating*, chapter four.
 - 22 An Italian illustration that appeared in a popular broadsheet “The history of the prostitute” depicts the story of a prostitute courted when very young by gentlemen and ending her life reduced to misery and death in a hospital, and then being condemned to hell for eternity (which Arrizabalaga *et al.* include in *The Great Pox* as Plate 8.1). It certainly resembles the story and moralistic determinism expressed in *Portrait*.
 - 23 Among the critics that believe Lozana is a positive portrait see García-Verdugo (*La Lozana* 35) and Bubnova (“Villalobos” 246–247), while Cruz, (“Sexual Enclosure”) and Dangler, (*Mediating*), denounce the misogyny of *Portrait*.
 - 24 Eradication of disability is the usual literary solution (Mitchell and Snyder, *Narrative* 56).

- 25 Enriqueta Zafra seems to reach the same conclusion: “el texto vendría a proveer un espacio donde el descontrol sexual no viniera acompañado de bubas” (129).
- 26 Even when Cervantes usually chooses female secondary figures belonging to lower classes to represent sickness and ugliness in connection with immoral behaviors, he, nevertheless, includes hidden signs of bodily corruption in other, nobler characters. Such is the case of the duchess who appears in Part II of *Don Quixote*. In chapter 48 Doña Rodríguez, a lady’s maid, informs Don Quixote in relation to the young Altisidora and the Duchess that “all that glitters isn’t gold” because the Duchess owes her health and good looks “a dos fuentes que tiene en las dos piernas, por donde se desagua todo el mal humor de quien dicen los médicos está llena” (*Don Quijote II* 48, 1021–1022). According to Alcalá Galán, the Duchess’s *fountains* in her legs—open wounds produced in the flesh to expel bad humors—were a medical procedure probably done to cure her sterility. The wounds of the noble woman as well as the foul smell of Altisidora’s mouth are textual marks that identify the morbid and putrid interiority of the two women (30). Both the practice of bloodletting and phlebotomy (bleeding) in the legs to evacuate bad humors were commonly performed in women who suffered amenorrhea, *mal de madre* or other diseases, including syphilis. Díaz de Ysla, in his treatise on the “mal serpentina,” says that “Cuando a las mujeres dolientes de la segunda especie no les viene la regla, en este caso, además de la untura universal [de mercurio], mucho les ayuda la flobotomía del tovillo una vez o dos en passando el fluxo por la boca” (25v). Díaz de Ysla also explains that the legs of women that had been cured from the venereal disease remain with unhealed sores: “Assi mismo a muchas personas que han padecido por largos tiempos ulceras graves en las piernas y sanan dela enfermedad, et mediante los muchos años que acostumbraron yr las materias del cuerpo a salir por la pierna que padece ulceraciones ... les quedan en las piernas unas ulceras redondas las quales jamas se acaban de consoldar” (26v). Since Cervantes does not give any explanation about the original need to perform the lacerations in the Duchess’s legs, the episode is open to interpretation. What is clear is the general tendency to connect women with the decay of the flesh.
- 27 I use the García López edition of *Novelas ejemplares* for quotations in Spanish.
- 28 Expressed by the dog Berganza in *Coloquio de los perros* “Yendo una noche mi mayor a perder limosna en casa del Corregidor desta ciudad, que es un gran caballero y muy gran cristiano, hallásmosle solo, y parecióme a mí tomar ocasión de aquella soledad para decirle ciertos advertimientos que había oído decir a un viejo enfermo deste hospital, acerca de cómo se podía remediar la perdición tan notoria de las mozas vagamundas, que por no servir dan en malas y tan malas que pueblan los veranos todos los hospitales de los perdidos que las siguen; plaga intolerable y que pedía presto y eficaz remedio” (*Novelas* 621).
- 29 The sumptuary female custom of covering the face or part of the face with a veil was very controversial. It was recommended as a way of enhancing women’s modesty and respectability, but it was also used by courtesans to disguise their identity and as a tool of seduction (Hsu, *Courtesans* 42). According to Bass and Wunder, Doña Estefanía wears a transparent, fine

- mantle draped over her face (108). The use of veils was the object of a long treatise published by Antonio de León Pinelo (1641), who says “son muy diestras las Cortesanas, cuando van Tapadas” (*Velos* 124v). For an extensive explanation of the fashion and its implications see Bass and Wunder.
- 30 Among other critical studies of *El casamiento* for the elaboration of this section I have consulted Aylward, El Saffar, Forcione, García López, Gossy, Hsu, Lloris, Márquez-Villanueva, Rodríguez Luis and Sáez.
- 31 Amezúa y Mayo suggests that the depiction of Estefanía, a “dama del tusón” is very realistic. Those women were frequently found in Valladolid, including the Cervantas, the women of the writer’s family (*Cervantes* vol. 2, 391). Courtesans practiced their profession in a discreet way and distinguished themselves from the public whores living in *mancebías* under the *paternal* direction of a father of the brothel. Foreign visitors gave testimonies of the amount of courtesans in Valladolid during the court of Philip III in the city (Hsu, *Courtesans* 33–34). In relation to early modern prostitution in Valladolid and the founding of the Casa de Recogidas by Magdalena de San Jerónimo in 1605, see Torremocha (16–24). For the study of the figure of the courtesan see Amezúa, *El casamiento* 208–209, and Hsu, “Estefanía de Caicedo.”
- 32 Many poor women were unable to marry because they could not afford a dowry (Perry, *Crime* 183, 185). Marriage and the dowry system “buttressed men’s control of women” (Schlau 150).
- 33 The Hospital de la Resurrección specialized in the cure of syphilis, as did the hospitals of Antón Martín in Madrid; San Cosme y San Damián in Seville; and Santiago de los Caballeros in Toledo. These hospitals accepted the infected poor, such as Campuzano (Amezúa, *El casamiento* 413–414), and perhaps were not able to accommodate the cure of prostitutes. For instance, San Cosme y San Damián in Seville had only twelve beds for women in the second part of the sixteenth century (Perry, *Crime* 228). The Hospital de la Resurrección housed a brothel (*mancebía*) during the fifteenth century until 1553. In 1591, the order of San Juan de Dios took charge of the hospital for the cure of the *morbo gálico*. During his years in Valladolid (1603–1605), Cervantes’s house was located near this hospital (Amezúa, *El casamiento* 73–77).
- 34 Andrés de León (*Practico de morbo gallico*) and Pedro de Torres (*Libro que trata de la enfermedad de la bubas*) describe the cure of making the patient sweat twice a day in a small room heated with braziers and blankets. This therapy was complemented by drinking concoctions made with Guaiacum wood, and by following a strict diet, the same treatment that Delicado recommends. Mercury was also a common remedy used for the drying of pustules with terrible side effects (Berco, “The Great Pox”).
- 35 Campuzano confesses that he has been seduced by the promise of pleasure, a feeling expressed frequently in the vocabulary of his narration: “seis días gocé del pan de la boda” (527). See also El Saffar, *Cervantes* 26.
- 36 Hairlessness or alopecia, a side effect of the mercury treatment, is an observable and public sign of pox with a multiplicity of readings. In men it suggests emasculation (see Berco, “The Great Pox” 233–236). Alopecia, together with other deforming symptoms, is a common feature of infected females.
- 37 Male literary fertility can be contrasted with the alleged infertility of prostitutes, even though that is not the case of Lozana. According to medical explanations of the period public women cannot conceive because their

organs are obfuscated and weak thanks to the amount and diversity of seeds received (*Compendio* XXII).

- 38 During the process of ridding himself of the female infection Campuzano's imagination (or feverish nightmare) creates a monstrous story of talking dogs. At the center of the tale the figure of the old witch Cañizares exacerbates the filthy embodiment of Doña Estefanía, as we will see in the Chapter III. See Garcés 303.
- 39 This novel was found in 1788 in the manuscript *Porras de la Cámara*, a compilation of seventeenth-century works that includes other well-known Cervantes short novels, *Rinconete y Cortadillo* and *Celoso extremeño* (García López C-CII). In the authorial debate around the *The Pretended Aunt*, the opinion of Aylward, who rejects the possibility that Cervantes had written this immoral novel, sums up the attitude of some male critics: "why would an aging but formally virginal Cervantes—the same Cervantes who regretted the explicit carnality of *La Celestina*—sit down and write a story that makes Rojas' bawd seem prissy by comparison, with no discernible purpose except to wallow in ribaldry? (57–58, my emphasis). In the same spirit, the nineteenth-century English translation by Walter Kelly (London: Henry G. Bohn, 1855) eliminates the conversation in the novel about hymens altogether.
- 40 Here are the details of her appearance: "Delante venía su sobrina, moza, al parecer, de dieciocho años, de rostro mesurado y grave, más aguileño que redondo: los ojos negros rasgados, y al descuido adormecidos, cejas tiradas y bien compuestas, pestañas negras y encarnada la color del rostro: los cabellos plateados y crespos por artificio, según se descubrían por las sienes: saya de buriel fino, ropa justa de contray o frisado, los chapines de terciopelo negro con sus claveles y rapacejos de plata bruñida, guantes olorosos, y no de polvillo sino de ámbar" (628).
- 41 An English medieval physician states that the signs of virginity in a girl are "a faultless gait and speech, approaching men with eyes cast to the side" (Lastique and Lemay 66). This is how Dorotea walks before being violated by Fernando in *Don Quixote I*. In contrast to the tantalizing look of Esperanza, the moralist Juan de la Cerda (1599) affirms that a maiden should protect her virginity by being humble in her walk and look, and by avoiding conspicuous attire: "En la doncella cristiana la verdadera guarda de la virginidad es que sea verdaderamente humilde, y que no se precie mucho de sí, ni de ser muy loada ni tenida por hermosa, ni ser vista ni acatada, ni se precie de ir muy arreada y compuesta, ni en su andar haga continentes pomposos ni soberbios, ni traiga vestiduras señaladas ni trajes que den muestra de locura" (*Libro intitulado*, 2010 edition, 28).
- 42 "Mas una sola cosa le quiero decir, para que de ello esté muy cierta y enterada, y es que no me dejaré más martirizar de su mano, por toda la ganancia que se me pueda ofrecer y seguir. Tres flores he dado y tanta vuesa merced ha vendido, y tres he pasado insufrible martirio. ¿Soy yo, por ventura, de bronce? ¿No tienen sensibilidad mis carnes? ¿No hay más sino dar puntadas en ellas como en ropa descosida o desgarrada? Por el siglo de la madre que no conocí, que no lo tengo más de consentir. Deje, señora tía, ya de rebuscar mi viña, que a veces es más sabroso el rebusco que el esquilmo principal; y si todavía está determinada que mi jardín se venda cuarta vez por entero, intacto y jamás tocado, busque otro modo más suave de cerradura para su postigo, porque

la del sirgo y ahuja, no hay que pensar que más llegue a mis carnes” (*Novelas ejemplares* 641–642).

- 43 The character Pármemo in *La Celestina* explains the materials used by the old procuress to mend hymens: “Esto de los virgos, unos hacía de vejiga y otros curaba de punto [by sewing]. Tenía en un tabladillo, en una cajuela pintada, unas agujas delgadas de pellijeros, y hilos de seda encerados, y colgadas allí raíces de hojaplasma y fuste sanguino, cebolla albarrana y cepacaballo. Hacía con esto maravillas, que cuando vino por aquí el embajador francés, tres veces vendió por virgen una criada que tenía” (*Celestina*, Lobera *et al.* ed. 60–61).
- 44 Schleiner, *Medical* 117; Lastique and Lemay 65.
- 45 The historical case of Isabel de Urbina, who was incarcerated in Madrid in 1656 for being “alcahueta y remendadora de doncellajes desgarros,” confirms the existence of the practice in seventeenth-century Spain (Granjel, *La medicina española del siglo XVII* 120–121).
- 46 Even feminist critics have misinterpreted the despairing ending of the story because, according to Gossy, “[t]he faltering feminist is the one whose readings are hobbled by the unconscious imitation or residue of patriarchal critical structures” (“The Pretended” 259). Ironically, in her apology, Gossy continues to subscribe to patriarchal structures when she uses an array of disabling terms, such as the expression “hobbled.”
- 47 Virginity could be lost in different ways. For instance, the doctor François Ranchin (1565–1641) considers that *pollution*, the accepted therapy of masturbation given to women usually by midwives in order to relieve them of the retained semen that causes hysteria, may spoil virginity (Schleiner, *Medical* 120).
- 48 Lacan observes that human illusion of an integrated self conceals the experience of a fragmented embodiment before the mirror stage (Shildrick, *Dangerous* 90–91).
- 49 The name Claudia comes from the Latin *claudo*, *-ere*, to close, “to close hymens” (Gossy, *Untold* 95). Present-day hymenoplasty continues to be more controversial compared with other plastic surgery procedures, perhaps because it perpetuates misogynist myths about virginity.
- 50 Patriarchal expectations of women’s virginity continue to be a contemporary social phenomenon in many parts of the world, including the United States, as Ellen Goodman, a columnist for *The Boston Globe*, attests in an essay written in 2008 about the abstinence-only movement that enforces virginity and, as a result, the trend among women from certain cultural groups “to have their hymens restored for the marriage market.” These uninterrupted practices are the results of societies where female bodies are the property of fathers and husbands and where doctors are not only accomplices of private deceptions but also “accomplices to those who keep the reins of sexuality out of women’s own hands” (Goodman, “The Hymen”).
- 51 For the history, description and repercussions of the practice today, see Cook and Dickens; Reganathan *et al.*; Raveenthiran; and Roberts. Clinics performing hymenoplasty can easily be found on the web in many western countries, including Spain.
- 52 In addition to her alopecia, the philological meaning of Claudia’s name in Greek, *skanzo* or scandal, “alludes to a faltering or wavering, and to lameness” (Gossy, “The Pretended” 258).

- 53 Through marriage, Esperanza's body becomes subjugated to a more cruel and absolute male power, where honor is "dependent upon appearances" (Gossy, *The Untold* 96).
- 54 Ironically, Quevedo was scorned for being a lame person. Some Venetian political libels mocked him for his feminine look for wearing student robes. In his personal life he seems to have been more attracted to men, especially his admired Duque de Osuna, than to women. See Juárez, *Italia* 74.
- 55 All references to Quevedo's poetry come from Lía Schwartz and Ignacio Arellano's edition (*Un Heráclito cristiano*). In parenthesis I indicate the number of the poem in this edition. The few poems dedicated to historic women consists in inscriptions and burial compositions in honor of illustrious ladies such as the Duchess of Nájera (254), the Duchess of Medinaceli (255), the Infanta Sor Margarita de Austria (260), doña María Enríquez, Marquise of Villamaina (265), doña Catalina de la Cerda, consort to the Duke of Lerma (268, 269, 290), and a funerary silva to an illustrious beautiful and dead lady (278). All these poems extol their greatness, nobility, beauty, dignity and sanctity of life. The attractiveness of these women is suggested through the use of Petrarchan images. The idealized body, disconnected from any existential contingency, usually disappears transformed in a list of elevated natural elements such as the sun, stars, flowers, colors, light and jewels.
- 56 In the satire of prostitutes, old women and lady's maids, Quevedo continues a misogynous tradition, but in some of his poems he also introduces a new trend inaugurated by the Italian baroque poet Gianbattista Marino and his contemporaries that consists in accentuating the beauty in difference (Bettella 128–133). The writer follows this trope in some poems dedicated to the beauty of cross-eyed (315), one-eyed (316) and blind females (317). See also Cacho, "Entre."
- 57 There are numerous and valuable critical studies of Quevedo's poetry. For this section, I found specifically useful the works by Arellano, Cacho, Huergo, Iffland, Mas, Querillacq and Schwartz.
- 58 In the poetic corpus of Quevedo, Woman represents an ontological problem that eludes definition. The inability to describe a woman is observed in sonnet 170, entitled *Desnuda a la mujer de la mayor parte ajena que la compone* [*Undressing the woman of most foreign parts that make her up*]. In this poem, when the protagonist Filena strips off the visible elements that decorate her—facial cosmetics, false teeth, pompous garment (*guardainfantes*), high clogs (*chapines*) and the big bun of her hairdo—she disappears. The poetic voice concludes that if you consider a woman only in terms of what she wears it would be better to go to bed with a bale of what she puts on: "Si cuentas por mujer lo que compone / a la mujer, no acuestes a tu lado / la mujer, sino el fardo que se pone (vv. 12–14). Without these coverings the female body remains a ghostly object, elusive and without meaning. The satire alludes to the vice of female hypocrisy, but indeed the sumptuary items (*guardainfantes*, excessive embellishments, high clogs and bun) are devalued—in opposition, for instance, to the prestigious male sign of the Order of Santiago's cross that Quevedo exhibits. Filena is a woman without value, just a "big bundle of clothing."
- 59 According to Malcolm Read, Quevedo embraces the neo-stoic philosophy that elevates the spirit in detriment of the body, which is the Woman, considered dirt and excrement. For the poet, the body and physical deformity are the

matter of comedy, but paradoxically his satirical look recovers what society represses (64, 60–62). See also Shildrick, *Embodying* 30–31.

- 60 Syphilis appears in his anti-Petrarchan parodies. See, for instance, ballad 271, a parody of a scene in Eclogue I by Garcilaso de la Vega, where the character Benita suffers the typical effects of the disease alopecia (vv. 33–36). She is yellow and thin, has a blunt nose, a horrible smell from her lower parts, sunken eyes and a hermit tooth (only one).
- 61 For instance, in ballad 282 the *pícaro* Villodres laments the high price charged by young prostitutes and envisions a future with a cheaper woman of fifty-five and with both suffering from the venereal disease: “Dentro de muy pocos años / le llegaré su agüelismo: / y si yo la alcanzo de bubas / juntaremos zarza y gritos” (vv. 99–100).
- 62 Many of his anti-Petrarchan poems include female figures essentially reduced to material parts devoid of any positive characteristic or function except providing pleasure to men (*Un Heráclito*, sonnet 210, ballad 265). The dangerous female sexuality is expressed in destructive body parts, such in the case of a fifteen-year-old tramp with eyes like swords “Ojos tengo de la hoja” (*Un Heráclito*, letrilla 250, v. 13) and enormous mouth and feet reminiscent of a *vagina dentata*, the toothed vagina that swallows men “al mayor hombre de el mundo / lo meteré en zapato” (vv. 39–40).
- 63 According to Arnold Rothe, even in the cannibalistic tendencies that can be observed in works such as *El Buscón* men are generally made of better flesh than the inferior food of women’s flesh.

CHAPTER III

The Disabling of Aging Female Bodies: Midwives, Procuresses, Witches and the Monstrous Mother

In chapter II I examined the effects of syphilis in the representation of loose women as a particular group of symbolic disability. In the spectrum of pejorative literary female figures this chapter concentrates on the analysis of older women. While syphilis is the master metaphor that informs the construction of the diseased-contaminant younger prostitute, the concepts of inefficiency, destruction, wickedness and death imbued older women. Old women are presented as corrupted social agents that harm both the individual body and the body politic with their distorted knowledge and evil powers. Physical impairments, ugliness and dangerous immorality characterize these figures.

The works chosen for examination in this chapter, Fernando de Rojas' *La Celestina* (1499, 1502), Cervantes's *Diálogo de los perros* [*Dialogue of the Dogs*] (1613), Mateo Alemán's *Guzmán de Alfarache* (1599, 1604) and Francisco de Quevedo's *El Buscón* [*The Swindler*] (1626), as well as his satiric poetry, are representative of the evolution of elderly women characters in early modern Spanish literature. Using disability and aging theories, I focus the analysis on the major components of their depiction: their defective bodies, their relation to the healing arts and sexual activities, their proclivity to practice witchcraft and their inefficient role as mothers. The objective is to illustrate the mechanisms involved in the construction of female disability in the imaginary of the period. The impaired elderly figurations are not only products of ideological and historical circumstances—so having no function in the hierarchical abled male system—but also reflect the social anxieties surrounding and the visceral rejection of a group of human beings that embodied the collapse of life.

A number of theories of aging and feminist disability have argued

that ageism and ableism derive from a similar system of oppression and suggest that factors such as aging augment the negative social perception of women.¹ These systems transform ordinary human physical outcomes, such as impairments, ailments and corporeal conditions due to old age, into a social problem, subordination and shame. The aged, like the disabled, provoke the same reaction on the part of mainstream society of repulsion, alienation and invisibility, and are commonly considered less intelligent and useless. The meaning of being old fluctuates according to the historical situation, place and status of people. During the early modern period life expectancy was shorter owing to frequent epidemics, famines, lack of hygiene and hard physical work and, in general, women were considered to be older earlier than men; they were also valued differently.² The affirmation of Cynthia Rich with regard to our present society can easily be applied to the past: ageism is a phenomenon observed in a wide range of ethnic groups and social classes, but it particularly affects women who live in a world ruled by old white men (Lipscomb 6, 11).

Scholars suggest that the scorn directed towards elderly females in the West originated with the Christian imposition of the paradigm of Father, Son and Holy Ghost, which devalued the respected Old Woman of ancient matriarchal societies and Classic mythology (Snow 352–353). During the pre-industrial period many factors collaborated in the disdain of old women: the loss of their social, erotic and procreative role; the burden that their mental and physical decline placed upon their families (Ortega López, “Sospechosas” 395–402); and the progressive discrediting of their traditional medieval occupations, such as healer and midwife. In addition, common notions in natural philosophy characterize the body of post-menopausal females as poisonous, a physical factor to which their allegedly weaker mind and spirit is attributed, supporting an adverse conception of their ontological being. To the list I could add a psychological rejection of a dilapidated body that represent the Mother, the realm of chaos that projects deep-seated fears, traces of the Freudian *Spaltung* and of the Lacanian *imagos* of the bad mother, and the terror of decay and death that form the inner strata of the human psyche (Davis, “Nude Venuses”).

In addition to these historical, philosophical and psychological factors, in European letters the negative depiction of the *vetula* has a long tradition in classic compositions and medieval Christian culture (Bettella 10; Schwartz-Lerner, “Supervivencia,” “*Mulier*”; Snow).³ Iberian medieval literature maintains the convention of the *vetula* as it is observed in the thirteenth-century Galician–Portuguese *Cantigas d'escarnho*; Juan Ruiz, Arcipreste de Hita's *El libro de buen amor* (1330,

1343); Alfonso Martínez de Toledo, Arcipreste de Talavera's *El Corbacho* (1438); and *La Celestina*. The typical medieval separation between the fictional old women and idealized representations of passive young virgins and the protective mother becomes more pronounced during the late Renaissance, reaching its apogee of negativity in the seventeenth century, as may be observed in Mateo Alemán's picaresque novel *Guzmán de Alfarache* (1599, 1604), in Cervantes's texts and, most notably, in the satirical and festive compositions by Francisco de Quevedo.⁴

Aged women, like the disabled, are mostly nonexistent in records and traditionally invisible in other fields such as science, philosophy and the arts, and yet they are paradoxically recurrent figures in early modern Spanish letters. In literary texts they generally occupy secondary positions and are unfavorably or comically represented. In contrast with the cultural representation of old men, which mostly emphasizes attributes of wisdom and dignity, descriptions of old women center on their corporeal decay and moral depravity.⁵ The literary crone equally contrasts with the idealized beauty of the noble young heroine with a perfect and virginal body that reflects her inner integrity.

The negative depictions of aged women as hags in the Spanish literature of the period respond to the diverse cultural, historical and literary conventions that I outlined earlier, but it is my contention, as I have proposed in regard to the portraits of the syphilitic prostitutes, that an accepted conception of a faulty embodiment underpins the artistic design. The most important notion is that post-menopausal women lack the purgative effects of menstruation, and the accumulated venomous substances have terrible consequences for their body and minds. At the end of fifteenth century the medical text *Compendio* explains the threat of unproductive *viejas* for children and men and advises its readers to avoid intimate contact with them.⁶ Because of the toxic substances in their body, older women were believed to be more predisposed to certain mental illnesses, such as melancholy, and more receptive to evil influences.⁷ Since they cannot release the sperm they become more lascivious and inclined to dealing in sexual matters. Some perverted old women resort to the devil for sexual favors through witchcraft. Their essential predisposition to sex explains why fictional old hags are usually retired prostitutes and bawds that train or sell the flesh of younger females. As such, they usually exhibit the symptoms of syphilis as part of their decayed flesh. Physical and mental degradation, perverted knowledge, sex, immorality and eccentric behavior form the fabric of these poor, oppressed and violently repudiated characters. But early

modern literature also reflects old women's established occupations as healers, midwives, pediatricians and cosmeticians—female professions that were becoming progressively devalued.

Older women as healers and midwives historically handled women's health, which explains why one of the paradigmatic professions that repeatedly appears in their portrayals is midwifery.⁸ Midwives (*comadronas, comadres, parteras, madrinas*) were skilled mature women with ample familiarity with herbs and other healing arts. Their work involved not only assisting in childbirth but also a general knowledge of women's sexuality, anatomy and health. Learned men medically described specific female occurrences such as menstruation, uterine disorders, pregnancy and labor, but the empirical care of these problems was mostly entrusted to women. Professions such as herbalist, healer, midwife, cosmetician, obstetrician and pediatrician offered power and independence to a respected group of women who were free to practice medicine in different parts of Europe, including Spain, during the Middle Ages and well into the early modern era. The rise of universities and the institutionalization of medicine in the thirteenth and fourteenth centuries resulted in the gradual decline in female professionals, however (Amasuno 96–112; Dangler, *Mediating* 19–50; Ehrenreich and English 17; Green, *Making* 4, n. 8; López Terrada, "The control" 14–15; Siraisi; Solomon, "Pharmaceutical" 107). Their lack of academic training and their use of questionable curative methods, such as witchcraft and spells, as well as their competition with male physicians, resulted in an increasing discrediting of their work during the sixteenth and seventeenth centuries. In the process, women lost control of their own health. The fate of female healers was an essential part of the systematic marginalization of old women's bodies during the early modern period. Because the midwife's activities were intimately related to the female body sex, disease, and demonic activities came to be associated with this profession. In health discourses of the period the male apprehension of wise older women, to whom they attribute extraordinary powers, contributed to the creation of the concept of sorceresses and witches as a reason to punish them. Many elderly women were persecuted during the European witch trials of the late fifteenth century and executed because of their sexuality and their healing knowledge.⁹ Even when in Spain the persecution of witches was relatively moderate (Kamen 271–273; Pérez, *The Spanish Inquisition* 79–82; Valencia 121),¹⁰ recorded evidence demonstrates that, in some cases, the real reason for accusing older women of being witches was to discredit the successful work of female healers and midwives that was undermining the work of learned doctors (Ortega

López, “Sospechosas” 369).¹¹ Nevertheless, the question remains why these wise, independent women become such a persistent challenge to the patriarchal schemes in the cultural imaginary, a provocation undoubtedly dramatized in literary texts.

Female healers and midwives were part of a very diverse group of health professionals in the open medieval medical system in Spain who usually learned the trade in the oral tradition and empirical practice.¹² Midwives took care of female diseases and discomfort, such as *mal de madre* (Gordonio, *Lilio* VII.10), but they exclusively handled the clinical practice of obstetrics until the eighteenth century. Their gradual elimination from the field of medicine can be traced in civil and religious legislation as early as the fifteenth century, however.¹³ Sixteenth- and seventeenth-century Spanish obstetric treatises, written by male physicians to advise midwives on how to assist women during pregnancies, labor and post-partum care, provide significant information about the boundaries of the profession and the expectations of a good midwife. These texts praise the social importance and the practical experience of *parteras*, but also highlight their lack of superior medical knowledge and their need to be taught and advised by learned doctors. In addition, the treatises warn of the possible adverse powers of these women. The covert objective of these paternalistic manuals, written by and for learned doctors and totally inaccessible to practicing midwives, was “to overcome the obstacle of morality and customs which placed childbirth within the female domain” and to incorporate this area into the male-dominated medical profession (Ortiz 98). The treatises collaborated in the imaginary creation of this paradoxical female figure.

The discord between learned authoritative men and the practicing midwives is already evident in the first Spanish obstetric manual, Damián Carbón’s *Libro del arte de las comadres* [*Book of the Art of Midwifery*] (1541). In this treatise, Carbón, who refers to himself as a very experienced doctor in medicine [“*expertísimo doctor en medicina*”], underlines the intellectual superiority of male physicians compared with the capability of midwives, whose trade is relegated to the mechanical arts, or *operatio manuales* (XIV).¹⁴ Although Carbón acknowledges the necessity of midwives to perform a duty considered disgusting and indecent by male physicians and underscores their independent orally transmitted learning as well as the patients’ preference for their service, in his profile of the perfect midwife—attractive, healthy, from decent lineage and with respectable habits—he already cautions against some old *comadres* who are not part of the immediate family and who should be feared [“*guárdense de algunas viejas extrañas que no sea madre o*

suegra o mujer propincua (fol. 38r)].¹⁵ Later treatises, such as Núñez de Oria's *Libro del parto humano* [*Book of the Human Childbirth*] (1580) and Juan Alonso de los Ruyzes's *Diez privilegios para mujeres preñadas* [*Ten Privileges for Pregnant Women*] (1606), reiterate the ambiguous attitude towards midwives.¹⁶ They are wise, autonomous and possess a peculiar knowledge of the trade (*Libro del parto* 106r-v). Skillful and discreet midwives are needed in remote areas without doctors; they are also more requested than male physicians to assist during labor (*Diez privilegios* 108v).¹⁷ Though these writers admit the ability, self-reliance and necessity of midwives, they also remark on their lack of authority and the need for them to be supervised.¹⁸ Núñez de Oria specifically cautions against some witches, or women dangerous to children, whom he describes as extremely lewd, with diabolic powers, and capacity of transmutation (*Libro* cap. 31).¹⁹

This profession was probably mostly practiced by mature females, since one of the qualities of midwives stipulated in obstetric manuals was to have extensive experience. Alonso de los Ruyzes recommends that the practitioner be tranquil and have the appearance of a very prudent and shrewd old woman, [que] “tenga vna paz, sosiego, y tranquilidad de alma, que parezca en todas sus acciones muy prudente, y sagaz vieja” (108v); he attests to knowing of a midwife in her seventies with more than forty years of practice (111v). In addition, in the seventeenth century the College of Physicians of Zaragoza, in charge of the training and examination of midwives, stipulated that they should be “true Christians, born in Aragón, over 35 years old, and to have served a 4-year apprenticeship with an approved midwife” (Ortiz 99). These testimonies suggest that mature women were still practicing the art of midwifery learned and propagated by females during the sixteenth and seventeenth centuries, but in a more restricted and suspicious climate. In this increasingly distrusting atmosphere poor midwives, more ignorant and with less support, fared worse. At the beginning of the seventeenth century Alonso de Carranza defended the practice of midwifery by noble women of good reputation because of the prestige of the old profession and because midwives were needed for such important tasks as proving virginity and infertility [“en quanto a la probança de virginidad, como en la potencia, ò impotencia coeundi”].²⁰ Some chroniclers document that upper-class midwives were wanted and appreciated, while the practice of the trade by women from inferior ranks was losing prestige and respect among the more educated male sector.²¹

The ambivalent presentation of midwives in obstetric discourses—benign healer versus malignant witch—illuminates the creation of

La Celestina's title character, who becomes the embodiment of the literary hag in early modern Spanish literature. She has learned the wisdom of women healers but in the text it is tarnished, discredited and used for harmful and illicit purposes. The perversion of the old hag is linked with the physical conditions of aging and poverty. As will be the norm in subsequent literary works, her activities become a social disorder, a compromising of the system, a menace that patriarchal fiction represents and resolves. Celestina is a sixty-year-old procuress who helps consummate the illicit love affair of two young noble lovers, Calisto and Melibea.²² The main characters in the story, including the two lovers, Calisto's servants Sempronio and Pármeno, and Celestina herself, die as a consequence of the procuress's ill-fated business. Celestina is depicted as ugly, evil, immoral, lusty, greedy and selfish and yet, the creation of the figure, the description of her activities by other characters and the critical speculations about her wicked role and unscrupulous personality are mostly a consequence of preconceived notions of what a lowly, single, independent older woman with various knowledge was or should be. In *La Celestina* the construct of ageism entails a complex intersection of inherited literary traditions and early Renaissance attitudes and policies regarding women healers, prostitution and magical beliefs. Ultimately, the pejorative characterization of Celestina originates in a scornful conception of a dilapidated female body.

Certainly, the protagonist of *La Celestina* inherits many of the unfavorable features of elderly women described in Spanish medieval literature but in this work, published at the beginning of sixteenth century, there is more emphasis on her illegal practices, including healing and witchcraft. For instance, the figure of Trotaconventos in *Libro de Buen Amor* (1343), by Juan Ruiz, Arcipreste de Hita, already presents some similarities with Celestina (a midwife, herbalist, cosmetician and go-between with extraordinary powers).²³ The misogynous satire of Alfonso Martínez, Arcipreste de Talavera, in *Corbacho* (1438), is a possible inspiration for the first author of *La Celestina* (Russell ed. Rojas's *Comedia* 115–116).²⁴ The old hag in Act I and also in Fernando de Rojas's version of the work shares the occupations and attributes of the protagonists of *Coplas de las comadres* by Rodrigo de Reinosa. Leonor, Sancha and Mari García are prostitutes, procuresses, healers, midwives and sorceresses.²⁵

In addition to the literary conventions, Celestina clearly reflects the ideological reality of her period; she represents the attacks on and loss of prestige of independent *vetulae*, who were losing ground as wise women. As was characteristic of this group, the old character

possesses ample knowledge in different areas of expertise with unclear delimitations, but including female sexuality, pharmacology and a mixture of conventional and superstitious healing practices. Although it is nowhere explicitly stated that Celestina is a midwife, the account of her professions, the materials in her laboratory, her insinuations that she witnessed Pármeno's birth and helped raise him (Act III, 100) and that she received Calisto when he was born (Act IV, 133), and that she learned her trade with her mentor Claudina, who practiced midwifery for sixteen years, support the idea of her experience in this occupation. As the midwives' manuals attest, Celestina acquired her knowledge orally in a community of women (Rohland de Langbehn), but her knowledge is connected with illicit practices (witchcraft) and prostitution in the text.²⁶ Furthermore, her acquaintance with female anatomy as an expert in remediating lost maidenheads, provoking abortions and curing some female maladies clearly places her in the sphere of healers and shrewd old women. Celestina also offers remedies to the *amor hereos* of Calisto and to the *furor uterinus* that seems to describe the pathology of the young virgin Melibea, who finds relief in her sexual relationship with Calisto (Rousseau 112; Seniff).²⁷ She also suggests that the *mal de la madre* that disturbs the young prostitute Areúsa could be alleviated both by having sex with Pármeno and by Celestina's massage, which was the traditional accepted medical cure (King, "Once;" Moral de Calatrava).²⁸ Her six professions as "a seamstress, a perfumer, a master hand at making up cosmetics and patching maidenheads, a procuress, and a bit of a witch" (Act I, 37) belong to the domain of women's occupations.²⁹ The abundance of substances, herbs and other products used for beauty aids, healing and sorcery in Celestina's laboratory also illustrates her pharmaceutical knowledge. The variety of her activities and her expertise in cosmetics and in remedial and magical potions speak to the ambivalence and versatility of women healers in the period.³⁰ Her extensive experience and diverse activities endow her with great power over the people that need her services and products (Severin, *Witchcraft* 45). Although Celestina's wisdom is acknowledged in the text by other characters, such as Melibea ["Amiga Celestina, mujer bien sabia y maestra grande" (Act X, 223)], she typifies the discredit of women healers not only by virtue of her somatic impairments and moral depravity but also through the general suspicion towards her astuteness, hypocrisy and use of witchcraft (Amasuno 116; Dangler, *Mediating* 49).

The description of Celestina's physical appearance incorporates the usual problems of aging, but her features are also imbued with connotations of sickness and immorality. She has gray hair and

post-menopausal facial hair, an incurable scratch on her nose that suggests syphilis or a demonic mark, a toothless mouth, a scar on her face and difficulty walking.³¹ After some years of not seeing her, Melibea finds her old and ugly: “You’ve aged very much. They’re right when they say time takes its toll. I swear I wouldn’t have known you but for that scar on your face. I seem to remember that you were a handsome woman. You don’t look the same, you’ve changed very much” (Act IV, 77).³² These characteristics mark Celestina as a decrepit and polluted woman, the opposite of the pleasant-looking *partera*. Sempronio calls her “vieja barbuda,” a bearded woman, a trait that, according to medical and popular beliefs, was thought to indicate lechery. For instance, the brief treatise *Tratado de Fisionomía*, included in the 1494 and 1495 editions of *Compendio*, explains that the hot humors that breed beards in men produce hair around the mouth of some women. Bearded women are lustier and more masculine and independent, in contrast with submissive and passive females, who have a fair complexion.³³ They have a superior intelligence and are usually associated with diabolic powers (Sanz Hermida, “Una vieja barbuda” 17–33; Walde Moheno 131–134). *Barbuda* is a contradictory sign: on one hand a symbol of virility and honor, on the other a consequence of menopause, which converts Celestina in a unwanted sexual object (Gossy, *The Untold Story* 33). Although her body has deteriorated, the text accentuates her cleverness, her eloquence and her capacity for movement and action. As a wise woman she is placed in an intermediate position between the sexes and genders (*vieja barbuda*), between classes, between the effectiveness of her knowledge and the rejection of her powers, and between being able and needed and disabled and dismissed. This subversive indetermination is similar to that produced by deformed or monstrous embodiments that break down traditional categories based on dual oppositions (Shildrick, *Embodied*).

Though Celestina is a sagacious woman with the capacity to act (male attributes), her somatic image stands for the opposite of the valued masculine norm exemplified in Calisto, the noble young protagonist, rich, strong and handsome, and the ideal female body represented by Melibea, the young loving heroine. In fact, the prostitutes Elicia and Areúsa use the rhetorical devices of deforming, aging and stressing the insatiable sexual appetite of Melibea in order to devalue her (Act IX). Certainly, the grotesque construction makes Melibea sexually undesirable (Gerli 388), but the repulsion is mostly achieved through the process of disfiguring her. From the point of view of Areúsa, Melibea’s spent body, with the large breasts

and flaccid belly one would expect in a fifty-year-old woman who has had at least three children, as well as the filthy cosmetics she uses, produces nausea (*asco*).³⁴

Areúsa's account reprises the revulsion toward old females found in medical treatises such as Gordonio's *Lilio* and López de Villalobos's *Sumario*. For the treatment of *hereos* love, or the melancholic male longing caused by their love for women, the treatises advise the help of unkempt and shrewd ugly old women with questionable morals (*Lilio* II.20, 107).³⁵ Gordonio's hag illustrates the essential repulsive physical qualities of women; not only will all females become old and distasteful, but younger ones already exhibit physical impairments, sickly symptoms and disgusting habits.³⁶ The protagonist in *La Celestina* echoes the irreverent tattered bearded old woman ("vieja de muy feo acatamiento con grandes dientes e barvas e con fea e vil vestidura") described in *Lilio* to cure *amor hereos*, the disease suffered by Calisto. The difference is that, rather than dissuading the lover against continuing the relation with Melibea, Celestina instead procures the satisfaction of his sexual yearning by provoking, with the help of witchcraft, an unbearable sexual passion or *furor uterinus* in Melibea in a case of *philocaptio*, undermining in this way the patriarchal system that supports female virginity.

Healing the sickness of love with the assistance of diabolic powers is a feature that complements the negative depiction of the old female character. Celestina's role as a sorceress is proved by the substances and tools found in her laboratory as well as by the scene of the magic circle where she calls on the help of the devil to convince Melibea to have sexual relations with Calisto in Act III. As we have seen in medical manuals and popular beliefs, low-status aged healers and midwives were linked with wicked and extraordinary powers, such as the capacity to give the evil eye and to accept the intervention of the devil.³⁷ For Peter Russell and many other experts, in *La Celestina* the use of witchcraft is an essential topic in the work, and the characterization of the sorceress as ugly, dirty, old and malformed reflects the base moral and spiritual state of disciples of the devil ("La magia" 310).³⁸ Her magical power as well as her illegal professions temporarily embolden the old bawd, but her actions are unacceptable in her society to the point that the author penalizes her (Severin, *Witchcraft* 45, "Was Celestina" 423). In the text Celestina is "empowered to speak for herself" (Snow 361), but her speech reveals her desperate need for self-assurance in a world that had come to fear her experience.³⁹ Her voice, like that of the Andalusian Lozana a few decades later, comes from a decayed and polluted embodiment that adversely imprints her

activities and challenges the system. Celestina possesses traces of the respected healers but her knowledge is tainted with sexuality, deceit, unlawfulness and sinful. Her wisdom and experience become a threat. The horrible Mother needs to be killed by her symbolic sons, Pármeno and Sempronio, as happens in Act XII. What it is clear in this influential work is that older women are not allowed to have any positive role; Celestina is represented as a physically and morally distorted figure that subverts the social order.

Subsequent imitations of the Celestinesque figure will lose the complexity of Celestina and emphasize more her degenerated body, sexual enterprises and demonic connections to the point of becoming a frightening grotesque figure. The representation of the old Cañizares, the unforgettable character in Cervantes's short novel *Coloquio de los perros*, stands out for her singularity as a witch. Cañizares, like the paradigmatic Celestina, is associated with the healing arts (she works as a *hospitalera*) and with midwifery, but her most significant feature is being a witch.

Cervantes's creation of the old witch is the result of entrenched beliefs in magical powers in the period. By the end of fifteenth century the enactment of Innocent VIII's bull *Summis desiderantes affectibus* (1484) asserted the reality of the existence of witches. Two years later the publication of *Malleus maleficarum* (by the Dominicans Heinrich Kramer and Jakob Sprenger) argued that physically weaker and mentally more impressionable women were especially vulnerable to the devil. In contrast with the intolerant fervor that supported witch-hunts elsewhere in Europe, the Spanish Inquisition, as I have mentioned before, adopted a more prudent and skeptical attitude. Nonetheless, two significant Spanish treatises, Martín de Castañega's *Tratado de las supersticiones y hechicerías* (1529) [*Treatise on superstitions and sorceries*] and Pedro Ciruelo's *Reprouación de las supersticiones y hechizerías* (1529) [*Condemnation of superstitions and sorceries*], show *Malleus's* influence. These books gather common beliefs in relation to witchcraft in Spain and illuminate popular attitudes toward aged women. For Castañega, older and poor women are prone to witchcraft because they are not attractive to men and need to turn to the devil to fulfill their sexual desires.⁴⁰ Ciruelo, in turn, reveals an eclectic position regarding witches; they have a real capacity to fly but some flights are just delusions triggered during the trances produced by ointments applied to the body (*Reprouacion* 49).

In Spain there were cases of females persecuted for being witches through the centuries, but many of the trials for their witchcraft were received with skepticism and described as the result of foolish

superstitious old women. Even in the most famous case, the *Auto de Fé* of Logroño (1610), against a group of witches from the Basque region, Pedro de Valencia, the official reporter and historiographer of Philip III, finds it difficult to believe the witches' deeds and explains that their experiences were consequences of natural causes such as sickness, imagination or melancholy, either incited by the devil or as a result of afflictions and remorse (123). As Valencia notes, the witchcraft phenomenon is often connected with certain gendered diseases such as epilepsy, syphilis and menopausal depression (Casquero and Riesco Álvarez, "Introducción" 133–135). Valencia's book also refers to the hallucinogenic properties of some plants, such as *cicuta*, *solano*, *beleño* and *mandrágora* (hemlock, belladonna, henbane and mandrake), as described in Dr Andrés Laguna's *Pedazio Dioscorides Anazarbus* (Ambers 1555) and in *Magiae naturalis sive de miraculis rerum naturalium libri XX* (Naples 1589), by the Neapolitan doctor Giambattista della Porta (1540–1615). Of great interest in relation to the character of the old Cañizares is Valencia's inclusion of an anecdote of a case reportedly witnessed by Della Porta of an old woman who visited his house and who, after taking off her ragged clothing and smearing her entire body with a potion, fell into a deep sleep to the point that she could not sense other people violently shaking her. Upon waking the old woman reported she had been flying over seas and mountains.⁴¹ This story may have influenced Cervantes, who was elaborating the novel during the same years that the debates about the existence of witches were taking place (Casquero and Riesco Álvarez). Nevertheless, the use of ointments to provoke a deep sleep, the belief in witches' metamorphosis into animals and the popular conception of witches as old, poor and ugly women were also factors in the historical cases investigated in northern Spain. Critical studies of early modern witchcraft show that the majority of accused people belonged to the lower stratum of society and served as a kind of *pharmakos* for other social problems. The witch embodied female amorality and subversive practices. Her persecution shows an intolerance for women's sexuality and independence, especially in the case of older women (Casquero and Riesco Álvarez 149; Ruether).

Cervantes exaggerates in the figure of Cañizares the Celestinesque magical activities and physical disintegration. As discussed in Chapter II, *The Dialogue of the Dogs* is the transcription of a nocturnal conversation between the dogs Berganza and Cipión that the ensign Campuzano, the protagonist of *The Deceitful Marriage*, hears or dreams during a feverish night in the Hospital de la Resurrección de Valladolid, where he is receiving treatment for the French disease. At

the heart of the monstrous novel that Campuzano imagines, the old witch Cañizares embodies his syphilitic nightmare.

In *The Dialogue* Berganza and Cipión, amazed by the strange ability of being able to speak, decide to relate their lives to each other, starting with the story of Berganza and his adventures while serving different masters. The central episode of his narration tells of his meeting with the old Cañizares, who will reveal the mystery of his being able to speak. The encounter occurs on the patio of a hospital in Montilla (Andalusia), where his master, a drummer soldier, publicly exhibits the abilities and graces of the wise dog, “perro sabio” in order to make a profit (587).⁴² When the soldier mentions a famous sorceress from that place the screams of a woman who takes it personally interrupt the show, annoying the spectators, who leave the hospital while calling her a witch and an old bearded woman. Soon after, now alone, the old woman talks to Berganza, calling him son and asking if he is Montiel. Deeply moved by the slow gaze of the dog, the old woman embraces him and even tries to kiss him on his mouth, which Berganza rejects with disgust.⁴³ That same night, at her request, Berganza visits her quarters, which he describes as dark, narrow, low and poorly lit, the symbolical site of the womb. In that place the old woman reveals her identity and the mysterious origin of the dog. Cañizares’s narration discloses the story of three women closely linked and segregated for being witches. She informs him that La Camacha, the most powerful of the three, serving as a midwife in the labor of La Montiel, supposedly the mother of Berganza, for reasons of envy or jealousy, transformed her disciple’s children into two puppies, which, prudently, she made disappear. The action of La Camacha exemplifies the common fears of powerful *parteras* and their malignant influence on infants.

The characterization of Cañizares follows the Celestinesque pattern. She is unpleasant-looking, physically impaired, immoral and connected with the activities of healing, prostitution, sorcery and witchcraft. The seventy-five-year-old poor woman is the only survivor of the three witches and, in spite of suffering the typical ailments of the age—she complains of dizziness and weak legs—she possesses, as Celestina does, a voice and a capacity for self-definition and self-assertion. She declares to Berganza that she is a witch, *bruja*, and that she participates in witches’ covens, even though she is not so sure if those experiences actually occur or are just a product of her imagination; but she feels them so intensely that they seem real. She obtains her sinful interest in the delights of the flesh by means of her witchcraft. Cañizares works as a *hospitalera*—a post usually held in the period by retired prostitutes—and takes care of the poor [“curo a los pobres”] in

order to distance herself from her sins, albeit her religiosity is hypocritical, “rezo poco, y en público” (597). As observed in the case of *Celestina*, the old crone includes herself in a community of women who perpetuate knowledge (witches, midwives, hospital assistants) and illicit practices.⁴⁴

The nocturnal visit of Berganza to Cañizares’s house-womb reveals hidden attitudes toward aging females. In the presence of Berganza the old woman decides to ask the Cabrón, her devilish master, about the dog’s future and the possibility of recovering his human figure. In order to carry out this consultation, Cañizares undresses in another, more interior room and, in the presence of the dog, she smears her body from head to toes with an herbal ointment, lies on the floor and enters into a trance that makes her seem dead. Shocked by the vision, Berganza spends the night staring at her exposed naked body in an effort to find its meaning—a common reaction of people staring at deviant bodies (Garland-Thomson, *Staring* 3, 13–15). The detailed description of the naked and extraordinarily tall, thin and consumed body of an old woman shows Berganza’s intense engagement with the object of his stare, which deeply frightens him (“comenzó a apoderarse de mí el miedo”) and prompts him to react aggressively “quise morderla” [I wanted to bite her].⁴⁵ The vision of the exposed old woman’s body, probably the same age as his potential mother La Montiel, produces revulsion [*asco*], fear and violence in the dog. “To be a staree is to show a starrer something new,” says Garland-Thomson (*Staring* 7). The putative son rejects the revelation that he is the product of witchcraft: I am a witch, Cañizares says, and your mother was a witch and a sorceress [“Bruja soy, no te lo niego; bruja y hechicera fue tu madre” (597)]. Although Cañizares possesses a capacity for self-assertion, the exhibition of her body counteracts this assertiveness (Johnson, “Of Witches”). While nudes of young women have been exalted in art, the image of a naked elderly woman is taboo. When they are represented unclothed (as seen in the paintings of Goya), their figures are demonized; they are the witches (Pedraza, *La vieja* 6). Cañizares may control the narrative of her life but her unconscious naked body offers itself passively to the interpretation of others: the fascinated stare of the dog, the people in the text and the readers. The male-son Berganza projects in his observation repugnance, rejection and aggressiveness. His description of the elderly woman’s rumpled hair, wrinkled and leathery dark skin, sunken eyes, lean cheeks, curved nose and decayed teeth is typical of fictional Baroque figurations of old females and witches. Actually, among the many established evidences employed in accusing women of witchcraft

were “the mere aspect of a witch, old, ugly or smelly” (Trevor-Roper 120). The exposure of her parched breasts, her withered and dropped belly and her emaciated body—features that also appear in Goya’s witches—highlights her incapacity to give pleasure and to procreate, the two functions expected from younger women. Her sterile physicality paradoxically contrasts with the idea that Cañizares is taking a fantastic trip to the kingdom of pleasure. The suggestion that her ruined body can have desires and gratification reinforces the idea of the uncontrollable and sinful feminine sexuality, which increases Berganza’s disgust and repudiation. In short, the representation of Cañizares replicates and accentuates the adverse construction of the older woman, a pattern accepted by both the authors and the readers. Berganza shows his lack of sympathy towards the female body—sick, old and impaired—that the dog interprets as something devilish [“*toda era flaca y endemoniada*” (601)] and that produces terror. But his fascination and curiosity for the story of the deviant embodiment of Cañizares is obvious, as Berganza spends a whole night staring at her frightful and ugly appearance: “*se pasó la noche ... atento mirando su espantosa y fea catadura*” (602).

Cervantes’s critics have offered diverse interpretations of the scene. Alban Forcione considers Cañizares “a frightening embodiment of sinfulness, her decrepitude is a manifestation of her moral ugliness” and justifies Berganza’s attack for being “a climactic affirmation of man’s power to resist evil” (*Cervantes* 58). Gossy indicates the ambiguities and indetermination of the character, between *hospitalera* and witch, and between the accepted and subversive narrative (*The Untold Story* 78, 81). For Johnson, Cañizares’s speech as well as Berganza’s monstrous description create multiple perspectives and a dialectic of voices (“Of Witches” 22). Garcés’s psychoanalytical study concludes that the figure of Cañizares is the monstrous site where the horror and abjection felt towards the maternal body are located (293). According to Welles, the exhibition of Cañizares’s body is subversive because it breaks taboos, but the old woman is still “an example of the ‘monstrous-femenine’” (227). Welles calls the revelation of her body “horrific secret” “hideousness” (229–230). In the same vein, Miñana places the analysis of Cañizares in a vicious environment of witches from which the monstrous Cipión and Berganza originate (6). In contrast, Gittes asserts the ethical superiority of the witch Cañizares, for her honesty and willingness to help the traitor Berganza, who attacks and publicly humiliates her: “The failure to recognize the saint ... in the witch and the inquisitor in the dog is to collaborate in the *auto-da-fé*” (376). In short, the majority of readings

continue to perpetuate the ideological system that the text seems to illustrate—bad old witch/noble male dog—maintaining the aversion toward aberrant bodies and the illusion of individual integrity. The body of Cañizares becomes both the metaphor for maternal evil and horror and the incongruence of difference and deviance. The old woman talks about her life and exhibits her naked body, but she is neither heard nor seen. The lack of visual illustrations of Cañizares in Spanish and French editions of *Coloquio* from the eighteenth century seems to corroborate the general response toward this figure: the dogs appear, the witch disappears (Manning).⁴⁶ Berganza, the people of Montilla and the readers do not want to see the phenomenon that Shildrick indicates in her definition of the monstrous; what frightens and is rejected is not really the difference but the similarity (*Embodying* 3). Berganza repudiates his connection with the old exposed maternal body.

A perspective grounded in theories of disability and aging reveals the traditional stigmatization of usual characteristics of human beings, like aging. The paradigm that negates and denigrates physical decay and impairments excludes the older woman twice over because she does not match the ideal female and male models. Aging female figures belong to the category of the monstrous in the sense that their bodies represent the radical *undecidability* of human beings that rests in our material fragility and in the different meanings assigned to the physical over the passage of time. The corporality of the older woman attracts and invites the recognition of our own vulnerabilities. It questions our self-sufficiency and security. The monster is always inside us (Shildrick, *Embodying* 6). In her encounter with Berganza, Cañizares spiritually and corporally undresses herself to show her imperfect humanity and her wasted and helpless body that reminds us of our death. She also reveals that Berganza himself originates in the deviant and segregated maternal bodies that those witches represent, with the power of giving life (through labor, midwifery and healing) and producing metamorphosis. Cañizares discloses that the son has inherited and possesses the same ambiguity of the mother/monster. The old hag forces Berganza to come to an ontological recognition of his own indetermination (animal/human) and imperfection. Berganza's reaction exemplifies the ambivalent attitude of the dominant traditional ideology. On the one hand Cañizares displays a truth (the vulnerability of life) that fascinates him, but on the other hand this reflection arouses horror, shame, disgust and aggressiveness. The unrecognized anxiety produced by the vision of other bodies' deviation is a phenomenon that transcends historical

periods and that induces physical and discursive violence (Mitchell and Snyder, "Introduction;" Shildrick, "The Disabled" 758–759; Stiker 40). Different bodies disturb the ontological order, which is already very precarious, as Lacan has shown, because the inner structure of the human being is based on a fantasized and fractured image that corresponds with a latent aggressiveness (Shildrick, "The Disabled" 767–768). Berganza tries to assuage his anxieties by biting Cañizares, which reveals a cannibal instinct—a desire to devour and destroy the object of his uneasiness. His decision to drag the old woman's lifeless body to the patio in order to expose it to the public under the light of day is another attempt to eliminate his anguish by joining the group of spectators. The staring observers share the dog's curiosity but they interpret Cañizares's trance in different ways. To some of the onlookers, the old woman is enraptured for being so good, "en éxtasis y arrobada de puro buena" (602).

When Cañizares awakes from the trance she realizes that the son she wanted to help has betrayed and humiliated her. She also feels embarrassed and disgraced because she has been publicly exhibited and attacked, pricked with pins, bitten in the heel bone, and bruised from being dragged out of the room.⁴⁷ Piercing the body with needles was an Inquisition practice in order to investigate the expected insensitive parts of the bodies of witches (Andreski 25). Ciruelo affirms that during their deep trances the devil deprives women of their senses and therefore they do not feel pain.⁴⁸ The inquisitor Berganza, author of her disgraceful exhibition and the cruelest executioner of her punishment, wants to suppress the cause of the upsetting and painful revelation through aggressiveness. Ignoring the disclosure and the just accusations of Cañizares, whom he calls a wild crone, "fiera arpía," Berganza again attacks the object of his anxiety with renewed cruelty.⁴⁹ The paradox is that the more he bites the rejected body the more his own monstrosity is recognized. The public now direct blows toward him, the exponent of a more absolute otherness for being an animal. Even if Cañizares's body provokes anxieties, her similarities with the physicality of the observers leave open the possibility of her salvation, according to the Father of the Church debates, while the body of a dog, Berganza, represents absolute difference without possibility of redemption (Shildrick, "The Disabled" 761).⁵⁰ Therefore, the talking dog, after being beaten, exorcized, shouted at, chased and accused of being devilish and contagious for having rabies, flees and avoids the consequences of recognizing his own monstrosity. In this story Cervantes has shown the conflictive relationship of a society that enhances the fiction of male wholeness and spiritual superiority

but always feels forced to confront the mother, the female—that is, our carnal beginnings, our imperfections and our death.

The confrontation of Berganza with Cañizares—young son/older mother—or with the chaos of the limitation of human flesh appears in other literary works, as in the cases of *Celestina* and Pármeno, Guzmán de Alfarache and his mother in Mateo Alemán's picaresque novel, and the rogue Pablos and diverse old women (*amas*) in Quevedo's *El Buscón*. In these encounters the aged maternal embodiment instigates an emotional reaction and a change of awareness in the young men. The maternal figures of elderly females are depicted in these works as impoverished, traitors, evil, depraved, unsightly and connected with death. They are treacherous creatures, displacements of the castrating Mother, who exercise enormous powers through their sexuality. Just as Berganza comes face to face with the old, wasted Cañizares, who reveals the secret of his origin, Guzmán de Alfarache, the protagonist of the picaresque novel of the same title, after traveling for many years and living in other places returns to his native Seville and meets his mother. Staring at the transformation of the beautiful mother the young Guzmán left when he was twelve fills him with horror and fear. He finds her skinny, wrinkled, toothless and different. Facing her physical collapse, Guzmán realizes that with time all women, like his young wife, will lose whatever privileges beauty and youth may have granted them.⁵¹ The unacknowledged realization is in fact his own instability, and inevitable extinction, as Guzmán suggests in the description of his old mother:

Shee was my Mother, I desired to cherish her, and to make much of her, and that she might now take her ease in her old age. For albeit to mee she did still represent her selfe with the selfe-same beauty, and the same freshnesse of colour, and clearenesse of skinne, with the which I left her, when I parted from her; yet was she now so quite altered from that shee was, that it was hard to say, This is shee. I found her leane, old, tawny, toothlesse, her face (like and old Apple-John) all shriveled, and altogether another kinde of creature. I saw in her the ruines of Time; and how yeeres consume everything. Where-upon, turning my selfe about to my Wife, and looking wistly upon her, I told her; This faire face of thine must run the like Fortune one day; beauty will not last for ever: And if at any time a woman chance to escape that deformitie, which age layeth upon her; yet at least shee must fall at last into the hands of death, which will disfigure even the yongest body, and claw all the flesh from the bones. (Mabbe trans. Vol. 5, 265–266)⁵²

The figure of the Mother is so abject because she confirms the fragility of human beings and the inherent conditions of our own mortality and miseries (Shildrick, *Embodying* 53). The maternal site is the horror zone, the transgression zone (Kristeva 13, 54, 64); she is also the grotesque body (Russo, *The Female Grotesque* 10), the image of Medusa and of Baubo, the indecent old woman in Greek mythology (Davis, "Nude Venuses" 56). The anxiety that the body of the old mother produces is equivalent to the anxiety that people with disabilities provoke, "not because of their difference as such, but because they are too much like everyone else; worse yet, anyone could become one of them. In other words, they defy the boundaries of sameness and difference and spread impurity through the normative categories" (Shildrick, "The Disabled" 765). The pervasive figure of the old mother in picaresque novels is closely related to the emasculation of the picaresque rogue, a castrated figure, the reflection and product of his prostitute mother (*puta madre*), the embodiment of pollution and immorality. In these narratives the multiple confrontations with the feminine reinforce the scum of humanity.⁵³

The aberrant and consumed old mother is particularly prominent in Francisco de Quevedo's picaresque novel *El Buscón* (1626). As I have shown in Chapter II, Quevedo employs the metaphor of syphilis in connection with obscene prostitutes in order to express his rejection of women's biological peculiarities, but the figure of the *vieja* accumulates all the female defects (Mas 15–16, 53). Some critics have indicated that the author's negative figuration of the *vetula* merely follows and competes with a misogynous tradition in classic satire (Schwartz-Lerner, "Supervivencia"); that the deformation of the characters merely has an aesthetic and comical intention (Lázaro Carreter, "Originalidad" xxii–xxiii); and that it gathers the misogynous tradition inherent in the satiric genre plus other negative concepts found in diverse established discourses (Arellano and Schwartz LIII). Nevertheless, Quevedian scholars insinuate other extra-literary reasons for the extreme disfigurement of his female figures, such as the author's obsession with the dissolution of the human body and his own physical impairment (Iffland, *Quevedo* 188, 221, 229–231); his latent homosexuality (Rothe); a way to relieve his personal anxieties (Quérillacq 14–19); and a rejection of the maternal, or the sign of impurity and disorder that threatens Quevedo's sense of order that also characterizes the Baroque (Huergo xxii, xxxvi, note 40). Women's physical repulsiveness impairs their role as mothers or lovers (Iffland, *Quevedo* 223). Ultimately, the pervasive appearance of the dejected

mother in Quevedo's works conveys both a particular historical ideology and personal feelings (Cabo, Prólogo, *La vida* 27).

El Buscón is the best example of the author's stance toward old women in terms of the amount of these figures portrayed and the intensity of their portrayal. The repetition of the old mother trope emphasizes that the impaired, immoral and useless crones are real threats to society. As a representative picaresque novel, *El Buscón* is a fictional autobiography that tells the life fortunes of the swindler Pablos, a low-class character with aspirations of improving his social position. He is the son of Clemente Pablo, a barber and a thief, and of Aldonza de San Pedro, a new Christian, a woman with impure blood (Moorish or Jewish ascendancy) and loose sexuality; she is a procuress and a witch. Therefore, Pablos, as an *hijo de puta*, the son of a prostitute, is marked from the beginning with dishonor and abjection. The maternally marked Pablos will fail in all his stratagems to become a *caballero*, a gentleman. In *El Buscón* the caricature of the *vetula* expresses the stigma of the impure and disordered. The *vieja* also communicates the characteristic conflict of the conservative masculine discourse with regard to the feminine and an extreme cruel authorial rejection of the social, moral and material inferiority of some embodiments, including the Jews (Iffland, "¿Qué hacer?").

The several old women of different ages in *El Buscón* multiply the figure of Pablos's biological mother in a kaleidoscope of forms and situations. All of them are poor, hideous, transgressive and dangerous. Their bodies, blemished by the insalubrity of bad living, are the targets of social punishments. They are associated with dirt, with the emanation of disgusting fluids, with pollution and with malignant powers.

Aldonza de San Pedro, Buscón's mother, is a figure with a major influence on the destiny of the protagonist, as she is the original cause of his more intimate and indelible insecurities; she is the ghost that chases him. She is an exaggerated and distorted Celestinesque figure. In addition to her impure blood, Aldonza is described as having white hair and a shady "rota" appearance (*El Buscón* 55).⁵⁴ Her occupations are connected with prostitution, mending hymens, concocting cosmetics and procuring. In addition, she has the power of the witch. It is clear that the public shame caused by her transgressive actions affects Pablos more deeply than the misfortunes of his father, as the narrator explains: "I put up with everything until one day a boy dared to shout at me that my mother was a whore and a witch" (68–69).⁵⁵ Pablos insists that the maternal stain dishonors him and his family ["sentí mucho la afrenta" (104)], especially when Aldonza is captured by the Toledo's Inquisition and publicly punished for her sorcery. For

her activities as procuress [“enflautadora de miembros” (58)], and for her manipulation of dead bodies in her witchcraft practices, Aldonza is a mediator of sexual energy and a matron of the darkness. In her case, Eros, life and death turn into sinful, illicit and destructive matters that weigh intensely in the moral configuration and identity of her son Pablos. In order for the rogue to reach a favored position in the symbolic order he needs to disregard and forget his mother; that is to say, he must disown his own origins in the fragility of the female body. Nevertheless, Pablos not only internalizes this shameful castrating figure but also encounters her frequently, by displacement, through other old women in key moments of his narrative as reminders of the (de)valuing of his own existence.

In effect, each of the crones that appears in specific circumstances in the evolution of the swindler’s life underscores the impossibility of leaving behind what Pablos rejects in his aspiration to become the accepted ideal man of his society, a gentleman, a *caballero*. In his first step up after separating from his biological mother, the young Pablos, in the service of Don Diego, accompanies him to a private school in Segovia, run by the effeminate licentiate Cabra and a seventy-year-old landlady who serves as a nurse and a cook (Book I, chapter 3). The opportunity for learning in this exclusive establishment is thwarted by his confrontation with malnourishment and death by means of the old cook. She is deaf, blind and devout. Owing to her physical disabilities, the shortage of food and her lack of personal hygiene, her meals lack sustenance, are repulsive and evoke excrement, that which pollutes the social clean body. Her soups contain black beads from a rosary, vermin, sticks and burlap [“sabandijas, palos y estopa” (75)]; her eggs are full of her hoary hair. Instead of supporting life and human relationships the landlady–mother rather leads to the death of the young wards and, as such, she is a threat to the foundation of patriarchy.⁵⁶

Later in the narration the figure of the landlady (a killer mother) is duplicated in the woman in charge of the food pantry during Pablos’ stay in Alcalá de Henares, where he has accompanied his master Don Diego to study at the university (Book I, chapter 6). A very thin female [“estaba en los güesos” (94)], she steals and pilfers from the pantry, and is as bad a cook as the former landlady. Her very watery stews are occasionally seasoned with ends of tallow candles. Her dirtiness, religious hypocrisy, sexual business—she is a procuress—and corporeal emaciation create a repulsive figure. This woman embodies again the risk of a mother who undermines the sustenance of society. When Pablos abandons Don Diego and travels to Madrid to change his fortune, he finds the spectrum of the maternal embodied again in

the old Mother Labruscas, who serves in the house of Don Toribio and his friends (destitute aspiring gentlemen) and personifies the futility of the maternal role in the capital of the nation, in the sphere of power (Book III, chapter 1). Mother Labruscas governs, advises and conceals the whereabouts of the aspiring *caballeros*. The wrinkled, hunchbacked and tattered woman [“una vejezuela muy pobrementemente abrigada, rostro cáscara de nuez, mordiscada de faciones, cargada de espaldas y de años” y voz como “un chillido cresco” (151)] gathers rags from the streets in order to mend the torn clothes—and torn lives—of the group of men. That is, she actively collaborates in the construction of the masculine figure accepted in the symbolic order. But what she helps to create is actually a fraud, an illusion, a disorder, since her godsons want to pass for what they are not; they attempt to break social barriers and to illicitly usurp privileged positions denied to them in a closed hierarchical system.⁵⁷ Mother Labruscas is the matron of the futile deception. Just like the old discarded rags she collects to improve the reputation of her pupils, she is social waste, the scraps of the power establishment. Ultimately the old woman is useless and a mother that fails to protect, since her confession to the judicial authorities results in the imprisonment and expatriation of her adopted sons. Her decrepit body, like that of the biological mother of Pablos, personifies the sinful guilt that must be extirpated from the community and punished for contributing to social corruption. Leading the procession of these embarrassing aspiring gentlemen towards their exile, Mother Labruscas becomes the errant guide that leads her children to perdition.

The final crone, La Paloma, the last and most developed *vetula* in the series, synthesizes the Celestinesque characteristics of all the maternal figures in the novel. La Paloma is in charge of the inn where Pablos takes refuge after being punished severely for daring to marry Doña Ana, a lady of higher social standing. Her depiction, with heavy make-up, and her deformity—wrinkles, cross-eyed and with a speech impediment [stammering]—highlights her deceit. Her facial hair, “barbuda,” suggests her masculinity and sexual appetite. Her blunt nose hints that she suffers from syphilis. She trains young women in the business of prostitution and reconstructs and accommodates their body to sell as flesh merchandise.⁵⁸ She is also an expert in procuring abortions and repairing lost maidenheads. The positive knowledge of wise women (healers, midwives) is totally inverted in these figures: rather than helping to bring children to life and nourishing them, they are the facilitators of death. La Paloma is the matron of an indigent and dreadful feminine world where the natural phenomena of female aging is invested with a grim symbolical meaning. Elderly women in

El Buscón demonstrate the unsuccessful role of the maternal. These perverted mothers contribute to the physical, social and economic annihilation of males through starvation, lust for money, moral corruption and abortions. Old women, the terrible Mothers, are the disruptive bodies, the chaos, turned into the dregs of society, and swindlers such as Pablos are marked and castrated by their influence.

In addition to *El Buscón*, old hags appear obsessively in many other compositions by Quevedo. In his satiric poetry, for example, they are characterized with the familiar topoi attached to the maternal figures, but the author insists on their monstrosity and the demand for their extermination.⁵⁹ For instance, the poem *Vieja que aún no se quería desdecir de moza. Castígala con la similitud de el jardín y del monte* [Old woman who does not accept she is not a young girl. She is punished with comparisons with gardens and mountain] centers on the monstrosity of the protagonist, Lamia, through a metamorphosis of unsightliness and bestiality. In classic mythology, Lamia is a beautiful daughter of Poseidon who turns into a creature with a grotesque and distorted face that steals and devours children. In later traditions, Lamia is connected with attractive female ghosts that seduce young men in order to feast on their flesh and blood. She is a kind of vampire, a figure that turns the sexual woman into one of the most horrifying human monsters of all times (Shildrick, *Embodying* 30). Renaissance emblems represent Lamia with the body of a serpent and the head and breasts of a woman as a symbol of hypocrisy.⁶⁰ Her hybrid nature is accentuated in Quevedo's poem with her conversion into a "salvajina," a wild rough beast. The hybridity of the old woman is a common feature of her characterization in other compositions by Quevedo. Her connection with griffons, serpents, monkeys, frogs and owls turns her into a liminal creature, without limits, dangerous and threatening; an undetermined monster that must be destroyed.

In addition to converting the *viejas* into monster and hybrid creatures, the author often expresses the need to isolate or eradicate them. In the ballad *Comisión contra las viejas* [Remonstrance against old women], an auctioneer called Lázaro communicates a decree by his lady Death to kill all women from the time they turn fifty ["en llegando a los cincuenta / de enviar quien os despache" (vv. 115–116)]. The poem describes the so-called Centuries of Centuries Ladies, "doñas Siglos de los Siglos" (v. 9) as dried-meat ghosts, bloodsuckers of children, infernal witches, plague of mothers and grandmothers, fleshless bodies and corrupters of young girls.⁶¹ The ballad *Reformación de costumbres no importuna* insists on the idea of isolating all old women from society, "desvanes quiero que habite / mujer de cincuenta arriba"

[I want women older than fifty to inhabit garrets] (vv. 29–30). Even though the compositions purport to be humorous, nevertheless they convey the project of the universal extermination and social disappearance of a social group despised for their faulty physicality that interrupts the notion of a consolidated being.

Although Quevedo scholars rightly observe that these poems form part of a long literary satirical tradition it is obvious that the construction of these figures also responds to diverse factors. First, the concentration on the lowest part of their body (away from the nobler head) and on the abundance of scatological fluids reflects common Renaissance theories of Hippocratic origin that relate aging to the cold and humid qualities, and with the winter: that is, with an excessive phlegm that manifests in cold, tearful eyes, mucosity and saliva (Schäfer 14). Aqueous humors place older women in the sphere of children—they stutter like them (Covarrubias), which indicates that they are less developed, disabled and dependent (Cadden 181). The poet's insistence on the crones' bad smells and physical decomposition also echoes the general concern in regard to pestilence and contagion that appears in treatises of the period such as Álvarez Miravall's *La conservacion* (1597) and Bocángel's *Libro de las enfermedades* (1600). These figures also respond to contemporary social problems (diseases, poverty, emptiness of functions). In addition, the old hag as a reminder of the fragility of life and the final destiny of death seems to reflect the author's own internal conflicts and personal obsessions. Her body, like that of the disabled, disrupts the fixed constructions of identity supported by the logocentric system. Quevedo's dehumanization of aged women viciously exaggerates the rejection of shared human conditions that the author both recognizes and fears.⁶² Finally, the extraordinary frequency of distorted depictions of older women in his works may be understood as symptomatic of the author's disillusion in relation to the political crisis and changes in Europe of the 1630s that threatened the disintegration of idealized imperialistic and masculine Spanish power. Old women symbolize the monstrous emblem of instability and chaos, the unproductive and precarious; they are omens of death and destruction.

In conclusion, early modern literary representations of aged women in Spain demonstrate the increasing devaluation of the figure, from the creation of *Celestina* at the end of fifteenth century to the Baroque productions of the seventeenth century. The characteristics of wise old women and their necessary social occupations as healers and midwives are still visible, if already questioned, in *Celestina*. A century later, Cervantes reduces the social role of Cañizares to the discredited and

subservient profession of *hospitalera*. In Cañizares's case the experience of midwifery is constrained and perverted into the terrifying powers of witches capable of transforming infants into animals, the most negative characteristics of midwives expressed in obstetric and popular beliefs. While Pármeno's description of Celestina's diverse professions and extensive knowledge in various disciplines, such as pharmaceuticals and herbs, acknowledges her expertise, albeit questioned, the dog Berganza stares bewildered at the naked body of Cañizares in order to understand her story. I detect a leap from the underlining of the public role of the *vieja* Celestina to the concentration on the isolated physicality of Cañizares, which becomes the essential site of her being. The horrific maternal bodies in Quevedo's compositions, totally devoid of any positive attribute, constitute a step further in the degraded representation of old women. The traditional role of wise elderly females is totally absent from Quevedo's crones, who are reduced to rotting materiality and to sexual activities. Their duty is the destruction of the system. As I have commented in the case of prostitutes, old women are the excess, the menace and the detritus that needs to be discarded for the health of society. They are emblematic of fictional disability in early modern Spanish literature.

Notes

- 1 See Furman 10; Garland-Thomson, "Integrating" 1 and "Feminist" 286–288; Overall 131; Wendell, "Old Women" 133, *The Rejected Body* 18, and "Toward" 260.
- 2 A maiden after twenty-five was regarded a mature woman. Among married females, menopause marked the beginning of old age. Literature projects these facts. For instance, Dona Rodríguez, a famous duenna in *Don Quixote II* with a marriageable teenage daughter, is probably in her early forties, but the novel portrays her as a silly old woman. The old crone Celestina may be younger than sixty, Guzmán de Alfarache's aged mother was probably in her forties, while the ancient distorted old hags in Quevedo's works have an indefinite age that accentuates their permanent devalue.
- 3 *Vetula* is the Latin name for old woman or *vieja* in Spanish.
- 4 The *velha*, from the Latin *Vetula*, appears degraded in thirteenth-century Galician satirical songs (*cantigas d'escarnho*), in neat opposition to two parallel genres (*cantigas d'amigo* and *cantigas d'amor*), which praises the young maid and the mature woman. These satirical songs characterize the *Vieja* as a go-between, whore, evildoer and vain and show a growing social attitude of considering her "useless and better locked away" (Snow 354–55).
- 5 Spanish Baroque visual portraits also represent old men as venerable and old women as procuresses (Diez Jorge and Galera Mendoza).
- 6 Women over fifty become "mañeras" or infertile because their nature is

so weak that they cannot expel the excesses: “e porende congregan en si aquella materia mala, en tanto que con su aliento infecionan los muchachos: e abundan enellas romadizos e tos las más vezes. Debe se el hombre porende por consejo delos phisicos guardarse dela comunicacion delas viejas” (*Compendio* fol. XXv).

- 7 In treatises on possessions and witchcraft old women, for being more susceptible to depraved imaginations and stronger passions, were considered more affected by melancholy. A mature woman “was also thought doubly prone to the condition because ageing was theorized in orthodox physiology as a process of desiccation” (Gowland 99, 113–114).
- 8 “Women have always been healers. They were the unlicensed doctors and anatomists of western history. They were abortionists, nurses and counselors. They were pharmacists, cultivating healing herbs and exchanging the secrets of their uses. They were midwives, traveling from home to home and village to village. For centuries women were doctors without degrees, barred from books and lectures, learning from each other, and passing on experience from neighbor to neighbor and mother to daughter. They were called ‘wise women’ by the people, witches or charlatans by the authorities” (Ehrenreich and English 3).
- 9 In Part I, question XI of *Malleus Malleficarum* (1487)—a text that supported the European witch hunt—indicatively titled “That Witches who are Midwives in Various Ways Kill the Child Conceived in the Womb, and Procure an Abortion; or if they do not this Offer New-born Children to Devils,” we read “no one does more harm to the Catholic Church than midwives.” Some historians argue that the syphilitic epidemic was a major cause of the witch craze that affected particularly old women and midwives in early modern Europe: “during the epidemic the number of stillbirths, infantile deaths, and children born with deformations must have increased dramatically; and midwives would be the obvious scapegoats” (Andreski 25).
- 10 David Harley denies the historical reality of the persecuted midwife–witch and affirms that it is just a literary convention (8). Pedro de Valencia’s *Discurso acerca de los cuentos de las brujas* (1611), an examination of a famous *auto de fé* (Logroño 1610) in relation to the cases of the witches of Zugarramurdi and Urdax in the Basque country, corroborates the skeptic tendency and the good sense in Spain toward the witchcraft situation.
- 11 Sixteenth- and seventeenth-century Latin medical texts from the University of Salamanca show the lack of respect for women professionals and accuse them of dubious practices. The learned Jorge Enríquez’s *Retrato del perfecto médico* [*Portrait of the Perfect Doctor*] (Salamanca, 1595) refers to them as “unas vejezuelas, parleras, suzias, colmilludas, romeronas, criadas en medio de toda desvergüenza” (Pérez Ibáñez, “Las mujeres” 150, 154). Some of these educated doctors also believed that old women had powers of giving the evil eye (*aojamientos*) (Sanz Hermida, “La literatura”).
- 12 In addition to the academically trained doctors, there existed a varied group of healers: “físicos, cirujanos, barberos, algebristas, ensalmadores, herballistas, especieros o boticarios” (García Ballester, *La búsqueda* 500). For historical testimonies of women healers in the period see Dangler, *Mediating* 20–21; García Ballester, *La búsqueda* 509–510; and López Terrada, “Las prácticas” and “The control.”

- 13 The monopoly held by universities in the teaching and practice of medicine started being enforced in Castile with the social recognition of university titles by municipalities. From 1477 to 1523 diverse regulations, such as the Catholic Kings decree of 1498, established and required that midwives pass an exam given by the Real Tribunal del Protomedicato in order to obtain a license to practice. From 1523 local doctors supervised and granted them this right (Ortiz 95–99). In regard to this legislation see Amasuno 100–102; Dangler, *Mediating* 34–41; García Martínez and García Martínez; and López Piñero, “Los orígenes” 446–447. I have not been able to consult Paloma Moral de Calatrava, *El arte de las comadres en tiempos de Celestina* (Murcia, 2008).
- 14 Carbón’s book is the second obstetric treatise published in early modern Europe after the influential *Der Swangern Frauwen und Hebammen Rosegarten* (*Rose Garden for Pregnant Women and Midwives*) (1513) by Eucharius Rösslin, which was translated, propagated and adapted in different editions and European languages. According to Monica Green, Carbón’s text is entirely original, while Francisco Núñez de Oria’s treatise *Libro del parto humano* (1580) is a translation of the German *Rose Garden* (“The Sources” n. 2, 167–168).
- 15 The desirable attributes of the good midwife are similar to the ideal conditions of wet nurses found as early as the legal code of Alfonso X (1256–1263) entitled *Las siete partidas*: “que ayan leche assaz, e sean bien acostumbradas, e sanas, e hermosas, e de buen linaje, e de buenas costumbres, e señaladamente, que no sean muy sañudas” (Segunda partida, Título VII, Ley III, vol. I, 397). The name *comadre* itself already implies ambivalence toward this figure; it means a midwife, a godmother and a gossipy neighbor. Rodrigo de Reinosa uses the latter meaning in *Coplas de las comadres* (Fernández 96–97).
- 16 Ruyzes’s extensive scholarly treatise, with numerous Latin quotations, repeats the knowledge (theories of Galen, Avicenna and Hippocrates) propagated in a multitude of medical treatises and is evidently addressed to other learned doctors with access to the written information.
- 17 “Están obligadas a estar muy amaestradas las comadres, porque no en todos los lugares hay médicos, y en muchos de los que los hay no los llaman, a la hora de los partos” (Ruyzes 123v).
- 18 Midwives should call learned doctors or surgeons “medico docto, o cirujano,” for the more difficult cases (Ruyzes 150v, 154v, 156v, 158v, 159v). Paradoxically, while these obstetric treatises disparage the mechanical art practiced by midwives, the anatomist Juan Valverde de Amusco criticizes the lack of practical experience and erroneous anatomical knowledge of old theoretically trained doctors with regard to pregnancies and female organs (67v, 68v).
- 19 The dangers of old women to infants and children, including giving the evil eye (*mal de ojo*, *aojamiento*, *fascinación*), are described in vernacular and Latin medical texts as both a sickness and a result of evil influences that affect mostly post-menopausal women because of their poisonous bodies (Sanz Hermida, “La literatura”). Álvarez Miravall explains that *aojamiento* originates in the envy and malice of old women: “el mal de ojo en los niños se hace por la fuerte imaginacion del alma de la vieja, que muda los spiritus del cuerpo cercano o conjunto: la qual immutación de spiritus principalmente se haze en los ojos, a los quales vienen los mas subtiles spiritus. Y los ojos inficionan el ayre continuo hasta algun determinado espacio: por el qual modo

- si los espejos fueren nuevos y limpios se inficionan y manchan con la vista y presencia de la muger menestrada, como lo dice Aristoteles, en el libro de somno & vigilia. Desta manera siendo *el anima de la vieja movida con rencor y mal querencia, se haze por el modo que havemos dicho su aspecto venenoso y dañoso, mayormente en el cuerpo de los niños que estan aparejados para recibir con facilidad las tales impresiones. Es tambien possible que para este effecto obre la malicia de los demonios por permission de Dios, con los quales las viejas sortilegas tienen algun pacto*" (359 v-r, my emphasis).
- 20 Carranza's three-page juridical allegation "Las mujeres que ejercen el arte de comadres," with no date and place of publication, is found in the collection of various documents from the time of Philip IV (papeles varios, Felipe IV, Biblioteca Nacional). Enrique Fernández believes it was written in the 1630s (97).
- 21 Don Luis Cabrera de Córdoba, chronicler of Philip II, corroborates the respect for high-class midwives. In his *Relaciones* he attributes the death of Queen Margarita of Austria (November 3, 1611), after giving birth to the infante don Alonso (October 2, 1611) to the absence of the midwife. "Algunos quisieron atribuir la culpa á no haberse acordado los médicos de curarla de mal de madre, que es muy ordinario achaque en las paridas, y no haber estado la comadre allí más de dos días, porque la envió la Reina al parto de la duquesa de Feria, la cual supiera conocer de este achaque mejor que los médicos, por tocar á su oficio" (quoted by Mariscal's ed. Mercado, *El libro de la peste* 20).
- 22 The first three editions of the book *Comedia de Calisto y Melibea* appeared around 1500 with sixteen acts. From 1502 the work was published under the title *Tragicomedia de Calisto y Melibea*, with twenty-one acts. It is generally accepted that two authors composed the play: the first, anonymous author wrote act I, and Fernando de Rojas (1465–1541) revised and wrote the remaining acts. The title of the Seville edition (1518–1520), *Libro de Calixto y Melibea y de la puta vieja Celestina*, introduces the name of *Celestina* for the first time; gradually her name will substitute that of the lovers. *La Celestina* was the most published and well-known book in early modern Spain, a true best seller of its time. It was frequently imitated and adapted in numerous works that form the Celestinesque genre. The protagonist Celestina inspired numerous elderly characters that appeared in diverse literary genres during the sixteenth and seventeenth centuries (Lara Alberola; Serés 361–401). Celestina's age ranges between sixty and seventy something (Pármeno's information); perhaps she is even younger than fifty, but it is "a convenience in her professional life to be thought older, wiser, more experienced" (Eesley 28). Celestina also uses the topic of old age to manipulate others (Scarborough).
- 23 In *Libro*, a character called don Amor recommends that the male protagonist seek the help of an old midwife woman to procure the desired lover: "Toma de unas viejas que se fazen erveras, / andan de casa en casa e llámanse parteras; con polvos e afeites e con alcoholeras / echan la moça en ojo e çiegan bien de veras" (Ruiz stanza 440, ed. Joeset). On the genesis of *Celestina* see Márquez Villanueva, *Orígenes*; Severin, ed. *La Celestina*, 103; and Ruiz Arzálluz 422–423.
- 24 In Chapter XIII of *Corbacho* the author insists that men naturally love beautiful young women and that some old women when they are detested and nobody desires them learn the profession of procuress, sorceress and fortune-teller

with the consequence of ruining the social order. They deserve to be burned alive (Martínez de Toledo 145).

- 25 Written in the decade of 1480, according to some critics (Gilman and Ruggiero 262; Trotter), *Coplas* consists of a dialogue among *comadres*, or neighbors, gossiping about other women in the community and dealing with women's health and sexuality issues.
- 26 For instance, Claudina's busy traffic in the prostitution business is linked with her work as a midwife: "Con todos tenía que hacer, con todos hablaba; si salíamos por la calle, quanto topábamos eran sus ahijados. Que fue su principal oficio partera diez y seis años; así que aunque tú no sabías sus secretos por la tierna edad que habías, agora es razón que los sepas, pues ella es finada y tú hombre" (Act VII, 169–170). All quotations from *La Celestina* come from the Real Academia Española edition. On the topic of prostitution in *La Celestina* see Lacarra, "El fenómeno" and "La evolución," and Michael, "Por qué."
- 27 *Lilio de medicina* describes *amor hereos*, the affliction of Calisto, as a sickness that needs a remedy. Celestina explains to his servant Pármeno that his master is sick and it is up to her to cure him: "él [Calisto] es enfermo por acto, y el poder ser sano es en mano desta flaca vieja" (Act I, 70).
- 28 Dangler interprets the scene of Celestina touching Areúsa in Act 7 as a gesture of the old hag's homosexual desire ("Transgendered" 70, 74).
- 29 I am using J.M. Cohen's translation for the English quotations.
- 30 Both the author of the first act and Fernando de Rojas lived in the area of the university of Salamanca and were probably familiar with very well known medical vernacular texts (Gordonio's *Lilio* and López de Villalobos's works); but certainly the inventory of Celestina's laboratory demonstrates their awareness of products used by women healers. On the occupations and medical and pharmaceutical knowledge of Celestina see, among other studies, Dangler, *Mediating*; Gómez Moreno and Jiménez Calvente, "A vueltas" 94–96; Mota, "Articulación" 503 and "Algo más;" Moral de Calatrava; Rouhi; Solomon, "Pharmaceutical"; Twomey; and Vian Herrero 49–61.
- 31 Celestina is a retired prostitute and as such shows the physical signs of corruption, such as syphilis, attributed to sex workers in the period. Although the disease is not openly introduced in the text, by the end of fifteenth century, when the book was first published, the syphilitic plague was already a European problem, as López de Villalobos, the well-known Salamanca physician contemporary of Rojas, testifies in his *Tratado sobre las pestíferas buvas* (Salamanca 1498). Among the diverse signs of the disease, Diaz de Ysla reports the decay of the nose, as Lozana Andaluza exemplifies. Additionally, Diaz de Ysla affirms that some people develop a very ugly growth in the peak of the nose: "Assi mismo en la punta dela nariz o parte baxa viene de la segunda especie a hacerse unos granos colorados como barros excepto que son mas gruesos et hacen materia et causan mucha fealdad en el rostro" (23v). Curiously, the old witch has traditionally been portrayed with this unpleasant nose excrescence, which some critics attribute to the mark of the devil.
- 32 "Vieja te has parado; bien dicen que los días no se van en balde. Así goce de mí, no te conociera sino por esa señaleja de la cara. Figúraseme que eras hermosa; otra pareces; muy mudada estás" (Act IV, 121). In this same scene, Lucrecia adds that the scar crosses half her face.

- 33 This is the description in *Fisonomía*: “y la tal muger se llama barbuda, la cual havés de saber que es muy luxuriosa por su caliente complexión y por consiguiante es de fuerte natura y de varonil condición. Y la muger bien meca y limpia de pelos, mayormente cabe la boca, según fisonomía se dize ser de buena complexión, conviene saber, tímida, pavorida, vergonçosa, flaca, mansa y obediente; y por la contra, la barbuda” (Sánchez González and Vázquez de Benito eds. *Tratado de Fisonomía*, chapter XXXIX).
- 34 “¡Pues no la has tú visto como yo, hermana mía!, ¡Dios me lo demande si en ayunas la topases, si aquel día pudieses comer de *asco!* Todo el año se está encerrada con mudas de mil suciedades. Por una vez que haya de salir donde pueda ser vista, enviste su cara con hiel y miel, con uvas tostadas y higos pasados, y con otras cosas que por reverencia de la mesa dejo de decir. Las riquezas las hacen a éstas hermosas y ser alabadas, que no las gracias de su cuerpo. Que, así goce de mí, unas tetas tiene para ser doncella como si tres veces hobiese parido: no parecen sino dos grandes calabazas. El vientre no se le he visto, pero juzgando por lo otro, creo que le tiene tan *flojo como vieja de cincuenta años*. No sé qué se ha visto Calisto por que deja de amar otras que más ligeramente podría haber y con quien más él holgase, sino que el gusto dañado muchas veces juzga por dulce lo amargo” (Act IX, 206–207, my emphasis).
- 35 “[E]llas tienen arte sagaz para estas cosas más que los ombres” (*Lilio* II.20). “[V]ejezuelas le deben traer / a que le desliguen, que bien saben de ello” (*Sumario de medicina*, in García del Real 247).
- 36 “Por ende búsqese una *vieja* de muy feo acatamiento con grandes dientes e barvas e con fea e vil vestidura, e traya debaxo de sí un *pañó untado con el menstroo* de la muger, e venga al enamorado e comience a dezir mal de su enamorada, diziéndole que es *tiñosa* e borracha e que se mea en la cama e que es *epiléntica e fiere de pie e de mano e que es corrompida e que en su cuerpo tiene torondos [chichones]*, *especialmente en su natura*, e que le fiede el fueigo e es *suzia*, e diga otras muchas fealdades, las quales saben las vieja dezir, e son para ello mostradas” (*Lilio* II, 20, my emphasis).
- 37 Pármemo mentions that Celestina was a children’s physician, “*hacíase física de niños*” (Act I, 55), information repeated later by Lucrecia, Melibea’s live-in maid. Curiously, this occupation may be related to her magical power to cure children affected by the evil eye (Act IV, 115, note 43).
- 38 Celestina’s use of witchcraft has been the object of fruitful critical studies and controversies. Among many other works, see Botta; Canet Vallés; Cárdenas-Rotunno; Deyermond; Gómez and Jiménez; Herrero, “Celestina’s Craft” and “Celestina”; Moral de Calatrava; Russell; Severin, *Female and Witchcraft*; and Vian Herrero.
- 39 She shows her self-awareness when she explains to Sempronio, moments before he kills her in act XII, that she is no worse than other people and that she lives from her profession as everyone does: “¿Quién só yo, Sempronio? ¿Quitásteme de la putería? Calla tu lengua, no amengües mis canas, que yo soy una vieja cual Dios me hizo, no peor que todas. Vivo de mi oficio como cada cual oficial del suyo muy limpiamente” (Act XII, 259).
- 40 “E más son de las *mujeres viejas y pobres*, que de las mozas y ricas, porque como después de viejas los hombres no hacen caso dellas, tienen recurso al demonio que cumple sus apetitos” (*Tratado* 64, my emphasis).

- 41 Della Porta dramatizes with a specific *vieja* the general beliefs about witches sucking children's blood and traveling through the air. I include the long quote because of the remarkable coincidences with the case of Cañizares: "Apareció por mi casa una de esas viejas a las que tildan de *striges* por su parecido con las nocturnas lechuzas, y a las aves de que noche les chupan la sangre a los niños que reposan en sus cunas (...) Ordenó que todas aquellas personas que yo había hecho venir como testigos salieran de la habitación, y yo también con ellos. Entonces se despojó de sus harapos y se frotó todo el cuerpo con una pócima, mientras nosotros la espiábamos por las rendijas de la puerta. Al cabo de un rato las substancias soporíferas la sumieron en un profundo sueño. Entramos en la habitación y por más que la sacudimos y zarandeamos, era tal el sueño que la embargaba (...) Tan pronto como despertó, comenzó a narrar una serie de disparates: que había sobrevolado mares y montañas (...). A Todo respondía con incongruencias" (quoted in *Valencia* 140).
- 42 I am quoting from Jorge García López's edition of *Novelas ejemplares*.
- 43 In that moment Cipión comments: "no es regalo, sino tormento, el dejarse besar de una vieja" (590).
- 44 For the analysis of this episode see, among others, the studies of Finch and Hutchinson.
- 45 Here is the detailed description of Cañizares's body: "Ella era larga de más de siete pies, toda era notomía de huesos cubiertos con una piel negra, vellosa y curtida; con la barriga, que era de badana, se cubría las partes deshonestas, y aun le colgaba hasta la mitad de los muslos; las tetas semejaban dos vejigas de vaca secas y arrugadas; denegridos los labios, traspillados los dientes, la nariz corva y entablada, desencasados los ojos, la cabeza desgrefñada, las mejillas chupadas, angosta la garganta y los pechos sumidos; finalmente, toda era flaca y endemoniada. Púseme de espacio a mirarla, y apriesa comenzó a apoderarse de mí el miedo, considerando la mala visión de su cuerpo y la peor ocupación de su alma. Quise morderla, por ver si volvía en sí, y no hallé parte en toda ella que el asco no me lo estorbare; pero, con todo esto, la así de un carcaño y la saqué arrastrando al patio; mas ni por esto dio muestras de tener sentido" (601–602).
- 46 Marco A. Gutiérrez has recently offered an interesting semiotic reading of the episode.
- 47 "Se sintió acribada de los alfileres, y mordida de los carcañales, y magullada del arrastramiento fuera del aposento, y a vista de tantos ojos que la estaban mirando, creyó, y creyó la verdad, que yo había sido el autor de su deshonra" (*Coloquio* 602).
- 48 "Otras veces ellas [bruxas que tienen hecho pacto con el diablo]: no salen de sus casas; y el diablo se reuiste en ellas de tal manera: que las priua de todos sentidos, y caen en tierra como muertas y frias. Y les representa en sus phantasias que van a las otras casas y lugares: y que alla veen y hazen y dizen tales y tales cosas. Y nada de aquello es verdad: avnque ellas piensan que todo es ansi como ellas lo han soñado, y cuentan muchas cosas de las que alla passaron. Y mientras que ellas estan ansi caydas y frias: no sienten mas que muertas: avnque las açoten, y hieran y quemén, y les hagan quantos males puedan por aca de fuera en el cuerpo: mas passadas las horas de su concierto con el diablo: el las dexa y les suelta sus sentidos y se leuantan alegres y sanas

- y dizen que han ydo aca y aculla y cuentan nueuas de otras tierras” (Ciruelo 49).
- 49 As he tells Cipión: “y asiéndole de las luengas faldas de su vientre la zamarreé y arrastré por todo el patio, ella daba voces que la librasen de los dientes de aquel maligno espíritu” (*Coloquio* 603).
- 50 Berganza is the real bewitched. In a 1609 trial of María Tolón, she is accused of casting a spell to bewitch a child that began to bark like a dog. Barking was traditionally linked with witchcraft (Tausiet 41–42).
- 51 For an extensive analysis of Guzmán’s castration through his relationships with women, see Juárez-Almendros, *El cuerpo vestido*, chapter four.
- 52 “Era mi madre, deseaba regalar y darla algún descanso. Que, aunque siempre se me representaba con aquella hermosura y frescura de rostro con que la dejé cuando della me fui, ya estaba tal que con dificultad la conocieran. *Halléla flaca, vieja, sin dientes, arrugada y muy otra en su parecer*. Consideraba en ella lo que los años estragan. Volvía los ojos a mi mujer y decía: ‘Lo mismo será ésta dentro de breves días. Y cuando alguna mujer escape de la fealdad que causa la vejez, a lo menos habrá de caer con fuerza en la de la muerte’” (*Guzmán de Alfarache* 2^a, III, 6; 850, my emphasis).
- 53 The figure of the mother in relation with the feminine is very complex and has been interpreted from diverse perspectives, including psychoanalysis. See, for instance, the works by Coppélia Kahn, Julia Kristeva, Elisabeth Grosz and Madelon Sprengnether. Using psychoanalytical concepts, theoretical approaches of aging and disability connect the mother with fragmentation, pollution, abjection and the site of the repressed.
- 54 I quote from the edition of Fernando Cabo Aseguinolaza, *La vida del Buscón*, which I abbreviate to *El Buscón* henceforth. The English translations are from Michael Alpert’s edition.
- 55 “[T]odo lo sufría, hasta que un día un muchacho se atrevió a decirme a voces hijo de una puta y hechicera” (61).
- 56 According to Kristeva, “food is the oral object (the abject) that sets up archaic relationships between the human being and the other, its mother, who wields a power that is as vital as it is fierce” (75–76).
- 57 For an analysis of the role of clothing in the masculine identity creation consult my book *El cuerpo vestido*, especially the chapter dedicated to *El Buscón*.
- 58 As observed in the case of other *alcahuetas* or procuresses (Lozana, Claudia), Paloma teaches young prostitutes the play of covering and discovering the face; of emphasizing the positive features, good teeth or hands, blond hair or nice eyes; of applying cosmetics that whiten dark skins and decayed teeth; and of dominating the art of the depilation (*El Buscón* 202–203).
- 59 I have chosen representative satirical poems to demonstrate the treatment of the hag. Other instances of hyperbolic negative attributes are the sonnets *Vieja verde, compuesta y afeitada* [*Dirty old woman, dressed up and made-up*] and *Pinta el ‘Aquí fue Troya’ de la hermosura*. Both compositions underscore their lecherous, dirtiness and corporeal decomposition.
- 60 See <http://www.theoi.com/Ther/Lamia.html>. The dictionary of *Autoridades* (1780) defines Lamia as a demon with the form of a woman who attracted men in order to devour them; as a kind of beast with the low part of her body as dragon and the upper half that of a beautiful woman, who also attracted

and devoured men; and as a sorceress who eats or sucks children, which corresponds to the idea of witches during the seventeenth century.

- 61 “pantasma acecinadas / siglos que andáis por las calles” (vv. 5–6); chupaniños (v. 21); “brujas infernales” (v. 22); “plaga de abuelas y madres” (vv. 24); lujuriosa (vv. 25–28); con un cuerpo sin carne (vv. 29–32) y corruptora de niñas (vv. 33–36).
- 62 “Simultaneously threat and promise, the monster, as with the feminine, comes to embody those things which an ordered and limited life must try, and finally fail, to abject” (Schildrick, *Embodying* 5).

CHAPTER IV

Historical Testimony of Female Disability: The Neurological Impairment of Teresa de Ávila

The first chapter of this book discussed the construction of female disability in diverse medical and moral discourses that explained and propagated the idea of the inferiority of female embodiment and its vulnerability and propensity to immoral behavior. The second and third chapters assessed how male authors assumed and supported these conceptions in their representation of women as figures with imperfect and contaminated bodies connected with impurity and evil. Syphilis and decay become the central metaphoric conditions attached to these female protagonists, who were rejected because of their behavior and old age. Ultimately male writers project their own fear of disease and death onto the female characters. In contrast to the representational disabling of women, this chapter examines the first-person testimony of a chronically ill woman in *Libro de la vida* [*The Book of Her Life*], an autobiographical narrative by Teresa of Ávila, also known as Teresa of Jesús, baptized as Teresa Sánchez de Cepeda y Ahumada (Ávila 1515), who recent scholarship has suggested may have had the stigmatized disease of epilepsy. Teresa was a Carmelite nun who reported having divine visions and graces, dedicated her life to spiritual perfection and died in 1582 surrounded by an aura of sanctity at the peak of the Counter Reformation. She was beatified in 1614, canonized in 1622 and proclaimed a Doctor of the Church in 1970.¹

The leap from the analysis of literary prostitutes and aged witches to the examination of the life narrative of a saint may seem drastic but, in the conceptualization of the period, there was in fact a very thin line differentiating female witchcraft from religious ecstasy and demonic possession from mystical union (Mazzoni 11–12). All these states of being possessed underline female passivity and receptivity

of an invasive Other. Nonetheless, and in contrast with the characters studied in previous chapters, Teresa's case demonstrates how an individual historical figure with the power of expression was able to transform passivity into agency and an impairment that provoked persecution into a positive asset. Through the methodology of the cultural disability model I argue that Teresa locates her various ailments at the heart of her profound physical and spiritual transformative experience. Indeed, as this chapter elucidates, Teresa's impairments are not only a determining factor in her life story but function as the unifying core of the various purposes of her book: personal confession, doctrinal exposition of mystic prayer and introspective exam of her spiritual evolverment. The forty chapters of *The Book* share the goal of explaining and justifying an intimate and spiritual evolution mediated by the physical tribulations of a chronically ill body, whose symptoms were dangerously misunderstood by the society of her time. Through her apology, Teresa de Ávila rejects the adverse social labels and converts the potentially demonic and impure impaired female body into a sacred one.

In *The Book of Her Life* Teresa de Ávila speaks of frequent corporeal pains, convulsions, stomach problems, dizziness, loss of consciousness and strong emotional fluctuations involving mystical graces, involuntary and uncontrollable raptures, beatific and diabolical visions, hearing voices and prophetic messages. She also testifies to the most overwhelming repetitive ecstasies and the most horrible pains and anxieties, as well as the acquisition of transcendental truth through these experiences. From the end of the nineteenth century to the present day, most of Teresa's symptoms have been interpreted either as hysteria or, more recently, as a neurological condition.² Neurologists E. Carrazana and J. Cheng, Esteban García-Albea (*Teresa* and "La epilepsia"), and Pierre Vercelletto (*Épilepsie*) suggest that, among other illnesses, Teresa de Ávila suffered so-called ecstatic epilepsy as a result of a lesion in the temporal lobes. Other general medical research on contemporary subjects with ecstatic epilepsy seems to support that Teresa may have suffered this condition.

Epilepsy denotes a lack of boundaries, a characteristic attributed also to women, as the eclectic designations given to this disease show.³ Historically epilepsy been called sacred disease, "gota coral" and "mal de corazón" [heart malady], and has been connected with women and demonic temptations (D'Orsi and Tinuper 155–156; García-Albea, "Praelectiones" 102; Gowland 99; Vanzan Paladin 221–223). Even those medical Renaissance treatises that support the natural origins of the illness follow Hippocrates' ideas (c. 460 BC–c. 370 BC) that relate the

condition to female anatomy and hysteria (Vanzan 221). This explanation may be observed in a number of early modern Spanish medical discourses. López de Villalobos (1498) associates epilepsy with the suffocation of the uterus,⁴ just as Nicolás Bocángel does one hundred years later.⁵ This connection will continue to prevail as the dominant discourse during the seventeenth century. Ponce de Santa Cruz, author of the first Spanish treatise on epilepsy, *Praelectiones Vallisoletanae* (1631), affirms that an incomplete purge of flame in the uterus causes the *morbum sacro* (García-Albea, “*Praelectiones*” 104). Diego de Aroza, in *Tesoro de las excelencias y utilidades de la medicina* (1668), relates epilepsy or *morbus lunaticus* to the moon and cold and humid humors, characteristically female attributes (247–248).⁶ Supernatural and natural explanations of the sacred disease coexisted through the nineteenth century until the dawn of psychoanalysis led scholars to begin to interpret Teresa’s ecstatic raptures in relation to female sexuality (Hayes 332–333; Lacan, *On Feminine* 76; Mazzoni 44–49; Slade 133–144), another way of gendering the condition. Even when some educated thinkers rejected the magic or supernatural elements of the disease, the symptomatology of this neurological condition during the early modern period was, much like today, stigmatized and dangerous, because it stirred the suspicions of patriarchal institutions at a time characterized by inflexible religious orthodoxy and by a meticulous scrutiny of the body considered a place of intense pleasures and of diabolic invasions marked by convulsions (Foucault, *Abnormal* 201 and ss.; Vanzan 221). The Inquisition exerted a social control over the body and female sexuality, especially in cases that proclaimed women as experiencing superior pleasures, or what was later called feminine *jouissance* by Lacanian scholars. Hallucinations similar to those described by Teresa de Ávila were epidemic in her time, with terrible consequences, not only among the illuminati but also in spiritual lay people connected with the supernatural, such as the *beatas*.⁷ Foucault indicates that this phenomenon was a consequence of the discursive practices of confessors and spiritual directors (*Abnormal*, chapter 8). All these different discourses on epilepsy and sacred hallucinations illustrate the complexity of interpreting this condition.

If it is difficult to diagnose the physical problems the nun suffered, it is even more difficult to know how her condition determined her mystical experiences. In that sense, the understanding of her autobiography is an intricate enterprise in which each reader’s individual belief shapes the nature of the interpretation. Many critical approaches assume that Teresa was either a saint who was blessed with a special connection to the supernatural or just a special religious woman who

suffered hallucinations due to her neurological and physical illnesses; others avoid the issue altogether, while some readings propose a compromise.⁸ Literary scholars cannot avoid subjective analyses, a fact that Carroll Johnson indicates in *Don Quixote: The Quest*, but they should always pursue suitable methods to explain the text as a literary construction.

Critics have already underscored that *The Book of Her Life* is a hybrid autobiography that follows diverse literary patterns and employs a variety of rhetorical techniques.⁹ The majority of readings emphasize the development of the protagonist's disembodied spirituality, the artistic utilization of language and the biographical data. In my analysis I focus on the importance of bodily presence, understanding *The Book of her Life* as a personal interpretation of the author's physical and neurological disorders in connection with supernatural phenomena. In this sense, Teresa de Ávila's narration can be considered within what Arthur W. Frank calls "the wounded storyteller" self-narrations produced by people with sick bodies who live in specific cultural communities, and who as "storytellers have learned formal structures of narrative, conventional metaphors and imagery, and standards of what is and is not appropriate to tell" (3). The intention of this analysis is to fill a gap in the traditional interpretations by explaining the narration of Teresa's wounded body, at the center of societal suspicions and personal resolution, within the existing formal constructions and social constrictions of her time.

My reading of *The Book of Her Life* is as both a public apology and a private elucidation of the incidents of her body.¹⁰ This chapter stresses the role of Teresa's impairments in the development of her personal narrative in order to illustrate the specificity of her corporeal experience in terms of contemporary social expectations as well as the parameters available to interpret the concrete lived body. Taking into account early modern medical and religious concepts of female embodiment and illnesses, as well as present-day theories of disability and the body and current clinical research, my analysis assumes that the body and its ailments are concretely experienced and discursively constructed by cultural, geographic and temporal circumstances. Just as is the case in today's world, in the sixteenth century corporeal characteristics, such as being female or male, young or old, healthy and able or ill and disabled, provoked different social responses. Teresa de Ávila manifests all these complexities surrounding the body in her narration. In fact, what is perhaps most paradoxical about Teresa's so-called spiritual autobiography is the presence of her physicality in the foreground. The fact that this personal construction shares

patterns characteristic of present autobiographies of illness suggests certain universal human negotiations between bodies privately felt and socially interpreted.

As I have shown in the earlier chapters of this book, the traditional connection of women with sex and the body is characteristic of female representation. In the early modern age even religious women devoted to chastity chose to express their religiosity through their bodies (Bynum; Sarrión Mora). The opposite phenomenon is observable in male-authored first-person narrations, a prolific genre in Spain from the middle of the sixteenth through the seventeenth century. In these texts, action and appearances are the main features of the protagonists, although ironically information about their embodiment and carnal feelings is very scarce. In the creation of the socially situated male identity, a predominant narrative of achievement and overcoming overshadows descriptions of illnesses, war wounds and the ailments of old age. As Jelinek observes, male autobiographies concentrate “on chronicling the progress of their authors’ professional or intellectual lives, usually in the affairs of the world,” while women’s autobiographies “concentrate instead on their personal lives” (“Introduction” 7–8, *Tradition* 19), including their physical and mental limitations.¹¹

The tendency in Western discourses to connect women to the fragility of the body is assumed in first-person narratives. Male autobiographies often conceal the disclosure of somatic events, considered a private aspect of the subject. In early modern Spanish soldier’s autobiographies, for example, the narrators usually speak of wounds and bodily illnesses in connection with their heroic or aggressive prowess. Occasionally, illnesses appear at the end of some soldier’s *Lives*, such as in Diego Duque de Estrada’s *Comentarios del desengañado de sí mismo*, when they are old and disenchanted. The same phenomenon occurs in male religious accounts. For example, in the first chapter of his dictated autobiography, Ignacio de Loyola explains the extreme pain he suffers in his leg as the result of a wound inflicted during his heroic defense of Pamplona, but he models his journey to Jerusalem on the chivalric tradition of the fictional Christian knight Amadís de Gaula (Chapter 2). In Loyola’s spiritual journey, the mortification of his body is presented in relation to overcoming diverse trials, temptations and illnesses (Donahue 211). This negation of the body is not limited to autobiographies. Western literature, mostly written by men with male protagonists, has a tendency to deny and suppress sickness and impairments as literary subjects (Couser, “Autopathography” 67–68). As Virginia Woolf affirms in

her 1926 essay “On Being Ill,” although common illnesses have the capacity to make us discover unknown areas of ourselves, literature has traditionally been mainly concerned with the life of the mind, and not the body.¹² By denying the body, Woolf says, writers have tried to attain mysticism and transcendentalism (317–318).

In contrast with first-person male narratives, the presence of corporeal vulnerability in Teresa de Ávila’s book—as in other religious women’s personal narratives—underscores the femininity of her experience. In effect, while men’s accounts create their social public identity through clothing and external signs and refer to achievements, physical resilience and transcendence, the two most important early modern Spanish autobiographies written by women, Teresa de Cartagena’s *Arboleda de los enfermos* [*Grove of the Infirm*] (c. 1481) and Teresa de Ávila’s *Libro de la vida* [*The Book of Her Life*] (1565), situate illnesses and pain at the center of their narration.¹³ In so doing, they rupture what Wendell calls the “cultural silence about pain, limitation, suffering, and dying,” and the belief “that we can control our bodies” (*Rejected* 109). Historically, female authors, relegated to private spheres and defined in connection to their bodies, reach wisdom by accepting their physical vulnerability and by exploring pain and illnesses as a way of knowledge. Einat Avrahami points out that the presence of bodily ailments in contemporary autobiographies of illness can be read as an “invasion of the real” that goes beyond the discursive construction and “underscores the changed body as a source of knowledge” (3–4). In *The Book of Her Life* Teresa projects the accepted social–political meaning of her *converso*, female and ill body, but she also breaks the usual expectations that the physicality of women makes them vulnerable to temptation by asserting her access to knowledge and spirituality through physical impairments. In her book Teresa creates her own discourse around a weak female body that reflects the passion of Christ and helps her to develop humility. The corporeal becomes an efficient medium to obtain divine illumination. Nonetheless, she cannot avoid traditional interpretations and often links feelings of well-being with God, and pain and melancholy with the devil. In her personal narrative Teresa constructs her case in interplay with cultural assumptions and social responses to bodies, but ultimately she is able to undermine traditional expectations and come to terms with her earlier doubts and fears.

Scientific interpretations of her illness, such as that offered by García-Albea, follow the medical model, since they concentrate on explaining a set of symptoms while ignoring both the author’s design of her lived body in her spiritual self-disclosure and the social implications of certain impairments. At the end of the nineteenth century

G. Hahn suggested that Teresa possibly suffered from hysteria, sparking a dispute between believers and scientists that did not exist before.¹⁴ This double positioning can also be observed in literary interpretations of Teresa's life story. Some critics praise the holiness and mental clarity of the saint, despite her physical sufferings; others avoid the issue of her body altogether. The fact is that sacred labels impose dogmatic interpretations and veil the lived experiences of a concrete historical person and her written version. Linguistic and philological analyses accomplish exactly the same results by concentrating on the disembodied discourse. In the study of Teresa's narrative it is important to consider how the writer presents her illnesses as a private experience that has tremendous social repercussions when made public, a fact that profoundly affects her personal development.

Approaching *The Book of Her Life* from the perspective of the writer's illness leads us to a phenomenological reading that underscores the role of the body in interpreting individual experiences in relation to the world around them. According to Acebes Jiménez: "subjectivity is corporeality, inter-subjectivity, historicity, expressivity" (55, my translation). Teresa perceives the world with her body and expresses her own definitions of her inter-subjective relation in her historical time. For Paterson and Hughes, the body is not a passive component in politics but "an agent that produces discourses as well as receiving them" (598). These scholars observe that pain and impairments make the body more aware of itself, but in an "alien and dysfunctional manner" (602), and that this experience is always "temporarily/spatially specific" (605). Forced from a young age to confront extreme physical illness and extraordinary occurrences, Teresa, while incorporating accepted hierarchical notions of the body, resists alienating judgmental reactions to her non-conforming embodiment.

In the forty chapters of *The Book of Her Life* Teresa's bodily impairments are thematically structured around the onset of the affliction and the subsequent development toward a resolution. As the autobiography advances, the discursive dialectic between the defense of her mystical experiences in relation to the progress of her afflictions and her self-doubt, produced mostly by social attacks, evolves from the original intention of keeping her physical occurrences private to the realization of the futility of attempting to suppress these somatic episodes out of obedience. The tension is resolved by an increasing confidence in herself, as she decides to continue her meditative practices and accept *mercedes* [graces], ultimately reaching a state of strong conviction and self-affirmation at the end of the book. Given Teresa's chaotic rhetorical style and redundancies, it is difficult to construct

a neat thematic organization; nonetheless, I can identify several key clusters in the nun's corporeal discourse: 1) the young and healthy Teresa (chapters I–III); 2) somatic and spiritual crisis (chapters IV–VI); 3) physical and spiritual consequences of embracing or rejecting silent prayer (chapters VII–X); 4) doctrinal exposition of the four degrees stages of prayer (chapters XI–XXII); 5) enumeration of visions, social persecution and fears, and the outcomes of her personal transformation, the reformation of the Carmelite order and the foundation of the convent of Saint Joseph (XXIII–XL).¹⁵

During her childhood and early adolescent years Teresa had a body unmarked by disease, much like the *tabula rasa* of her personal history lived under the shelter of her family. Nevertheless, through the figure of her mother she presents the bleak potential future of procreation and physical deterioration that she has avoided.¹⁶ Her physical troubles were first manifested when she was sixteen, a year and a half after entering the Augustinian convent of Santa María de Gracia, in Ávila, as a lay person in 1531: “Dióme una gran enfermedad que hube de tornar a casa de mi padre” [“He [the Lord] sent me a serious illness so that I had to return to my father’s house”] (III: 3). However, the immersion in the realm of her ailing body is connected in the text with making autonomous decisions about her future. Against her family’s wishes, she chooses to be a nun and enters the Carmelite Monastery of the Incarnation in Ávila, on November 2, 1535. At the age of twenty, the narrator reports that her illness, “unas calenturas, unos grandes desmayos” [“a high fever, great fainting spells”] (III: 7), appears at a time when she was gradually forgetting the “regalo y gala” [“self-indulgence and self-adornment”] (IV: 2) of her young life at home.

The aggravation of her illness (from 1537 to 1542) becomes a component of the crisis she experiences in relation to her decision to become a nun. She explicitly connects her frequent losses of consciousness, strong heart pains and other ailments, with her new environmental situation:¹⁷

The change in food and life-style did injury to my health; and although my happiness was great, this was not enough. My fainting spells began to increase, and I experienced such heart pains that this frightened any who witnessed them; and there were many other illnesses all together. And so I passed the first year with very poor health, although I don’t think I offended God much in that year. (IV: 14)

In *The Book of Her Life*, Teresa de Ávila interprets her involuntary terrible illness as a purifying process in her first steps of convent life. The

accepted belief in the period that the flesh is the origin of moral decay explains why some religious people found redemption through controlling the body with self-inflicted penitence and pain. This method was also a way of imitating Christ's passion.¹⁸ Women were particularly prone to accept and identify with pain, and they embraced the practice of disciplining their bodies as "one of their few avenues of self-expression and performativity" (Cohen, "The Expression" 212–213). The lives of Angela of Foligno and Catherine of Siena, published in Spain at the beginning of the sixteenth century, are archetypal examples of female spirituality centered in the body (Sarrión 89).¹⁹ In line with the extreme penance depicted in the lives of saintly women, as well as in the figure of Pedro de Alcántara, Teresa interprets her pain, paralysis, near-death incident and miraculous resurrection as positive experiences.²⁰ But her conceptions of physical suffering do not follow a single line of thinking in her autobiography. She accepts that pain can be a source of personal power and expression, especially through the identification with the Passion of Christ. She also includes the double biblical concepts of disease as both an external mysterious divine force that invades the body in order to test our humility and faith and as the effect of the devil. Even when Teresa embraces the spiritual advantages of physical pain (self-induced or naturally occurring), in some instances she considers that corporeal suffering can be an impediment to prayer (VI: 4, 5).

Overall, it seems clear that Teresa, by accepting her lack of control over her body and underlining its benefits, remarks from the beginning of her account on the traditional spiritual strength of pain and disability. She indicates that the suffering and illnesses endured during her youth were divine trials of her patience, a virtue necessary to gaining eternal life (III: 11; V: 2; VI: 2) that could be tolerated through inspirational models such as Job (V: 8). Physical afflictions helped her to develop new qualities and behavior and to obtain spiritual purification and cleansings for her wrongs (VI: 3–6). Her illnesses were safeguards to prevent her from committing mortal sins (VI: 4) and, through acceptance, a vehicle for obtaining true prayer: "And even in sickness itself and these other occasions the prayer is genuine when it comes from a soul that loves to offer the sickness up and accept what is happening and be conformed to it and to the other thousand things that happen" (VII: 12).²¹ Teresa shows that bodily fragility is an intrinsic aspect of human existence that can have beneficial spiritual consequences, but virtuous suffering can be a dangerous theology for the disabled, since it maintains passivity and resignation (Eiesland 72). Teresa embraces established values, but she redefines them to her advantage. Thus

while it is true that she is a passive receptor of graces, grace itself gives her the authority to confront the same conceptions that oppress her.

In effect, despite underlining the usual rewards of suffering, Teresa recognizes the limitations of lacking physical strength: “que servía mucho más a Dios con la salud” [“I would be able to serve God much better if I were in good health”] (VI: 5). She suggests that her readers not imitate the penitential excess of saints and that they reasonably care for the body without an unnecessary preoccupation with health and accept physical limitations as part of everyday life: “Since I am so sickly, I was always tied down without being worth anything until I determined to pay no attention to the body or to my health ... afterward when I wasn’t so cared for and pampered, I had much better health” (XIII: 7).²² Her ailments give her spiritual advantages, but they are also natural traits of human beings.²³ In this way she deflects the established connection of disease with evil, female passivity and submission.²⁴

In my reading, the turning point of Teresa’s autobiography is the incident described in chapter VI that has been unambiguously identified by later critics as the narration of an epileptic seizure, although many scholarly interpretations, following the conversion autobiographical model, mark chapter IX as the decisive moment of Teresa’s transformation and the beginning of her spiritual development.²⁵ This intense paroxysm occurs in the summer of 1539, when Teresa was twenty-four. The narrator blames the purgatives prescribed by a healer from the small village of Becedas to alleviate her *mal de corazón* (a heart condition now known to be epilepsy) for the near-death experience that left her body partially paralyzed for three years and from which she never fully recovered (VI: 2). She details the symptoms suffered during the four days of the onset of her illness:

my tongue, bitten to pieces; my throat unable to let even water pass down—from not having swallowed anything and from the great weakness that oppressed me; everything seeming to be disjointed; the greatest confusion in my head; all shriveled and drawn together in a ball. The results of the torments of those four days was that I was unable to stir, not an arm or a foot, neither hand nor head, unable to move as though I were dead; only one finger on my right hand it seems I was able to move. Since there was no way of touching me, because I was so bruised that I couldn’t endure it, they moved me about in a sheet, one of the nuns at one end and another at the other. (VI, 1)²⁶

The health crisis described here will change Teresa forever, not only because of the persistent life-long sequelae but also because this

condition becomes the backbone of her narrated *Life*. In fact, according to medical interpretations, her physical condition was possibly the trigger of her sacred visions, hearing voices, trances and other supernatural occurrences that form the basis of her knowledge and spiritual strength.

In effect, the detailed exposition of the episode—convulsions, loss of consciousness and a bitten tongue—resembles the symptomatology of an epileptic crisis. García-Albea suggests that the seizure was probably provoked by an unknown disease that would continue manifesting for the rest of her life,²⁷ concluding that the symptoms of the disease clearly correspond to an epileptic state (“La epilepsia” 881).²⁸ The epileptic crisis that Teresa suffers at twenty-four was an experience of intense suffering with lasting consequences. Later manifestations of her neurological condition appear connected with mystic visions and states of immense pleasure characteristic of ecstatic epilepsy. “Ecstatic epilepsy is defined as a temporal lobe seizure phenomenon of intense pleasure, joy, and contentment” (Morgan 413). Most medical scholars agree that Teresa suffered this unfamiliar type of epilepsy, called today ecstatic or Dostoevsky because it affected and was described by the Russian writer.²⁹ Cases of modern patients suffering this condition are very rare, even though they have been better identified in recent years.³⁰ Norwegian neurologists Hansen and Brodtkorb examined for the first time a group of eleven patients with ecstatic epilepsy using their clinical history, electroencephalogram and other brain-imaging technology and reported that ecstatic epilepsy is characterized by brief seizures that occur without warning. The scientists define the symptomatology of ecstatic seizures as “ictal sensations of intense pleasure, joy, and contentment” (667). The syndrome can also generate an obsessive personality, a grand sense of personal destiny, hypergraphia—and writing compulsion—and intense religious and philosophical interests. The majority of patients report that their sensations during the epileptic crisis, which includes seizures and visual, olfactory and oral hallucinations, do not have equivalents in regular human occurrences; therefore, it is very difficult to explain them in words. To describe their experience they use terms such as “an indescribably pleasant and joyous feeling,” “an intense happy feeling,” “pleasant, but not similar to ordinary joy. It is like an explosion,” “a delightful sensation of ‘inebriation and floating,’” a sense that the “mind leaves the body,” “a trance.” Five of the eleven patients had spiritual, religious and mystic experiences, illustrated with expressions such “telepathic contact with a divine power,” “an indescribable phenomenon,” hearing “the voice of God,” and “receiving deeper messages” and prophecies.

Hansen and Brodtkorb conclude that if religious experience is, like any other human experience, localized in our brain, “mystical and religious sensations are hypothesized to be evoked by transient, electrical micro-seizures within deep structures of the temporal lobe” (672).³¹ However, their assertion that “epilepsy may have influenced and formed our cultural and religious history to a degree that has not been fully acknowledged” (672–673) and that religious and mystical experiences have a biological origin has been controversial, as Begley has commented. In fact, debates about the source of supernatural phenomena were already present in early modern medical, religious and demonological discourses, which elucidate tripartite causal possibilities: divine, diabolical and natural. Pedro Ciruelo’s *Reproución de las supersticiones y hechizerías* (1501), Martín Castañega’s *Tratado de supersticiones y hechicerías* (1529), Francisco de Villava’s *Empresas espirituales y morales* (1613), Jerónimo Planes’s *Tratado del examen de revelaciones* (1634) and Hernando Camargo y Salgado’s *Luz clara de la noche oscura: Unico exemplar de confesores, y penitentes sobre la materia de revelaciones, y espíritu de profecía* (1650) are among the best-known examples of the debate.³²

Acknowledging that Teresa de Ávila suffered ecstatic epilepsy does not conflict with her active and long-lived practice of meditative prayer and ecstatic experiences as the result of Christian contemplative practices (D’Aquili and Newberg). She discovered these practices in her favorite books, such as Francisco de Osuna’s *Abecedario espiritual* (1527, 1530) and Bernardino de Laredo’s *Subida del Monte Sión* (1535), which introduced her to meditative prayer while growing up. Likewise, the description of the cluster of clinical symptoms does not explain the personal and social implications of having this illness in the period.

Teresa de Ávila lacked our present knowledge of partial lobe epilepsy, but she was aware of the stigmatizing nature of her somatic symptoms as well as the social implications of her raptures, visions, trances and mystical incidents. When her case was made public she reports the implications of experiencing the phenomena: “e iban a mí con mucho miedo a decirme que andaban los tiempos recios y que podría ser me levantasen algo y fuesen a los inquisidores” [“Some persons came to me with great fear to tell me we were in trouble and that it could happen that others might accuse me of something and report me to the Inquisition”] (XXXIII, 5).³³ Without a clear explanation for her condition, Teresa nevertheless elaborates a very intelligent and convincing interpretation of her psychosomatic experiences in *The Book of Her Life*. In her narration, rather than being a site of corruption and temptation, Teresa presents her lived body spontaneously receiving

graces and visits by God, as an important site of knowledge and as a vehicle for her fortitude and spiritual development. Texts that emphasize disability and chronic illnesses from the point of view of female writers are scarce, which is precisely why the autobiographies of Teresa de Cartagena and Teresa de Ávila are so exceptional. Cartagena, in her *Grove of the Infirm*, writes that after dealing with the physical and social struggles that her deafness created, she finally found consolation in an alternative way of living. Similarly, Teresa de Ávila describes her corporeal crisis and her more than three years recovering as a process that included acceptance and adjustment to her new condition. In present-day pathographies, subjects affected by drastic changes due to accidents or illnesses explore the process of adaptation and assimilation of their new physical, mental and social state while rejecting detrimental social labels. In contemporary disabled first-person narratives by women, “disability is reconceptualized as a constitutive but not diminishing feature of identity” (Mintz, *Unruly* 17).³⁴ Even though impairments are explained differently in different times and geographical contexts, Teresa shows a common human operation of endurance and tolerance of her new physical situation, as observed in her description of the severe health crisis that left her paralyzed:

The state of my weakness was indescribable, for I was then only bones. I may add that the above condition lasted for more than eight months. The paralysis, although it gradually got better, lasted almost three years. When I began to go about on hands and knees, I praised God. With great conformity to His will, I suffered all those years and—if not in these early sufferings—with great gladness. For it was all a trifle to me in comparison with the pains and torments suffered in the beginning. I was very conformed to the will of God, and I would have remained so even had He left me in this condition forever. (VI: 2)³⁵

In the same way that the narrator rhetorically parallels her physical paralysis with her interruption of spiritual activity, she connects the recovering of her vigor with the increase of her religious practices and meditations in a process of renewal.³⁶ In her decision to choose God as the ultimate healer, Teresa admits that there is no control over the body, and that life is contingent and vulnerable: “No sé cómo queremos vivir, pues es todo tan incierto” [“I don’t know why we desire to live since everything is so uncertain”] (VI, 9). Only God has the control and the power to heal, and Saint Joseph is the intercessor for her healing: “pues él hizo, como quien es, en hacer de manera que pudiese levantarme y andar y no andar tullida” [“for he [Saint Joseph] being

who he is brought it about that I could rise and walk and not be crippled”] (VI, 8).³⁷ When she places the responsibility for her maladies and recovery into supernatural hands, she eliminates personal blame and shame for sinful behavior, traditionally connected with illness.

The health crisis described in chapter VI spurred Teresa’s transformation (chapters VII–IX). Even though the young Teresa recovers from her grave physical calamity (1542–1543), illness continued to be part of her life through the present time of writing. In her autobiography she reports on her long-term physical condition, which includes frequent morning vomiting, bulimia, chronic pain, *mal de corazón*, strong tremors (*perlesía*) and fever.³⁸ At least two of the disorders, *mal de corazón*, a common name for epileptic symptoms, and *perlesía recia*, or focal motor convulsions, clearly refer to her neurological condition (García-Albea, “La epilepsia” 880, 881–82). Nausea and vomiting have also been related to temporal lobe epileptic episodes (Atran 8).³⁹

Paralleling the beginning of her chronic illnesses, Teresa starts experiencing her first visions, with the appearance of Christ and the enormous devilish toad (VII: 6, 8), in addition to other strange phenomena that involuntarily come to her during prayer. These spontaneous and joyous gifts, of divine origin according to the writer, not deserved and uncontrollable, produce perplexity and internal anguish in Teresa. Pain is expected from illness, not pleasure. Pain can be the consequence of personal faults and serve as purifying penitence, but spontaneous pleasure has an emptiness of moral meaning that deeply preoccupied Teresa at a personal level. Joyful feelings also provoked social suspicions in a period when women were persecuted for their uncontrolled concupiscence and as pleasure seekers.⁴⁰ In this context the safer and more plausible explanation was to insist that God sent such unprovoked pleasure, as well as pain.⁴¹

First-person disability narratives usually present an amalgam of individually experienced physical states, traditional somatic conceptualizations and social effects. In *The Book of Her Life*, Teresa, in addition to being confused about the source of her bewildering occurrences, explains that she feels alienated, persecuted and preoccupied with both the difficulties of sharing her unusual experiences and the adverse interpretation of others.⁴² It is clear that many of the remarkable occurrences Teresa describes—spontaneous visions or favors during solitary prayer, loss of consciousness, joyful sensations, the desire to repeat the experience, anxieties over a lack of logical explanation and fear of harmful social repercussions—are similar to those reported by patients suffering ecstatic epilepsy. These patients can voluntarily or involuntarily produce the ictal experience during states

of deep meditation and focused prayer and express a desire to repeat it (Carrazana and Cheng 153; Hansen and Brodtkorb). Modern-day clinical trials using brain-imaging technology (electroencephalogram, magnetic resonance imaging) on individuals with pathologies such as schizophrenia and epilepsy and on individuals who practice meditation and deep prayer show that in the moment of hallucination both groups experience an elevation of cerebral stimulus and an increase of blood circulation in the brain. The main difference is that the pathological group loses its connection with reality as well as a sense of self-determination in favor of supernatural will, while the group without the neurological condition maintain their volitional capacity (Atran 9–10). Just as in the incidents reported by the pathological groups, many of the visions that Teresa describes involve a loss of sensorial control and a complete surrender to divine power. In fact, the narrator explains that her inexplicable and involuntary loss of self-restraint and the frequent visits of the supernatural Other feel like an unprovoked invasion.⁴³ As Michel de Certeau suggests, this penetration of the Other, this exuberance of incontrollable experiences that overflows in writing and that confronts learned men's opinions and social constraints is precisely what creates the great tension in *The Book of Her Life* (*Mystic Fable* 192). The incursion of the male divinity alienates Teresa, but also places her in a passive situation that conforms to the expectations of her female role.

If Teresa's unexpected graces position her in a submissive situation, her agency consists in demonstrating that accepting the peculiar conditions of her body has had a positive transformative effect on her life. She has been selected by the grace of God, and she is not responsible for His favors, nor able to resist them. After humbly obeying the recommendation of authoritarian men to curb for a while certain activities that provoked the incidents, such as taking communion and practicing mental prayer, she concludes that the decision was erroneous and did not improve her spiritual well-being. In chapter VII she parallels corporeal recovery with spiritual failure. Her renewed mundane interests ("conversaciones y vanidades mundanas") that separated her from her secluded silent prayer produced inner anxieties that resulted in the horrific and diabolical vision of an enormous toad that she states she saw with her own eyes as a sign from God (VII: 160–161). In the transitional chapters VII and VIII, which precede the explanation of the mystic theology that follows, she explains the tension between her desire to act on her intuitive drives and the pressure to conform to outside expectations. Teresa describes the anguish she felt during the twenty years that she resisted the phenomena as a fight between

life and death, between spirituality and worldly matters: “que no vivía sino que peleaba con una sombra de muerte y no había quien me diese vida” [“I was not living but was struggling with a shadow of death, but I had no one to give me life”] (VIII: 12).⁴⁴ Ultimately, the narrator concludes that controlling the excesses caused by mental prayer was a futile and mistaken endeavor (XIX: 11). Acceptance of her particular way of being was the correct way.

The constructionist model (or social model) of disability denounces society’s application of labels and judgments to corporeal differences that provoke stigma and marginalization.⁴⁵ But in the sixteenth century women reporting extraordinary phenomena were in real danger. For lack of a better explanation, visionary women were accused and condemned of fraud, heresy or making pacts with the devil (Keitt; Sarrión). Teresa, while beautifully expounding that her particular somatic and spiritual experiences were personally positive, nonetheless needed to respond to the hazardous social suspicious that her supernatural episodes caused.⁴⁶ She strategically places her counter-arguments (chapters VII–VIII)—that in fact the guidance and advice she received from male experts were harmful—between the first occurrences of grace and the following chapters dedicated to explaining the doctrine of the four degrees of prayer. In my reading, the logic that Teresa develops appears as follows: eliminating the practice of meditation for reasons of obedience did not have any positive result; praying is a progressive process that leads to spiritual experiences reached by only very few people; the highest spiritual levels cannot be reached by personal will—these are reserved for the chosen; therefore, the mystic doctrine works for all those who practice it in the first levels—penitence, purification, recollection—but only the chosen attain union with God. The individuals selected are not necessarily highly trained subjects, and can include uneducated women that are not as intelligent and have less practice than experienced nuns and lettered males with theological knowledge. She, as an inferior woman that has been favored, has needed to learn profound humility in order to accept these facts. Teresa’s arguments are liberating. By insisting that the practice of meditative prayer is open to uncultivated chosen women, she effectively refuses to submit to the advice of the patriarchal establishment. Her assertion values her specific body and affectivity in spite of the constraints assigned to her sex.⁴⁷

Teresa’s affirmation that the highest mystical states cannot be willingly attained may be related to her spontaneous somatic syndrome. In the elaboration of the theological doctrine (chapters IX–XXII) she

combines the experience of her extensive meditation practices and her profound faith, plus an explanation of her visions and prophecies in the only way that could make sense in the period and that did not compromise her before her confessors and the Inquisition. As I have mentioned before, in the sixteenth century the accepted explanation for her ecstasy and trances was either a mad imagination or supernatural intervention (God or the devil). For Teresa, the elucidation of her variable ictal sensations and the residual effects could logically be related to God, when experiencing a feeling of well-being, or to the devil, when feeling pain and depression. In the chapters dedicated to developing the four degrees of prayer, Teresa de Ávila assumes traditional cultural and religious concepts and underlines the participation of her body as either a vehicle or an impediment to fulfilling the desires of the soul. Viewed from the approach I am proposing here, these doctrinal chapters, that have been considered an interruption of the self-narrative, become an integral part of the account of phenomenological corporal experiences.

Revisions of the social model of disability propose that in addition to understanding disability as a social construction we should take into account the importance of individual afflictions, as well as the victimization and violence of difference (Siebers 174). From the point of view of the mature Teresa, her chronic physical condition has helped her grow as a spiritual being and, although she feels chosen and special, she has not reached this self-assurance easily. The resistance of her confessors and learned advisers to accepting the sacredness of her gifts, as well as the suspicions of the Inquisition, had a disabling effect on this strong-willed woman.⁴⁸ She frequently shows in her autobiography that her intense anxieties, self-doubts and fears are consequences of the social judgment of her condition. This affirmation concurs with the term disability as defined in the social model of Disability Studies: not as body impairments or defects but as the negative reactions, exclusions and meanings that society applies to somatic difference and to certain sicknesses.⁴⁹ As much as she believes that the external perception of her phenomena is wrong, she still needs the support of respected men. Her decision to resume silent prayer, around 1556 or 1560, coincides with the manifestation of an unexpected impetus, visions and trances of various duration and intensity, which increase in number and complexity as the text progresses.⁵⁰ The practice of meditation is a medium that freely allows the eccentric somatic-spiritual occurrences. Teresa confirms the positive psychosomatic effects of these experiences (XVIII: 10; XVIII: 11 in the English translation). Through her body she accesses knowledge and develops

a profound spirituality that will form the basis of the mystic system in *The Book of Her Life*.⁵¹

In effect, the complex presentation of the four degrees of prayer is firmly grounded in both her private bodily experience and assumed concepts of somatic hierarchy and cultural religious icons. From chapter XI to XXIII there is a gradation of physical sensations, from the initial receiving of spontaneous and unmerited grace to the frequent episodes of ineffable joy that enrapture and unite her senses. As a result, the pillars of the mystic theology developed in the central, doctrinal chapters of the book are elaborated through her somatic experiences, the rhetoric of female weakness and the model of Christ's passion.

Teresa chooses the figure of the wounded Christ as an important image to validate bodily suffering and social violence. In chapter IX the emotionally charged scene in which the nun intensely feels the suffering of Christ shows the importance of the broken body in her understanding of spirituality: "It represented the much wounded Christ and was very devotional so that beholding it I was utterly distressed in seeing Him that way ... my heart broke ... I threw myself down before Him with the greatest outpouring of tears" (IX: 1).⁵² The representation of Christ's pain, anguish and loneliness functions better for her devotional practices than intellectual understanding (IX: 4). The specific meditation on the wounded Christ expressed in this chapter becomes a system for accessing spiritual healing. It also supports her decision to freely accept her physical feelings and chronic pain: "fui mijorando mucho desde entonces" ["from that time I went on improving"] (IX: 3). Teresa, through the sensorial, direct and emotional perception of the suffering Christ, finds a valid alternative for conceptualizing spirituality through the body and for authorizing her own suffering. Christ's afflictions reflected in her own become the source of strength for her female vulnerability. The model of a fatigued, damaged and persecuted human Christ (XX: 6) helps her to humbly accept her own problems: "¿Quién ve a el Señor cubierto de llagas y afligido con persecuciones que no las abrace y las ame y las desee?" ["Who is it that sees the Lord covered with wounds and afflicted with persecutions who will not embrace them, love them, and desire them?"] (XXVI: 5). The narrator reminds her readers that meditating on the vulnerability of the body had also helped other great "contemplatives," as, for example, in the case of St. Francis' stigmata (XXII: 7). A final reason is that the incarnated God shares somatic experiences with humans: "se ha de buscar al Criador por las criaturas" ["the Creator must be sought through creatures"] (XXII: 8); "nosotros no

somos ángeles, sino tenemos cuerpo” [“we are not angels, but we have a body”] (XXII: 10). The exemplary divine suffering flesh redeems the degraded feminine corporality.

As with her use of Christ’s suffering, Teresa’s insistence on situating her vulnerable body at the center of her meditative practices follows an established tradition in late medieval female mysticism. Caroline Walker Bynum, Maureen Flynn, Giles Milhaven and Adelina Sarrión, among others, have underscored the importance of bodily pain for medieval and early modern holy women. “Physical pain runs through much of the rapture and devotion of the women” (Milhaven 364) and it is through identification with the other in pain that a person can know others. The pain of Christ endows shared human misery with salvific significance (Bynum, “The Body” 412). The hagiographies of archetypal holy women, such as Angela of Foligno and Catherine of Siena, demonstrate the emphasis on interior visions of a crucified Christ and on bodily mortifications (Sarrión). For Spanish mystics, pain—natural or induced—has a purifying function; it blocks thoughts and emotions and aids the concentration on the image of divinity (Flynn 274–275). According to these scholars, the female mystical experience was intensely physical, countering the claims of orthodox Christian practice and the belief that “union must be nonbodily, spiritual” (Milhaven 348).

For Nancy Eiesland, Jesus on the cross may be conceptualized as a disabled God (98). And, indeed, while Teresa embraces the fundamental model of the suffering Christ, the role of her own body in the exposition of her doctrine is much more complex. On the one hand, as I have indicated, she conceptualizes pain, disability and chronic body conditions using traditional narrative motifs: they are divine trials of penance in order to gain eternal life, a spiritual purge of faults, safeguards to prevent mortal sins and a means for obtaining true prayer.⁵³ But she also connects suffering and anxiety with the devil. Occasionally, Teresa wishes she was healthier (VI: 6) to serve God better: “faltar fuerzas corporales para hacer algo por Él. Es una pena bien grande” [“lacking bodily strength to do something for Him. It is truly a great suffering”] (XXX: 20). Even though the narrator advises accepting pain as an ordinary occurrence, and even though it is through her body’s sensations that she reaches higher levels of transcendental insight, ultimately a great portion of the discourse of physical suffering in *The Book of Her Life* is also connected with trials, evil and the purgation of sin. As a final point, it seems that, since Teresa has reached such states of completeness and ineffable pleasure through her body, the descent from those states of grace to

the mediocrity of everyday life is at times intolerable. Contemporary studies of cases of individuals with ecstatic epilepsy report the same obsessive desire to repeat the blessed occurrence.

A publicly distributed spiritual guideline—the mystic doctrine—involving frequent ecstatic experiences, visions and theological knowledge had dangerous consequences for a woman in sixteenth-century Spain who was expected to be silent. In the chapter preceding her expounding of mystic doctrine, Teresa, cautious about what she is going to present, defends herself using the rhetoric of self-effacement and passivity, emphasizing that she is acting only out of obedience and following divine inspiration.

One of the strategies that Teresa develops from chapters XI to XXI to explain her mystic doctrine is the allegory of the garden and the four “waters” of prayer.⁵⁴ Although this tropological language creates a more impersonal tone, these chapters also illustrate how mystic doctrine is heavily supported in material reality. For instance, in the first stage of spirituality Teresa advises worshippers of the need to prepare the body in order to endure torments and temptations, to avoid forcing it when falling ill and to accommodate the desires of the soul to the common somatic sufferings of humans. According to her own experience, in order to serve God better it is necessary to respect the body’s limitations and take care of it by including pleasant activities in daily routines.⁵⁵

Bodily affliction is placed on a par with the soul’s tribulation in the initial stage of the mystic doctrine. The intrinsic miseries of our carnal being brings the praying person closer to the trials of Christ; therefore, meditation on His passion is an effective method to attain recollection (XII). Although there are proven methods that help with progressing in this stage, Teresa insists on the impossibility of attaining spiritual flights willfully (XII: 5) and underscores the vague source of these flights, specifically for women, who are more susceptible to the devil’s intervention.⁵⁶ The passion of Christ, somatic care, acceptance of unpredictable bodily events and spontaneous graces are recurrent topics that support the first degree of prayer in chapters XII and XIII.

If in the first phase of the mystic path the condition of the body is an important component to achieve effective meditation, the emphasis in the second degree, or quiet prayer, developed in chapters XIV and XV, focuses on the senses.⁵⁷ The gathering of such senses is a common phenomenon in diverse meditative practices (Newberg *et al.*).⁵⁸ The meaning of these capabilities in Teresa’s time includes both the “sensory faculties” *las potencias sensitivas*, or the powers of

sight, hearing, touch, taste and smell, and the rational faculties, *las potencias espirituales*, of memory, understanding and will. Therefore, the several spiritual and sensory faculties are intimately linked together in numerous ways (Trueman Dicken 329–332; 334–336). The suspension of the senses in the accepted theological concepts of raptures involves somatic occurrences similar to those described in epileptic crises, when patients lose control of their senses and have bizarre experiences.

The role of the body is emphasized in the third degree of prayer (chapters XVI–XVII) through the increasing feeling of pleasure and the after-effect of progressive alienation from daily routine. Teresa describes this joy with exuberant language: “El gusto y suavidad y deleite es más sin comparación que lo pasado” [“The consolation, the sweetness, and the delight are incomparably greater than that experienced in the previous prayer”] (XVI: 1) and a type of enrapture during which all her senses are nearly united in “un desasosiego sabroso” [“a delightful disquiet”] (XVI: 3). To convey the thrill of the experience, in which the body participates, she uses the paradoxes and oxymorons typical of mystical discourse: “sabrosa pena” [“delightful a distress”] (XVI: 4). But, most of all, she chooses the terminology of bodily disintegration and pain to communicate the uncommon events: “Todo su cuerpo y alma querría se despedazase para mostrar el gozo que con esta pena siente” [“She desired all her body and soul to break in pieces to demonstrate the joy she felt in this pain”] (XVI: 4). In fact, Teresa calls this experience another kind of disease that both alienates and frees her from the customary constraints of living: “Querría ya esta alma verse libre: el comer la mata, el dormir la congoja ... que parece vive contra natura” [“This soul would now want to see itself free –eating kills it; sleeping distresses it ... it seems that its life is unnatural”] (XVI: 4).⁵⁹ In the third degree of prayer the body fully participates not only in superior uncommon pleasures—“Aquel gozo y deleite participa de el cuerpo” [“the body very perceivably shares in that joy and delight”] (XVII: 8)]—but also in somatic afflictions and vulnerabilities that become an essential lexicon in the discourse of mystic doctrine.

The presence of the body paradoxically augments in the elaboration of the highest spiritual level of prayer (XVIII–XXI). Confessing that she is unable to explain the union of all faculties abstractly, as experts in mystical theology would do, Teresa offers a remarkably detailed testimony of somatic manifestations.⁶⁰ Union is described metaphorically as heavenly abundant water that “soaks and saturates” the garden (XVIII: 8; 9 in the English translation), but physical ecstasy is an event that comes unexpectedly, and is perceived as a fainting fit, a

weakening of the body senses, while feeling an immense pleasure. This description is similar to symptoms that patients with ecstatic epilepsy have reported: the onset of unexpected and uncontrollable feelings of plenitude and happiness, and a desire to continue and repeat the experience, as is the case of Dostoevsky's character Prince Myshkin in *The Idiot* (García-Albea, "La epilepsia" 879). A representative description of ecstasy in *The Book* follows:

While the soul is seeking God in this way, it feels with the most marvelous and gentlest delight that everything is almost fading away through a kind of swoon in which breathing and all the bodily energies gradually fail ... one cannot even stir the hands without a lot of effort. The eyes close without one's wanting them to close; or if these persons keep them open, they see hardly anything—nor do they read or succeed in pronouncing a letter, nor can they hardly even guess what the letter is ... They hear but don't understand what they hear ... In vain do they try to speak because they don't succeed in forming a word, nor if they do succeed is there the strength left to be able to pronounce it. All the external energy is lost, and that of the soul is increased so that it might better enjoy its glory. The exterior delight that is felt is great and very distinct. (XVIII: 10)⁶¹

The brief suspension of all faculties explained by Teresa in the above paragraph is a common phenomenon found in both the mystical tradition and in pathological histories. The peculiar sensorial lapsing and the difficulty of movement are usually the conditions for hallucinations (García-Albea, "La epilepsia" 882). Teresa insists in her defense that these brief trances do not hurt her physically, and that even when she was ill she always felt better after the experience (XVIII: 10; 11 English);⁶² such flights also benefited her soul (XIX: 1, 2). Still she cannot avoid the mixed social responses: "comenzó la mormuración y persecución de golpe" ["suddenly the criticism and persecution began"] (XIX: 8).⁶³ Aware that the episodes are not self-provoked incidents, the narrator feels baffled about the origin of the whole phenomenon—"¡que no se puede entender, cuanto más decir!" ["it cannot be understood—much less put into words"] (XVIII: 13; 14 English)—and expresses her doubts about the source of her hallucinations. In spite of openly acknowledging her difficulties in grasping the nature of these events, Teresa asserts her belief that they are real divine communications.⁶⁴ Doubts and convictions, pain and pleasure, body and spirit, social persecution and strong personal vindication are the fabric of the composition of Teresa's doctrine.

In the final chapters of the exposition of the mystical theology Teresa makes sense of this extraordinary phenomena by carefully differentiating the nuances of specific manifestations. As a result, her doctrine becomes at the same time an account of a clinical history (García-Albea, “La epilepsia” 879). Teresa first distinguishes between unions that take place in the interiority of the soul, and rapture, flight or ecstasy that produces “efectos muy mayores ... y otras hartas operaciones” [“much stronger effects and causes many other phenomena”] (XX: 1). In addition, she discriminates between ordinary raptures or trances and higher flights, but the usual disordered organization of the events does not leave the distinction so clear. Raptures cause a pleasurable loss of consciousness and feel like a powerful gripping force that cannot be resisted (XX: 3),⁶⁵ even when Teresa is aware they are coming—another typical occurrence in epileptic episodes called the aura before the crisis (XX: 5). The unexpected incidents can take place in any private or public situation and produce fears at the beginning, mostly due to the lack of control over seizures so strong at times that her body feels elevated from the ground (XX: 7). Raptures produce physical feelings of separation, a “desasimiento extraño” [“rare detachment”] (XX: 8) from everything.⁶⁶ The narrator uses an oxymoron to explain the bizarre experience in which the body feels an indescribable deep pain and desolation to the point of fainting while paradoxically enjoying extreme pleasure (XX: 9, 11).⁶⁷ The highest flights generate an agonizing suspension of the senses (XX: 11), a longing for death and a desire to spend the rest of her life in that pleasurable agony (XX: 12).⁶⁸ The physical effects of ecstatic episodes, pain and lack of movement are externally visible to other nuns and continue one to three days after the occurrence (XX: 12, 21).⁶⁹ Extreme pain feels like dying of suffocation, a sensation similar to the situations Teresa experienced when she was gravely ill (XX: 14).⁷⁰ She envisions herself as a divided being, in which body and soul feel differently (XX: 15).⁷¹ The intense pain in these ecstatic experiences serves to purify and purge the soul, a kind of purgatory before death (XX: 16). Some of the somatic effects during and after her frequent trances, such as feeling disturbed or unable to move, are usual symptoms of epileptic individuals (XX: 18).⁷²

The detailed description of health issues and neurological disorders found in the most doctrinal chapters of the autobiography shows that Teresa makes sense of her somatic condition by connecting and interpreting it within the Christian tradition of mystical practices. Silent prayer induces ecstatic episodes, and raptures substantiate her mystic doctrine. Teresa’s dedication to traditional meditative practices enlightens and supports her situation. She creates a brilliant discourse

in which the corporeal, the cultural and the individual action inform and fashion each other. As Carrazana and Cheng observe, “ecstatic seizures have a transcendental significance to the patient” (154).⁷³

These somatic/spiritual experiences profoundly change Teresa’s personality. She feels stronger, detached from the ordinary daily routine and more interested in serving God. She acquires a different vision of worldly matters to the point of subverting the very foundations of the social system in Spain, as her observations on honor suggests: “el engaño que traía de creer que era honra lo que el mundo llama honra; ve que es grandísima mentira y que todos andamos en ella” [“I see how this belief about honor is the greatest lie and that all of us are involved in it”] (XX: 26). Ecstasy and raptures make her aware of an alternative order where wealth and honor are not important (XX: 27). In the concluding discussions on the last degree of prayer, Teresa emphasizes her transformation. After experiencing a level of higher truth, she feels stronger (“Mucho me atrevo” “I am becoming very bold” [XXI: 4]) but alienated, “no hay quien viva en tanto tráfago” [“it isn’t possible anymore to live in the midst of such [worldly] intrigues”] (XXI: 1); she has difficulties dealing with regular people and accepted values (XXI: 6, 11) and is more aware of life’s miseries “el cativerio que traemos con los cuerpos” [“the captivity we endure because of our bodies”] (XXI: 6). The feeling of being displaced—“siento tanto verme en este destierro” [“If someone like myself ... often feels so strongly the fact of my exile”]—arouses in her the wish to live in the company of people dedicated to the “camino de perfección” [“way of perfection,”] (XXI: 7). Raptures have granted her more wisdom without personal efforts or merits (XXI: 8–9), and have made the evil in her disappear (XXI: 10). Ultimately, she considers herself enlightened as the recipient of Divine revelations and truth (XXI: 11, 12).⁷⁴ In the development of the mystical doctrine, Teresa has clearly connected the corporeal, mental and spiritual states. If we assume that many of her raptures were epileptic attacks, as a detailed examination of this syndrome clearly suggests, it is also evident that these are not the only possible explanation for experiencing intense moments of self-transcendence, an occurrence reported by many individuals in different times and locations and reached by diverse methods. Teresa de Ávila’s experience of God is the result of an inextricable combination of somatic conditions, religious beliefs and personal dedication to spiritual practices.

The central chapters introduce the transformation of chaotic personal experiences into a systemic mystic doctrine that transcends individual insights and presents Teresa’s acquired spiritual knowledge as the result of a life of physical suffering and dedication to prayer

and personal perfection. From this highest point of expertise, in the following chapters the narrator reviews the particular process that took her to such a level of inner development: numerous complex hallucinations, accompanied by profound fears, anxieties and self-doubts. The reading of this section from the point of view of disability theory assumes the twofold phenomena felt by disabled people: the individual internalization of external stigma (hell, depression) and the particular struggles to assert private experiences of the body.

In chapter XXIII Teresa affirms that she will continue narrating the discourse of her life, interrupted by the explanation of the four degrees of praying, but her account will be from a point of transformation: “Es otro libro nuevo de aquí adelante, digo otra vida nueva” [“This is another, new book from here on—I mean another, new life”] (XXIII: 1); and yet, in spite of this positive affirmation, the chapter centers on her sensation of angst produced by the fears and doubts in relation to her experience of union.⁷⁵ The exposition of the neurological crises she suffered from 1560 to 1562 (chapters XXV–XXXIII) presents a progression in the frequency, strength and intricacy of visions.⁷⁶ The types of somatic feeling also vary, from the highest transcendence and pleasure, as in the case of the very well-known account of the transverberation—a spiritual wounding of the heart, or the act of being pierced through the heart—(chapter XXIX), to the experience of descending into Hell (chapter XXXII). Between these extremes of pleasure and horror, Teresa describes an assortment of hallucinatory episodes that include hearing prophetic voices, seeing known dead people in purgatory, performing miracles and smelling the scents left by individuals in her visions. The narrator also expresses deep personal and social concerns about the implications of the extraordinary events. At times she feels more disturbed by external consequences than by her own doubts and psychosomatic suffering, in an ongoing struggle in which she finds comfort in divine voices and visions as well as in the support of sympathetic people and religious texts. God, Christ and the saints are behind her personal case. Nonetheless, ultimately, living with frequent epileptic episodes with visible somatic effects proved in the end to be an unbearable situation. Teresa’s decision to reform the Carmelite order and to found new convents may have partly originated in her need to create alternative spaces and lifestyles.

Disability theory highlights the phenomenon of the internalization of social stigma and judgment (Goffman’s *Stigma*), which in Teresa’s case results in both accepting and rejecting her predicament, despite the emotional strife that ensued. Her epileptic crises were linked more to suspicious unorthodox ways of devotion at the beginning of the

sixteenth century than with the form of epilepsy known as the “sacred disease,” historically associated with demonic possession and cured by exorcism (García-Albea, *Praelectiones* 102). In Teresa’s time religious movements such as the Illuminati and the Recollects, as well as the raptures and stigmata reported by numerous religious laywomen (*beatas*), created a climate of mistrust and persecution (Perry, *Gender* 97–105; Sarrión 44–46; Weber, “Between” 222).⁷⁷ In this climate, Teresa confronts the idea that women, given their weakness and imperfection, are more susceptible to the action of the devil, a fact that some respectful citizens of Ávila, such as the Jesuit Gaspar de Daza and Francisco de Salcedo, corroborated in relation to her unexpected and grace-filled favors.⁷⁸ Teresa accepts the established opinion that associates epilepsy, melancholy and other disorders of the mind with the corporeal limitation of women and with dark supernatural forces, but she, nevertheless, reiterates that her occasional bouts of depression and the physiological side-effects of her neurological crises are just part of her specific life circumstances.

In early modern Europe melancholy was considered an emotional condition with medical, ethical and spiritual connotations that took an important place in religious, moral–philosophic and political treatises on the soul passions (Gowland 84). This illness was conceived as a disorder of the imagination (*prava imaginatio*), with occult powers that produced strange symptoms such as hallucinations and false fantasies, and was associated with a certain kind of conduct and emotional experiences typical of women (Gowland 90–92, 99). For Huarte de San Juan, the illness was the result of an imbalance of humors, “which provided a prime target for demonic deception, ... an excess of the melancholy humor was considered especially dangerous” (Keitt 148).⁷⁹

Teresa de Ávila’s depression seems to be provoked not only by somatic factors but also by her worries about the origin and effects of her divine favors.⁸⁰ She is aware of the severe consequences for other women who were publicly accused of the devil’s influence when claiming supernatural incidents.⁸¹ She is also aware that the threat comes more from authoritative men than from the devil itself⁸²—hence, the vital need to convince others, and herself, of the divine origin of her visions becomes the central mission in her apology. In this cluster of chapters she creates her defense by meticulously examining the nature of the diverse supernatural incidents, their particular impact in her body and their social significance.

Teresa dates her first trance in 1560, but the organization of the material does not follow a chronological order. Extreme pleasure and well-being are placed at the center of her mystical graces, even though

anguish, pain, depression and confusion are also integral parts of her hallucinatory incidents. In her autobiography her body becomes not only the recipient of the divine or demoniac Other, as de Certeau points out (*Mystic Fable* 198–199), but the body itself—the recipient—turns into an Other, whose pains and pleasures need to be interpreted, vindicated and absolved. Teresa develops techniques to show that her corporeal being is intimately implicated in the development of her spirituality in a constructive way.

The Book of Her Life is a testimony of the disabling of women in the period, since neurological impairments, paranormal phenomena and extreme religious feelings were connected with female somatic weakness. Teresa testifies that her confessors and other lettered men persecuted and mocked her, and accused her of having demonic influence: “Todos eran contra mí: unos me parecían burlaban de mí cuando de ello trataba, como que se me antojaba; otros avisaban al confesor que se guardase de mí; otros decían que era claro demonio” [“They were all against me; some, it seemed, made fun of me when I spoke of the matter, as they thought I was inventing it; others advised my confessor to be careful of me; others said that my experience was clearly from the devil”] (XXV: 15). Lacking medical knowledge, Teresa writes an intelligently crafted apology to resist the accusations of having demoniac experiences and a lack of humility.⁸³ The sequence of her arguments is: first, the episodes leave behind a sensation of well-being; second, the content of her visions and sacred expressions concurs with the Sacred Scriptures and with Church dogma; third, she has the support of God and some expert men; and, finally, she found precedents in respected religious books.

Teresa reiterates these arguments when discerning the source of the divine communications and prophecies received in auditory hallucinations, or mystic speech (XXV–XXVI), and concludes that they are not imaginatively fabricated because the meaning of the messages is superior to her own intellectual capabilities. For example, in regards to locutions, Teresa reasons they come from God because of their prophetic nature (XXV: 2, 7), their transformative effect (XXV: 13) and the fact that they conform to the teaching of the Church (XXV: 13). The nun blames the Devil for the fears felt after some episodes of hearing voices (XXV: 13, 16). She also defends herself from the accusation of a lack of humility when she dares, as a woman, to show her acquired mystic knowledge (“hablas místicas”).⁸⁴ Ultimately, she backs her written confession with her commitment to embrace a life of virtue and meditation that will correspond to the supernatural gifts, and with the support from people such as her young confessor Diego

de Cetina, Francisco de Borja and Guiomar de Ulloa (XXIV), and the authority of religious books such as the *Ascent of the Mount* [*Subida del Monte Sión*] by Bernardino de Laredo (XXIII: 12). Above all, her major encouragement comes from the divine Voice that consoles and places her in a superior position to combat all kinds of devil, including her human persecutors.

Individuals suffering ecstatic epilepsy attacks report having both highly enjoyable and some unpleasant experiences. Even when the crisis is pleasurable, it usually leaves them in a state of disengagement and mental confusion, as Teresa de Ávila often testifies. These sets of symptoms are correlated in the text with a battle between divine and diabolical forces. In the construction of her book Teresa prioritizes ecstasies and agreeable favors by placing them in the most doctrinal chapters (XI–XXII) and in chapters XXV–XXIX, XXXVIII–XXXIX, while the description of horrible visions, connected with severe anxieties and physical suffering, appears after the presentation of the most sublime events (XXX–XXXIII).⁸⁵ Given the delicate subject of diabolical intervention, in addition to the strategic placement of the occurrences, Teresa uses the rhetorical technique of converting these unpleasant visions into illuminating experiences.

The supernatural phenomena reported by *beatas* and religious subjects were conventionally explained in the period as being originated in either God or the devil or being invented—i.e., self-delusion (Keitt 141).⁸⁶ It is not until the late seventeenth century that the Inquisition, religious authorities and other discourses began accommodating natural explanations. Already in 1631 Ponce de Santa Cruz defended the natural origin of the condition (García-Albea, *Praelectiones* 104).

From 1561 to 1565 Teresa de Ávila elaborates her discourse around the traditional multi-explanation pattern.⁸⁷ As she has done with respect to auditory hallucinations, she utilizes similar arguments to explain her ecstatic visions. She consistently differentiates the source of the apparitions according to their content and the mental and corporeal effect that they produce (XXVIII: 11). Sacred visions coincide with proclamations of the Holy Scriptures and the Church, and include iconic saints and recognized saintly figures of her time (XXV: 12, 13). They generate abandonment, pleasure, enlightenment and spiritual and body improvement: “Acá no se puede encarecer la riqueza que queda: aun al cuerpo da salud y queda conortado” [“One cannot exaggerate the richness that the true vision leaves; it even gives health to the body and leaves it comforted”] (XXVIII: 11). On the other hand, corporeal pains, anxieties, resistance and mental obfuscation

accompany the evil visions, which include demons and people officially condemned. Her visual hallucinations, therefore, observe the enforced orthodoxy and maintain the traditional link of pain and illness with the demoniac and moral failings. Her respect for convention is both a rhetorical stratagem and a manifestation of her culturally understood condition. In fact, contemporary clinical studies confirm that the individual hallucinations of epileptics respond to personal lived experiences and beliefs, since the attacks occur in the cognitive, affective and memory areas of the brain (Carrazana and Cheng 154).

In these final chapters, the number of supernatural events that assaulted Teresa between 1558–1562 creates a kind of textual turmoil that reflects her somatic exuberance.⁸⁸ Against a background of physical pain, psychological instabilities, lack of control, private hesitation and feelings of disintegration and social persecution, the frequent visions occur suddenly and publicly; they also leave noticeable corporal and psychological effects. Teresa describes these states with words such as feeling “*alma y cuerpo del todo inútil y pesado ... [siento] un desgusto de todo*” [“the body and the soul feel completely useless and weighed down ... [I feel] a displeasure, without understanding why”] (XXX: 15); at other times she reveals that her “*entendimiento está tan perdido, que no parece sino un loco furioso, que nadie lo puede atar*” [“intellect is so wild that it doesn’t seem to be anything else than a frantic madman no one can tie down”] (XXX: 16).⁸⁹ The presence of pleasurable experiences alongside horrific ones reveals the complexities of Teresa’s testimony and the interrelation of somatic states, personal emotions and social constraints.

Of all the ecstatic episodes selected, the best known is the transverberation that Teresa experienced in 1562, as described in chapter XXIX.⁹⁰ The context of the incident is an increase of visual hallucinations that includes seeing the resurrected Christ, the apparition from the left side of Saint Peter and Saint Paul, and the transformation of a wooden cross into a precious stone one. The narrator remarks that these visions differ from others triggered by meditation because they feel like an assault that provokes enormous pleasure and intensifies her desire to repeat it: “an arrow is thrust into the deepest and most living recesses of the heart in such a way that the soul doesn’t know what has happened or what it wants Yet this pain is so delightful that there is no other pleasure in life that gives greater happiness. The soul will always want, as I said, to be dying of this sickness” (XXIX: 10).⁹¹ The physical effects of these impetuses during and after the occurrence are very intense; Teresa feels dazed and unable to move.⁹² The extreme pleasure is best epitomized in her frequent vision of

the beautiful cherub angel that appears on her left side. Given its historical and artistic transcendence, this incident demands further examination:

I saw in his hands a large golden dart and at the end of the iron tip there appeared to be a little fire. It seems to me this angel plunged the dart several times into my heart and that it reached deep within me. When he drew it out, I thought he was carrying off with him the deepest part of me; and he left me all in fire with great love of God. The pain was so great that it made me moan, and the sweetness this greatest pain caused me was so superabundant that there is no desire capable of taking it away; nor is the soul content with less than God. The pain is not bodily but spiritual, although the body doesn't fail to share in some of it, and even a great deal. (XXIX: 13)⁹³

Critics have studied the sexual symbolism of this vision, which inspired Gian Lorenzo Bernini's sculpture "The Ecstasy of Saint Teresa" (1647–1652), including Jacques Lacan in his explanation of *jouissance*.⁹⁴ For the sake of our argument, the vision is also a perfect example of a partial epilepsy attack that produces extreme pleasure. In a 2011 publication the neurologists Enrique Carrazana and Jocelyn Cheng report a clinical case of a patient with religious ecstatic epilepsy having a complex partial seizure analogous to the vision of "the golden dart" of Teresa.⁹⁵ The researchers explain that the sporadic brief seizures of this individual "have a special religious significance" and that he was aware that the attack was coming when "a bright, beautiful," and expanding light appeared over his left side, together with a feeling of calm, peace and trust (152). The patient reported the transportation of his soul into a bright light that formed a tunnel at the end of which he saw an angelic figure and recollected "a bolt of light" ("like a spear of fire") being thrown at his chest, which results in a sensation that "is not pain, but unconditional love that I feel ... God loves me." After comparing the remarkable similarities of this description to the "cherub vision," the authors of this study conclude that Teresa's mystical visions were caused by right temporal lobe epilepsy (154).

If Teresa's body causes and participates in her uplifting ecstasies, it also plunges her into the depths of despair with her visions of evil. These diabolical experiences are clearly connected in her book with her maladies, self-doubts and public persecutions (XXX: 8), but Teresa also blames her restlessness and afflictions on satanic work (XXX: 9, 10). During these states, which last anywhere from one day to more than three weeks, she lacks self-control, is unable to concentrate—to gather

her senses—and is irritable. She calls this unbearable torment “un poco de traslado del infierno” [“a kind of copy of hell”] (XXX: 12). Much of what Teresa describes as temptation, in which stereotypical devils intervene (XXXI: 6), fits the symptoms of regular epileptic seizures: terrible pains, intolerable torment and restlessness, a sensation of being beaten and a feeling of fatigue after the attack (XXXI: 3, 5).⁹⁶

Demonic hallucinations are also a graphic way of representing the anxieties produced by the difficulties Teresa encounters for being different. The topic of social oppression is prevalent in these chapters and even becomes part of her fearsome visions. Persecution augments her inner doubts: “parecíame que a todos los tenía engañados” [“it seems to me I was deceiving everyone”] (XXXI: 16) and produces a desire to escape her environment and to have a more anonymous life. This longing is expressed on several occasions. For example, in chapter XXXI, when Teresa felt embarrassed after her case became public, she was tempted to leave her convent: “que me quería ir de este lugar ... [y] estar adonde no me conocieran” [“I wanted to leave that place ... [and] to be some place where they wouldn’t know me”] (XXXI: 13). Acceptance of her oppressive situation (XXXI: 16) and detachment from people and social values are her ultimate solution (XXXI: 19).⁹⁷

The paradigmatic diabolical vision inserted in chapter XXXII, where Teresa describes her descent into hell, around August 1560, needs to be read in the climate of her frequent somatic crises and psychological fears. These brief episodes tend to occur suddenly during meditation: “estando un día en oración, me hallé en un punto toda, sin saber cómo, que me parecía estar metida en el infierno” [“while I was in prayer one day, I suddenly found that without knowing how, I had seemingly been put in hell”] (XXXII: 1). The visit to the infernal domain has multifarious layers of meaning: a manifestation of the inner horror of the subconscious, a projection of her present anguishes and traditional representations of the place. Here is her description:

The entrance it seems to me was similar to a very long and narrow alleyway, like an oven, low and dark and confined; the floor seemed to me to consist of dirty, muddy water emitting a foul stench and swarming with putrid vermin. At the end of the alleyway a hole that looked like a small cupboard was hollowed out in the wall; there I found I was placed in a cramped condition. All of this was delightful to see in comparison with what I felt there Being in such an unwholesome place, so unable to hope for any consolation, I found it impossible to either sit down or to lie down, nor was there any room, even though they put me in this kind of hole made in the wall. Those walls, which

were terrifying to see, closed in on themselves and suffocated everything. There was no light, but all was enveloped in darkness. I don't understand how this could be, that everything painful to see was visible. (XXXII: 1, 3)⁹⁸

The infernal trip resembles a mental–psychological regression to a revolting uterus. The features of this narrow place, together with its foul odor, dirtiness, humidity and darkness, are reminiscent of the popular descriptions of the womb found in medical and literary discourses, as I explained in the first chapter, and traditional religious iconographies of hell. The hell-womb (woman) is the origin of sin and human shame (Sarrión). Hell is the place reserved for sinners that God has allowed Teresa to visit (XXXII: 1). It is also the place encountered by people with partial epilepsy attacks. In her autobiography, Karen Armstrong describes an incident of sheer terror caused by an epileptic seizure that included strange smells, visual aura, nausea and fainting. The concrete episode occurred unexpectedly late one night while she was studying alone in her Oxford room. The seizure produced the usual olfactory, visual, aural and throbbing sensations, in addition to extreme terror.⁹⁹ As did Teresa de Ávila, Armstrong found it very difficult to express these experiences in everyday language because they escaped the logic of grammar and were better expressed poetically. She finds the location of this horror in “the underbelly of consciousness that lurks in the basement of all our minds” (55) and recognizes that visions of these kinds can have a profound and everlasting impact (56). Descriptions of hellish-womb milieus appear in other works, such as Mateo Alemán's *Guzmán de Alfarache* (1599, 1604), where the immersion of the protagonist into a narrow, viscous and foul-smelling quasi-womb expresses Guzmán's feelings of impotence and social rejection. These delirious visions reveal the buried hell and devils of our unconscious in relation to experiences such as uterine birth and states of chaos and agony that terrify us, as described by Kristeva in *Power of Horrors*.

Hell can be the consequence of neurological disorders, but it is also a projection of the intense angst and misery Teresa was experiencing at the time of the event. The descent into hell, she says, produced (or was produced by) such an extreme physical pain—“dolores corporales tan incomportables” [the bodily pains were so unbearable]—that surpassed any other pain she has suffered before “causados del demonio” [caused by the devil] (XXXII: 2). But, even worse than the physical suffering, Teresa feels an extreme spiritual agony: “un apretamiento, un ahogamiento, una aflección tan sentible y con tan

desesperado y afligido descontento que yo no sé cómo lo encarecer” [“a constriction, a suffocation, an affliction so keenly felt and with such a despairing and tormenting unhappiness that I don’t know how to word it strongly enough”] (XXXII: 2). Reading this explanation from the perspective of disability theories, it seems that Teresa de Ávila is describing a negative hallucinatory experience that projects the tremendous distress instigated by society’s suspicion. Female holiness is a paradoxical and problematic position. Three chapters before the account of the hellish experience, Teresa depicts a profuse number of beatific trances and a striking example of ecstasy. But soon she lets the reader know that pleasure is accompanied by horror, a phenomenon that she blames on the devil’s intervention. Being an extraordinary person conveys psychological anxieties and repression. The descent into hell is an iconic expression of physical, mental and emotional distress.

The theologians Richard K. Fenn and Marianne Delaporte explain the connection of this place of horror with society. For these scholars, hell “is essentially a residual category for all the possibilities that society is unable fully to include within its own moral and cultural order ... [it] has been a perennial concept for the possibilities for domination or submission” (1). It is a place where non-conforming people go. Religion considers affections and desires that surpass the limits of the established order unnatural and Satanic. Therefore, “hell has been used to control the adventurous individuals” and has been essential in the “repressive forms of religious pedagogy” by associating it with “a wide range of terrors,” such as the agonies described by Teresa de Ávila in her descent into hell (3). Teresa insinuates that, despite the fact that her individual excess leads to wisdom and spiritual growth that result in a mystical doctrine that guarantees salvation, she lives with extreme fears and personal doubts. Her descent into hell expresses the tension produced by her singularity. Hell is the psychological pain of social exclusion, an uncomfortable, restricted situation that suffocates individuality and innovation.

But if hell is the iconic place of social oppression and internalized stigma, it can also have a liberating effect. A visit to hell can be a way for individuals to confront human mortality on their own terms: “a gateway to personal freedom” (9) and “a way of selfhood” (10). The consequence of this descent into hell for Teresa de Ávila is that it produces a personal change that propels her to act. The vision has the protective function of eliminating her fears: “that experience was one of the greatest favor the Lord granted me because it helped me very much to lose fear of the tribulations and contradictions of this

life as well as to grow strong enough to suffer them and give thanks to the Lord freed me, as it now appears to me, from such everlasting and terrible evils" (XXXII: 4).¹⁰⁰ The security provided by this experience shields Teresa from all evils. She feels transformed and needs to detach from the world: "deseaba huir de gentes y acabar ya de todo en todo, apartarme del mundo" ["I was desiring to flee people and withdraw completely from the world"] (XXXII: 8); she also wants to change her environment and implement her own agenda of reformation of the Carmelite order and the foundation of the convent of Saint Joseph. God inspires and supports her passionate and committed rebellion through direct locutions (XXXII: 11).

As it is the norm in the autobiographical genre, the resolution of *The Book of Her Life* coincides with the writing present, around 1565, when the author has been already living in the new convent of Saint Joseph since the end of 1562. From chapter XXXIII to the end of the book Teresa narrates the vicissitudes around the foundation of the convent and the external resistance she found in accomplishing her plans.¹⁰¹ During all this turmoil, Teresa continues to experience hallucinations and extraordinary phenomena.

The conclusion in *The Book* resolves the different struggles that have been exposed by the previous chapters in relation to psychosomatic states, the development of Teresa de Ávila's spirituality, her discovered mission and destiny and her strong belief in herself against society. Teresa de Cartagena ends her autobiography *Grove of the Infirm* in an imaginary place where sick and disabled people can find relief from a world that rejects them. Similarly, Teresa de Ávila consolidates in the new monastery her vision of a place where she and other nuns can design a safer road on their way to perfection (XXXV: 13–14; XXXVI: 14).¹⁰² This convent denotes the space of salvation that Teresa has sought throughout her narrative. In Saint Joseph, the health and well-being of Teresa de Ávila and her fellow nuns improves and the devils have all disappeared (XXXV: 10, 11, 12).¹⁰³ In spite of continued persecution and accusations of scandalizing the world with her religious reforms (XXXVI: 13), living in the new monastery, separated from society's preoccupations, is a source of happiness and consolation.¹⁰⁴ The personal improvements found in the convent, in spite of the scarcity of resources, provide her with further evidence that the truths learned in her raptures, visions and voices were sacred.¹⁰⁵

Teresa's rejection of a society that places so much importance on obedience and rules parallels, in this section of her autobiography, her intense desire to have sacred graces and to wholly accept her particular way of being.¹⁰⁶ As was the case in the incident of her descent into

hell, in the penultimate chapter of the autobiography she strategically inserts a disturbing vision that dramatizes the external threat, the consequent paranoia and the need to attain a secure place to dwell:

I saw myself standing alone in prayer in a large field; surrounding me were many different types of people. All of them I think held weapons in their hands so as to harm me: some held spears; others, swords; others, daggers; and others, very long rapiers. In sum, I couldn't escape on any side without putting myself in danger of death; I was alone without finding a person to take my part. While my spirit was in this affliction, not knowing what to do, I lifted my eyes to heaven and saw Christ, not in heaven but quite far above me in the sky; He was holding out His hand toward me, and from there He protected me in such a way that I had no fear of all the people, nor could they harm me even though they wanted to. (XXXIX: 17)¹⁰⁷

The vision clearly expresses her predicament at the end of her testimony. A group of intimidating people holding phallic weapons (that is, males) are threatening and restraining her, while Christ appears as her only protector. For Teresa, the vision was “un retrato de el mundo” [a picture of the world], where menacing people include good close friends and family that impose their will upon her to the point of oppression.¹⁰⁸ It is ultimately in Christ, who she sees and hears during her frequent trances, that she finds unity, consolation and guidance through His messages to her (XXXIX: 23–26). Christ inscribes the ultimate Truth in her, “Quedóme una verdad de esta divina verdad ... sin saber cómo ni qué, esculpida” [“From this divine Truth, which showed itself to me, there was engraved upon me, without my knowing how or what”] (XL: 1). This knowledge constitutes a superior reality that liberates her from the worldly stipulations of her daily life.

The exposition of the carefully selected positive hallucinations, miraculous intercessions and supernatural events found in these final chapters has several purposes. First, it emphasizes again the Catholic dogma through the insertion of Christian iconography, liturgy, sacred dates and favored religious orders, with which Teresa shows that she remains inside the orthodoxy. Yet, at the same time, she elaborates her own truth based on the wisdom and encouragement she finds in sacred voices and complex visions. Second, living in the convent she founded, with fewer social pressures, allows Teresa to dedicate herself completely to what she calls her new disease, marked by obsession and alienation. Teresa has chosen a voluntary exclusion from an inflexible society that does not accommodate difference. If the mundane life

had become a kind of captivity that confined her, her life in the new convent in union with God gives her independence and freedom.¹⁰⁹ In the culmination of her book, Teresa presents herself alienated from a threatening world but shielded by her chosen alternative space and by the Truth that Christ has instilled in her. She has become the mirror of God, just as her text mirrors her situation. In *The Book of Her Life*, we have seen how Teresa de Ávila's neurological condition endangered and marginalized her, but at the same time provided the tools to resist, explain and control her situation by cleverly combining pain and pleasure, submission and rebellion. The author made sense of her physical and spiritual pain and pleasures, as well as the reaction of others. She rejected social inscriptions and established stigmas, and validated her own interpretations. Life is complex, as the book indicates, but accepting the unique way of experiencing the body opens whole new possibilities for living that are usually closed or censured.

The neurologist Vercelletto suggests that it is impossible to understand Teresa's works without faith and that the fact that she suffered ecstatic epilepsy does not contradict the supernatural aspects of her experiences. He asserts that God can manifest Himself through the epileptic attacks (70).¹¹⁰ Nevertheless, my reading understands Teresa de Ávila's autobiography as a textual construction of lived experiences that presents fundamental interpretative questions about personal subjectivity, the beliefs of readers and the limitation and delimitation of the semiotic. Interpreting mystic discourse according to scientific, theological or literary parameters will yield different results. Explanations from either strictly religious or scientific positions will be always limited, and it is important to find more global methodologies that take into account a range of different perspectives when attempting to explain complex phenomena such as the mystical experience, the intervention of individual creativity and the cultural, scientific and religious discourses inserted in the text. By interpreting the text from the point of view of disability and body theories I have sought to contribute to the understanding of the complexity of individual impairments, accepted beliefs and social discrimination.

Notes

- 1 Among the many biographies of Teresa de Ávila see the recent by Joseph Pérez, *Teresa de Ávila*.
- 2 The writings of the Jesuit G. Hahn (*Les phénomènes hystériques et les Révélations de Sainte Thérèse*, Brussels, Alfred Vromant, 1883) and the physician Arturo

- Perales Gutiérrez (*El supernaturalismo de Santa Teresa y la filosofía médica. Los éxtasis, raptos y enfermedades de la Santa ante las ciencias médicas*, Madrid, 1894) started the earlier controversies in regard to the nun's hysteria. After Perales learned of Rome's condemnation of the hysteria hypothesis, he presented himself as a Catholic scientist who accepted both the hysteric-epileptic diagnosis of Teresa's physiological sufferings and the supernatural explanation for her mystic occurrences. Hahn and Perales's opinions represented the trend at the end of nineteenth-century Europe: "within the medical profession, the generalized consensus ... was to interpret the mystic as an undiagnosed hysteric" (Mazzoni 15). The prominent neurologist Jean-Martin Charcot (1825–1893) diagnosed Teresa of Ávila as an undeniable hysteric. See also Álvarez 15–62; García-Albea, *Praelectiones* 100–102; Hayes 335.
- 3 The lack of boundaries of the female body concerns the patriarchal society particularly in relation to holy women: "female visionaries were not targeted only because they were women, but also because female visionaries had a long history as quintessential 'flouters of boundaries'" (Keitt 140; see also Sarrión 100–101). Keitt borrows the expression "flouters of boundaries" from Elisabeth Petroff's *Body and Soul: Essays on Medieval Women and Mysticism* (New York: Oxford UP, 1994), 161.
 - 4 López de Villalobos describes epilepsy in relation to the "prefocacion dela madre": "es passion con quien viene / la gota coral y desmayos mortales / por quanto ellesperma y la sangre tiene / de dentro la madre y daquesto proviene / luego al coraçon y cerebro estos males /que assi retenido ellesperma y podrido / se torna en ponçoña y enbia vapor /do el cerebro se encierra y se encoge a su nido /y del coraçon ellesprito devido /no sale aza el cuerpo por este temor" (*Sumario*).
 - 5 "[Y] en la prefocación uterina, que las mugeres padecen tan de ordinario, y con accidentes tan rigurosos, el vapor, o materia que se levanta, o el maligno humor que acomete al coraçon, cerebro, y diafragma, sin duda ninguna en el utero no se podrece, aunque en el verdaderamente se corrompe" (*Libro de las enfermedades* 98–99).
 - 6 Even when recognized as a natural affliction that affects all kind of people, still doctors in the period felt unable to find effective treatments. Gordonio's *Lilio de medicina* explains that epilepsy is a disease with not cure: "Vos quiero dezir de la epilepsia que yo tuve a mi cura muchos mancebos, y viejos, pobres y ricos, y varones, y megeres, y de todas especies de epilepsia, pero por mi nin po otro nunca vi alguno ser curado" ["I want to talk to you about epilepsy. I have in my care young, old, poor, and rich men, and women suffering from every type of epilepsy, but I have never seen anybody cured either by me or anyone else"] (Solomon's translation of the Spanish version, *Fictions* 94).
 - 7 See Certeau, *Possession* and Lincoln 67.
 - 8 For instance, for G. Hahn some of Teresa's visions were supernatural while the demoniac ones were provoked by her hysteria, a condition connected with female sickness and with the devil. For Vercelletto Teresa was a saint who had both supernatural visions and epileptic hallucinations (35). Senra Valera also expresses an ambiguous position.
 - 9 Carole Slade affirms that the different definitions of the *The Book of Her Life's* genre as well as of its diverse religious and secular influences are not mutually

exclusive and that Teresa's discourse "can be described as dialogized heteroglossia" (12). Teresan scholarship is extensive. For studies on the genre, structure and intention of the autobiography see, for instance, Anderson; Lázaro Carreter, "Santa Teresa"; Pérez-Romero; Rhodes; Rosenberg; and Slade. For the rhetorical devices and linguistic negotiations used in the autobiography consult, among others, García de la Concha; Mujica, *Espiritualidad*; Rodríguez-Guridi; Sullivan; Trillia; and Weber, *Teresa of Avila*. In addition, Weber's edition of *Approaches* includes a variety of articles by very well-known scholars on Teresa de Ávila and Spanish mystics.

- 10 Georgina Dopico-Black also explores the apology in *The Book* by examining the role of experience (*esperiencia*) "as that which allows her [Teresa] to distinguish the provenance of her charismatic symptoms, providing a cogent rebuttal to those who would accuse her of heresy or fraud" (109).
- 11 Jelinek adds that while Augustine does not need "to justify himself or prove his authenticity," women such as Kempe and Teresa, lacking public recognition, "took greater risks than Augustine in presenting their experiences" (*The Tradition* 21).
- 12 See also Cohen, "The Expression of Pain" 211.
- 13 The autobiographies by Teresa de Cartagena and Teresa de Ávila can be considered earlier versions of what Couser calls autopathographies, defined as "an acknowledgement and exploration of our condition as *embodied selves*" when diseases are in the foreground ("Autopathography" 65).
- 14 See a summary of this controversy in Tomás Álvarez's *Santa Teresa a contraluz*. Álvarez rejects any medical interpretations and insists that Teresa's mystical experience is an empirical fact (179). Even though the body is eminently present in *The Book*, it is shocking to read his affirmation that Teresa pays little attention to it because "para Teresa el alma es el yo de la persona, lo vertebrante y permanente de ella" ["for Teresa the soul is the I of the person, the backbone and the most permanent of the individual"] (190, my translation). Álvarez's affirmation represents the resistance of some people of faith to accepting other interpretations of the case of Teresa beyond her sanctity.
- 15 García-Albea divides the "pathography" of Teresa into three periods: first, a period from seventeen to twenty-four years of age in which she suffered a grave encephalopathy; second, another from twenty-four to forty-three characterized by diverse paroxysmal episodes; and, third, from forty-two to her death in 1582, a period in which the ecstatic crisis occurs with variable frequency ("La epilepsia" 887).
- 16 The author inserts the theme of corporeal ailments in the first chapter through the virtuous female figure of her mother, Beatriz D'Ávila y Ahumada (1494–1529), who "pasó la vida con grandes enfermedades" ["suffered much sickness during her life"] (I: 2). Her mother, who married Teresa's father when she was fourteen years old, is the model of a sick passive married woman, whose only destiny in life is procreation. Even though Teresa remembers her as a woman "de harta hermosura" ["very beautiful"], when she died at thirty-three she was already debilitated and looked aged after giving birth to twelve children: "ya su traje era como de persona de mucha edad" ["she already looked like a much older person"] (I: 2, my translation). Spanish quotations are from Dámaso Chicharro's edition of *Libro de la vida*; English quotations are from Kieran Kavanaugh and Otilio Rodríguez's translation. In

both cases, I indicate the chapters in Roman numbers followed by the number of the paragraph.

- 17 “La mudanza de la vida y de los manjares me hizo daño a la salud, que, aunque el contento era mucho, no bastó. Comenzáronme a crecer los desmayos y dióme un mal de corazón tan grandísimo, que ponía espanto a quien lo vía, y otros muchos males juntos; y así pasé el primer año con harto mala salud, aunque no me parece ofendí a Dios en él mucho” (IV: 14).
- 18 According to Esther Cohen, by the late Middle Ages the phenomenon of voluntary inflicted pain appears in connection with the movement started by St Francis, characterized by “the preoccupation with the suffering and death of Christ” (211).
- 19 See also Bynum, *Holy Feast*.
- 20 In Chapter XXVII Teresa describes the extreme self-inflicted penance of Pedro de Alcántara (1499–1562), a Franciscan friar. The following long quote illuminates the enormous self-mortification of some saintly people: “paréceme fueron cuarenta años los que me dijo había dormido sola hora y media entre noche y día ... Lo que dormía era sentado, la cabeza arrimada a un maderillo que tenía hincado en la pared; echado, aunque quisiera, no podía, porque su celda—como se sabe—no era más larga de cuatro pies y medio. En todos estos años jamás se puso la capilla, por grandes soles y aguas que hiciese, ni cosa en los pies ni vestida; sino un hábito de sayal, sin ninguna cosa sobre las carnes, y éste tan angosto como se podía sufrir, y un mantillo de lo mismo encima. Decíame que en los grandes fríos se le quitaba, y dejaba la puerta y ventanilla abierta de la celda, para, con ponerse después el manto y cerrar la puerta, contentaba el cuerpo para que sosegase con más abrigo. Comer a tercer día era muy ordinario ... le acaecía estar ocho días sin comer. Debía ser estando en oración, porque tenía grandes arrobamientos y ímpetus de amor de Dios, de que una vez yo fui testigo” [“I think he told me that for forty years he slept only an hour and a half during the night ... When he did sleep, he did so sitting up, with his head resting on a little log nailed to the wall. He could not have stretched out even if he wanted to, because his cell—as is known—was no larger than four and a half feet. However hot or rainy the weather was in all those years, he never put up his cowl; he wore nothing on his feet, nor did he wear any clothes other than a coarse serge habit with nothing else to cover the body—that was as tight as could be, and a short mantle over it made of the same material. He told me that when it was terribly cold he took the mantle off and left the door and little window of his cell opened so that afterward by putting the mantle on again and closing the door he was able to appease the body by the warmth that came from more covering. Eating every third day was a very common practice for him ... once Friar Peter went eight days without eating. It must have happened while he was in prayer, for he experienced great raptures and impulses of love of God, of which I was once a witness”] (XXVII: 17).
- 21 “y en la mesma enfermedad y ocasiones es la verdadera oración, cuando es alma que ama, en ofrecer aquello y acordarse por quién lo pasa, y conformarse con ello y mil cosas que se ofrecen” (VII: 12).
- 22 “como soy tan enferma, hasta que me determiné en no hacer caso del cuerpo ni de la salud, siempre estuve atada sin valer nada; y ahora hago bien poco ... después que no estoy tan mirada y regalada, tengo mucha más salud” (XIII: 7).

- 23 According to Elisabeth Rhodes, Teresa follows the model of the “virgin brides of Christ” (95), in which physical infirmity is “a representational requisite for the acceptable holy woman” (103). The critic also finds a contradiction between Teresa’s sicknesses and “her equally bountiful physical energy” (103). Both ideas exemplify the insistence on denying the reality of the body by converting it into a metaphorical site and the accepted concept among some able people that impairments and disabilities equal passivity.
- 24 For a brief review of biblical and medieval conceptions of body ailments and moral flaws, see Stiker (23–89) and Eiesland (69–71). Even though early modern medical discourses progressively accepted that bodily impairments and diseases were the result of natural causes, still many treatises mixed medical and supernatural explanations of the body’s incidences. For instance, in the Inquisition’s investigations of the *beata* Eugenia’s mysterious illness, the doctor Juan López Martínez explains it as the intervention of the devil (Keitt 144). For similar interpretations of *beatas*’s cases see Sarrión. In addition, Stephen Haliczzer’s important study on female mystics in Golden Age Spain demonstrates the significance and power of women mystics in a country that, well into the eighteenth century, favored the supernatural over the empirical in explaining female illness (14–15).
- 25 In 1590 Teresa de Ávila’s first biographer, Francisco de Ribera, already considered chapter IX the moment of the nun’s conversion (121). For Kavanaugh and Rodríguez, the translators of *Libro de la vida*, the encounter with the image of the wounded Christ in 1554 “was the start of a profound transformation” (xvi).
- 26 “La lengua hecha pedazos de mordida; la garganta de no haber pasado nada y de la gran flaqueza, que me ahogaba, que aun el agua no podía pasar; toda me parecía estaba descoyuntada, con grandísimo desatino en la cabeza; toda encogida, hecha un ovillo, porque en esto paró el tormento de aquellos días, sin poderme menear ni brazo, ni pie, ni mano, más que si estuviera muerta, si no me meneaban; sólo un dedo me parece podía menear de la mano derecha. Pues llegar a mí, no había cómo; porque todo estaba tan lastimado, que no lo podía sufrir. En una sábana, una de un cabo y otra de otro, me meneaban” (VI, 1).
- 27 García-Albea indicates that perhaps it was a cerebral cysticercosis, a common infection from *Taenia solium*, a pork parasite. The neurologist also comments that in the sixteenth century “mal de corazón” and crises of *perlesia* were technical expressions that refer to epilepsy (“La epilepsia” 880, 882).
- 28 Devinsky and Lai explore the effects of epilepsy on the religious beliefs of patients. The list of famous religious leaders with alleged epilepsy, such as Ezekiel (c. 597 BCE), St. Paul (c 64 CE), Mohammed (596–623), Joan of Arc (1412–1431), St. Catherine of Genoa (1447–1510), St. Teresa of Avila (1515–1582), Joseph Smith, founder of the Mormons (1805–1844), Søren Kierkegaard (1813–1855) and St. Therese of Lisieux (1873–1897), plus the reports of numerous clinical observations during the last 150 years, led the investigators to conclude that there is an association between epilepsy and religious experiences, mostly occurring in a small group of people having temporal lobe ecstatic seizure with visual and auditory hallucinations (638). Presently, there is a keen interest in studying the phenomenon of religion from the scientific point of view. For example, Dr. James Austin, *Zen and the Brain: Toward an Understanding of Meditation and Consciousness* (MIT, 1999) has

contributed to the rise of “neurotheology.” Other publications explore the neurological base of mystical and spiritual experiences, such as D’Aquila and Newberg; Newberg *et al.*; and Atran. In spite of the advances of neuro-imaging techniques, and of the numerous scholars researching the subject, Sharon Begley concludes that “it is likely that they will never resolve the greatest question of all—namely, whether our brain wiring creates God, or whether God created our brain wiring.” For a general overview of major publications in the field consult Begley’s 2001 book review article.

- 29 A friend of Dostoevsky transcribed the writer’s description of the experience:
 The air was filled with a big noise, and I thought that it had engulfed me. I had really touched God. He came into me myself, yes, God exists, I cried, and I don’t remember anything else. You all, healthy people, he said, can’t imagine the happiness which we epileptics feel during the second before our attack. I don’t know if this felicity lasts for seconds, hours, or months, but believe me, for all the joys that life may bring, I would not exchange this one Such instants were characterized by a fulguration of the consciousness and by a supreme exaltation of emotional subjectivity. (quoted in Devinsky and Lai 638)
- 30 See the pioneering medical studies of Cirignotta *et al.*, and Morgan.
- 31 In agreement with the conclusions of other medical trials the Norwegian neurologists believe that this epileptic condition “may have formed the basis of the disposition and character of a number of famous religious names in history.”
- 32 Andrew W. Keitt examines these books in his *Inventing the Sacred*.
- 33 The historical circumstances in sixteenth-century Spain back the fear expressed by Teresa. There were some illuminati and protestant groups in different regions persecuted as heretics and, in the same year that Teresa was writing her book, the Spanish Inquisition had condemned priests, as well as religious men and women, in three famous autos (Chicharro ed., 394, note).
- 34 It is always problematic to impose contemporary theories on the study of texts written in a very different time, place and circumstances. Nonetheless, the contemporary methodological tools are useful in explaining both the universal marginalization of women and the disabled as well as the feeling of knowing our own body against the imposed concepts of it. Couser affirms that first-person narratives have offered disabled individuals (and other marginal groups) a chance for self-representation on their own terms, but people tend to internalize the social prejudices and “stigma tends to silence the stigmatized” (Introduction 307). Another limitation for disabled first-person writings is that the life of people with impairments and mental and physical conditions usually cannot follow the master narrative of triumphs. For further readings on contemporary disability autobiographies see the works by Couser as well as Mitchell, “Body Solitaire.”
- 35 “El extremo de flaqueza no se puede decir, que sólo los huesos tenía ya. Digo que estar así me duró más de ocho meses; el estar tullida, aunque iba mejorando, casi tres años. Cuando comencé a andar a gatas, alababa a Dios. Todos los pasé con gran conformidad; y, si no fue estos principios, con gran alegría, porque todo se me hacía nonada, comparado con los dolores y tormentos del principio: estaba muy conforme con la voluntad de Dios, aunque me dejase así siempre” (VI: 2).

- 36 The narrator reinforces the metaphor of rebirth by adding that she started recovering on Resurrection Day of 1540: “esto fue hasta Pascua florida” [“This lasted until Easter”] (VI: 1).
- 37 Teresa names St. Joseph the first convent she founded.
- 38 Here is the detailed description of her problems:
 tuve veinte años de vómitos por la mañana. Después acá que frecuento más a menudo las comuniones es a la noche, antes que me acueste, con mucha más pena, que tengo yo que procurarle con plumas y otras cosas, porque si lo dejo es mucho el mal que siento, y casi nunca estoy a mi parecer sin muchos dolores, y algunas veces bien graves, en especial en el corazón; aunque el mal que me tomaba muy continuo es muy de tarde en tarde. Perlesía recia y otras enfermedades de calentura que solía tener muchas veces, me hallo buena ocho años ha. [for twenty years I had vomiting spells every morning... From the time I began to receive Communion more frequently, I have had to vomit at night before going to bed. And it is more painful because I have to induce it with a feather or some other thing, for if I let this go the sickness I feel becomes very bad. I am almost never, in my opinion, without many pains, and sometimes very severe ones, especially in the heart, although the sickness that gripped me almost continually occurs very seldom. I was cured eight years ago of the harsh paralysis and other illnesses with fever that I frequently suffered] (VII, 11).
- 39 Atran explains the scientific basis of the association of temporal lobe epilepsy symptoms and religious interpretations: “Sudden alterations in the hippocampus and amygdala can affect auditory, vestibular, gustatory, tactile, olfactory perceptions and lead to hallucinations involving voices or music, feelings of sway or physical suspension, the tastes of elixir, burning or caressing the fragrance of Heaven or the stench of Hell.” He describes the feeling of levitation as a dysynchronization between the retina’s frame and the inner ear’s frame. In epileptic experiences, the lack of coordination of “the brain’s auditory, vestibular and visual channels” can also provoke nausea and vomiting (8).
- 40 Moralist Juan de la Cerda insisted that women are equivalent to lust and carnal vices (fol. 63 rev; see also Sarrión 29).
- 41 “Era tan más penoso para mi condición recibir mercedes, cuando había caído en graves culpas, que recibir castigos; que una de ellas me parece, cierto, me deshacía y confundía más y fatigaba que muchas enfermedades con otros trabajos harto juntos; porque lo postrero vía lo merecía, y pagaba algo de mis pecados, aunque todo era poco según ellos eran muchos; mas verme recibir de nuevo mercedes, pagando tan mal las recibidas, es un género de tormento para mí terrible.” [It was so much more painful, with my temperament, to receive favors, when I had fallen into serious faults than to receive punishment. For one of these favors, it seems certain to me, bewildered and confounded and wearied me more than many sicknesses joined with many other trials. For the latter, I saw I merited, and it seemed to me I was paying something for my sins, although it all amounted to little because they were so many. But to see myself receiving favors again after paying so badly for those received is a kind of terrible torment for me] (VII: 19).
- 42 “De mí sé decir que, si el Señor no me descubriera esta verdad y diera medios

para que yo muy ordinario tratara con personas que tienen oración, que cayendo y levantando iba a dar de ojos en el infierno; porque para caer había muchos amigos que me ayudasen; para levantarme hallábame tan sola, que ahora me espanto cómo no estaba siempre caída.” [Of myself I know and say that if the Lord had not revealed this truth to me and given me the means by which I could ordinarily talk with persons who practiced prayer, I, falling and rising, would have ended by throwing myself straight into hell. For in falling I had many friends to help me; but in rising I found myself so alone that I am now amazed I did not remain ever fallen] (VII: 22).

- 43 On numerous occasions she testifies to the unsolicited nature of these occurrences: “Bien entendía yo no venía aquello de mí, ni lo había ganado con mi diligencia” [“I understood well that these effects didn’t come from me, nor did I gain them through my diligence”] (XXI: 11); “bien entendía yo era cosa sobrenatural lo que tenía, porque algunas veces no lo podía resistir; tenerlo cuando yo quería, era excusado” [“I understood well that I was already experiencing something supernatural because sometimes I was unable to resist; to have it whenever I wanted was out of the question”] (XXIII: 5).
- 44 Chicharro documents this period of internal tension either from 1534 to 1562, or from 1537 to 1567, according to the various possible dates of the elaboration of the manuscript (Chicharro 170–171, note 4). Teresa narrates that, during this time, and due to her human condition, she had an internal battle between her spiritual and mundane impulses (VIII: 3), and between the demonic and sacred forces (VIII: 10).
- 45 Lerita M. Coleman affirms that one important component of stigma is fear “from not knowing about the etiology of a condition, its predictability, and its course” (148).
- 46 As she explains later in chapter XXIII, the recipients of an earlier written version of her confession, the lettered priest Gaspar Daza and the saintly gentleman Francisco de Salcedo, concluded that her supernatural occurrences were of diabolic origin because those “mercedes” did not correspond to the subject, a weak woman; therefore, she needed external guidance “porque estaba en mucho peligro” [“because I was in serious danger”] (XXIII: 14).
- 47 On the role of mystic practices in the liberation of women see Sarrión 56.
- 48 A general suspicion also affected the circulation of the last version of *The Book*, finished in 1565. Accused of being an illuminist by a reader, the Valladolid Tribunal of the Inquisition asked one of Teresa’s confessors, Father Domingo Báñez, to examine the manuscript. In his approved censure (July 1575), Báñez testifies to the discretion and humility of the author but warns that: “Sólo una cosa hay en este libro en que poder reparar ... y es que tiene muchas revelaciones y visiones, las cuales son mucho de temer, especialmente en mujeres, que son más fáciles en creer que son de Dios” [“There is only one thing in this book to consider ... that it has many revelations and visions, which we have to fear, especially in women, who are more prone to believe that come from God”] (Báñez 287, my translation). Báñez also adds in defense of Teresa: “Esta mujer, a lo que muestra su relación, aunque ella se engañase en algo, a lo menos no es engañadora” [“This woman, according to what she tells in her account, even though she may somehow deceive herself, at least she is not a deceiver”] (Báñez 288, my translation). For the fortune of the various versions of *The Book* see Weber, “The Three Lives.”

- 49 For a discussion of the origin, advantages and disadvantages of the social model see Tom Shakespeare.
- 50 Among the people supporting her she includes the young Jesuit Diego de Cetina (1531–1572), who became her adviser during the summer of 1555 when he was only twenty-three years old (Chicharro 302, note 23), and Francisco de Borja. Cetina, unlike Gaspar de Daza and Francisco de Salcedo, thinks that the favors are of divine origin (XXIII: 16–17).
- 51 Teresa affirms that her sensation of deep pleasure, that surpasses everything known before, is linked to the acquisition of sublime knowledge: “no puedo decir lo que se siente cuando el Señor la da a entender secretos y grandezas suyas, el deleite tan sobre cuantos acá se pueden entender, que bien con razón hace aborrecer los deleites de la vida, que son basura todos juntos” [“I can’t describe what is felt when the Lord gives it [the soul] an understanding of His secrets and grandeurs, the delight that so surpasses all those knowable here on earth; indeed, it rightly makes you abhor the delights of this life, which together are all rubbish”] (XXVII: 12).
- 52 “Era de Cristo muy llagado y tan devota que, en mirándola, toda me turbó de verle tal ... el corazón me parece se me partía: y arrojéme cabe él con grandísimo derramamiento de lágrimas” (IX: 1).
- 53 There are many instances of the topic of sicknesses and patience in *The Book*. See, for example, IV: 9, V: 2, VI: 2, and VII: 12.
- 54 Teresa’s use of the allegory of the garden evokes the Garden of Eden in *Genesis*, the *Song of the Songs*, St. Augustine’s *Confessions*, the *Gospel* of Matthew and *Tercer Abecedario* by Francisco de Osuna (Chicharro 193, n. 9; Davis “De nuevo”).
- 55 “Entienden son enfermos; múdese la hora de la oración y harta veces será algunos días. Pasen como pudieren este destierro, que harta mala ventura es de un alma que ama a Dios ver que vive en esta miseria y que no puede lo que quiere, por tener tan mal huésped como este cuerpo.” [“They should understand that they are sick. The hour of the prayer ought to be changed, and often this change will have to continue for some days. Let them suffer this exile as best they can. It is a great misfortune to a soul that loves God to see that it lives in the misery and cannot do what it desires because it has a wretched a guest as is this body”] (XII: 15).
- 56 Newberg *et al.*, in their study of mystic states in different traditions and times, define mysticism as an “attainment of spiritual union through detachment from the self” (106–107). These authors affirm that mystics develop different strategies to reach various levels of spiritual transcendence.
- 57 “Esto es un recogerse las potencias dentro de sí para gozar de aquel contento con más gusto, más no se pierden ni se duermen; sola la voluntad se ocupa de manera que sin saber cómo, se cativa” [“in this prayer the faculties are gathered within so as to enjoy that satisfaction with greater delight. But they are not lost, nor do they sleep. Only the will is occupied in such a way that, without knowing how, it becomes captive”] (XIV: 2).
- 58 The main hypothesis of Newberg *et al.* is “that spiritual experience, at its very root, is intimately interwoven with human biology” (8). Even though their study intends to prove “that the profound spiritual experiences described by saints and mystics of every religion, and in every period of time, can also be attributed to the brain’s activity” (10), their hypothesis becomes fuzzy when

they refer to “genuine’ mystical states” (109). In their opinion, a genuine mystical state should not be confused with the states provoked by certain mental instabilities, such as “schizophrenia and temporal lobe epilepsy that can trigger voices, visions, and other hallucinatory effects” (107), and they include Teresa de Ávila in this group (111). They argue that “genuine” mystical experiences occur less frequently, that “they simply *feel* very real” (their emphasis, 112), and they quote Teresa de Ávila to support their point (112). Who feels the reality of the mystic experience? Ultimately, and in spite of the scientific trials they present, the scholars rely on the accounts of the subjects, not on observable data.

- 59 Teresa often repeats this sensation of estrangement. Here is another example in the same chapter: “cuando me saca el Señor de mí; ... Parece que sueño lo que veo y no querría ver sino enfermos de este mal que estoy yo ahora” [“When the Lord carries me out of myself ... It seems that what I see is a dream, and I would desire to see no other persons that those who are sick with the sickness I now have”] (XVI: 6).
- 60 She does not know either the difference between mind and spirit: “ni sé entender qué es mente, ni qué diferencia tenga del alma u espíritu tampoco” [“Neither do I understand what the mind is; nor do I know how it differs from the soul or the spirit”] (XVII: 2). Teresa claims that her writing is directly inspired by God (XVIII: 7; 8 in the English version), and she constantly excuses herself, using formulaic humility, for daring to explain her experiences even though she is an undeserving humble woman “tan ruin, tan baja, tan flaca y miserable, y de tan poco tomo ... En fin, mujer, y no buena, sino ruin” [“so wretched, so lowly, so weak and miserable, and of so little importance”] (XVIII: 4).
- 61 “Estando así el alma buscando a Dios, siente con un deleite grandísimo y suave casi desfallecer toda con una manera de desmayo que le va faltando el huelgo y todas las fuerzas corporales, de manera que, si no es con mucha pena, no puede aun menear las manos; los ojos se le cierran sin quererlos cerrar, si los tiene abiertos; no ve casi nada; ni, si lee, acierta a decir letra, ni casi atina a conocerla bien; ... oye, mas no entiende lo que oye ... Hablar es por demás, que no atina a formar palabra, ni hay fuerza, ya que atinase, para poderla pronunciar; porque toda la fuerza exterior se pierde y se aumenta en las del alma para mejor poder gozar de su gloria. El deleite exterior que se siente es grande y muy conocido” (XVIII: 9).
- 62 The narrator informs us that the states of union vary in duration from brief moments to a maximum of half an hour: “Y nótese esto, que a mi parecer por largo que sea el espacio de estar el alma en esta suspensión de todas las potencias, es bien breve: cuando estuviese media hora, es muy mucho; yo nunca, a mi parecer, estuve tanto. Verdad es que se puede mal sentir lo que se está, pues no se siente.” [“It is noteworthy that the longest space of time, in my opinion, in which the soul remains in this suspension of all the faculties is very short; should it remain suspended for a half hour, this would be a very long time... It is true that since there is not sensory consciousness one finds it hard to know what is happening”] (XVIII: 11; XVIII: 12 English’s edition).
- 63 Teresa deflects the accusations of a lack of humility and disobedience by procuring important male support and asserting that God, at the top of the hierarchical male ladder, speaks to her directly: “fue la primera palabra que

- entendí hablarme Vos, y así me espantó mucho” [“This was the first locution I heard ... so I was very frightened”] (XIX: 9). Auditory hallucinations are typical of individuals suffering “simple partial seizure of temporal lobe origin” (Carrazana and Cheng 153), as was probably the case of Joan of Arc (García-Albea, “La epilepsia” 884–885).
- 64 “queda una certidumbre que en ninguna manera se puede dejar de creer” [“there remains such a certitude about this union [soul and God] that the soul cannot help believing in the truth of it”] (XVIII: 13; 14 English).
- 65 “vase enfriando, aunque con grandísima suavidad y deleite” [“the body gradually grows cold, although this happens with the greatest ease and delight”] (XX: 3).
- 66 “quiere el Señor el mesmo cuerpo lo ponga por obra, y hácese una extrañeza nueva para con las cosas de la tierra, que es muy más penosa la vida” [“Lord wants to effect this detachment in the body itself, and there is brought about a new estrangement from earthly things that makes life much more arduous”] (XX: 8).
- 67 “la gran pena algunas veces quita el sentido, sino que dura poco sin él ... Ello es un recio martirio sabroso ... Como en la unión y arrobamiento el gozo, así aquí la pena las suspende;” [“The intense pain [that] sometimes takes away sensory consciousness ... last only a short time... [it is] an arduous, delightful martyrdom ... Just as it is joy that suspends the faculties in union and rapture, so it is pain that suspends them here”] (XX: 11).
- 68 “lo que hubiese de vivir querría en esto padecer” [“spend the remainder of its life in this suffering”] (XX: 12).
- 69 “algunas veces se me quitan todos los pulsos casi, ... y las canillas muy abiertas y las manos tan yertas, que no las puedo algunas veces juntar; y así me queda dolor hasta otro día en los pulsos y en el cuerpo, que parece me han descoyuntado” [“my pulse almost stops ... and my arms are straight and my hands so stiff that occasionally I cannot join them. As a result, even the next day I feel pain in the pulse and in the body, as if the bones were disjoined”] (XX: 12).
- 70 “es como uno que tiene la soga larga a la garganta y se está ahogando, que procura tomar huelgo” [“like a person suffocating with a rope around the neck and seeking to find relief”] (XX: 14).
- 71 “porque no participa con el cuerpo sino pena, y el alma es la que padece, y goza sola del gozo y contento que da este padecer” [“the body shares only in the pain, and it is the soul alone that both suffers and rejoices on account of the joy and satisfaction the suffering gives”] (XX: 15).
- 72 “pues cuando está en el arrobamiento el cuerpo queda como muerto, sin poder nada de sí muchas veces, y como le toma se queda: si en pie, si sentado, si las manos abiertas, si cerradas. Porque, aunque pocas veces se pierde el sentido, algunas me ha acaecido a mí perderle del todo, pocas y poco rato; mas lo ordinario es que se turba” [“Now when the body is in rapture it is as though dead, frequently being unable to do anything of itself. It remains in the position it was when seized by the rapture, whether standing or sitting, or whether with the hands opened or closed. Although once in a while the senses fail (sometimes it happened to me that they failed completely), this occurs rarely and for only a short time ”] (XX: 18); “absortas las potencias, u como embobecidas, que no parecen andan en sí” [“faculties absorbed or as though stupefied; it seems to be outside itself”] (XX: 21).

- 73 A more radical opinion is expressed by Marghanita Linski: “Ecstasies enjoyed by accepted religious mystics are usually called religious experiences no matter what the nature of the ecstasy or the trigger inducing it” (*Ecstasy in Religious and Secular Experiences*, quoted by Carrazana and Cheng 154).
- 74 God has communicated to her “muy grandes secretos” [“very deep secrets”] (XXI: 11) and “verdaderas revelaciones en este éxtasi y las grandes mercedes y visiones” [“true revelations and the great favors and visions”] that have humbled and strengthened the soul and “lessen its esteem for the things of this life” [“tenga en menos las cosas de esta vida”] (XXI: 12).
- 75 I use the word angst to express general anxieties and preoccupations produced by concrete situations. The psychiatrist Juan J. López-Ibor offers a more complex analysis of this feeling and connects pathological angst with temporal epilepsy (“Angustia”).
- 76 During these years, in addition to the increasing frequency of visions, Teresa experiences a spiritual crisis when learned men and confessors question the sacred nature of these episodes (Chicharro 98).
- 77 There was, for instance, the well-known case of Magdalena de la Cruz (1478–1560), a Franciscan nun from Córdoba who for many years was taken to be a saint. She subjected herself to extreme penances, declared that she had received stigmata and had frequent raptures with visions and revelations. In 1543 she confessed that all of these were faked. In 1546 the Inquisition sentenced her to perpetual convent seclusion (*Catholic Encyclopedia*).
- 78 See Weber, “Saint Teresa” 178.
- 79 For the topic of the melancholic humor in *Examen de ingenios* by Huarte de San Juan see Guillermo Serés’ introduction to his edition (*Examen* 92–94).
- 80 Jennifer Radden, in her illustrative study of Teresa’s concept of the melancholy suffered by some nuns of her congregation, suggests, but does not analyze, the problem of Teresa’s own depression: “Teresa also knew melancholia or closely allied states from personal experiences, which perhaps provides an additional source for her descriptions” (295).
- 81 “Yo, como en estos tiempos había acaecido grandes ilusiones en mujeres y engaños que las había hecho el demonio, comencé a temer” [“Since at that time other women had fallen into serious illusions and deceptions caused by the devil, I began to be afraid”] (XXIII: 2).
- 82 “Es sin duda que tengo yo más miedo a los que tan grande le tienen al demonio que a él mismo; porque él no me puede hacer nada, y estotros, en especial si son confesores, inquietan mucho.” [“Without doubt, I fear those who have such great fear of the devil more than I do to the devil himself, for he can’t do anything to me. Whereas these others, especially if they are confessors, cause severe disturbance”] (XXVI: 22).
- 83 “Yo era temerosa en extremo ... ayudábame el mal de corazón ... Yo, como vi que tantos lo afirmaban, y yo no lo podía creer, dióme grandísimo escrúpulo ... porque todos eran más de buena vida sin comparación que yo, y letrados, que por qué no los había de creer” [“I was extremely fearful ... and my heart trouble added to my fear ... Since I saw that so many agreed that my experience was from the devil and that I myself couldn’t believe it was, I felt the greatest scrupulosity ... For they all lived a good life ... and they were learned men”] (XXV: 14).

- 84 Referring about herself in the third person, she comments: “tiénela por poco humilde y que quiere enseñar a quien había de deprender, en especial si es mujer. Aquí es el condenar” [“They consider this person lacking in humility, especially if she is a woman, and point out that she desires to teach the one from whom she should be learning. As a result they condemn this soul”] (XX: 25).
- 85 Enrique Llamas dates the intellectual visions of Christ to June 29, 1560, when Teresa was forty-five years old (Chicharro 326, n. 8), and the experience of hell to August of 1560 (Chicharro 381, n. 6).
- 86 Weber summarizes the different hypotheses for the origins of mystical phenomena: “Rapture might be a sign of divine favor or of demonic possession, a physiological reaction to excitement, a kind of deceptive behavior, or a demonically inspired mix of mental illness and delinquency” (“Between” 223).
- 87 See Weber, “The Three Lives,” for the different elaborations of *The Book*.
- 88 Chicharro proposes these dates.
- 89 Note that the sense of intellectual disorder is the opposite of the gathering of faculties that Teresa experiences during mystical seizures. On another occasion she recognizes that her bad health might have caused the horrific sensation of being torn into pieces: “despedazada ... Esto paso muchas veces; algunas bien entiendo le hacer harto al cabo la poca salud corporal” [“I often undergo this scattering of the faculties; sometimes I understand clearly that my lack of physical health has much to do with it”] (XXX: 16).
- 90 For García-Albea, the date is 1562 (“La epilepsia” 883); Kavanaugh and Rodríguez, in the introduction to the English translation, date the transverberation episode to 1560 (xxxv).
- 91 “[H]incan una saeta en lo más vivo de las entrañas y corazón a las veces, que no sabe el alma qué ha ni qué quiere ... mas es esta pena tan sabrosa, que no hay deleite en la vida que más contento dé. Siempre querría el alma—como he dicho—estar muriendo de este mal” (XXIX: 10).
- 92 “Otras veces da tan recio ... que corta todo el cuerpo; ni pies ni brazos no puede menear ... sólo da unos gemidos no grandes, porque no puede más” [“At other times the pain becomes so severe that ... the whole body is paralyzed ... The soul lets out some sighs—not great ones—because it can do no more”] (XXIX: 12); “Los días que duraba esto andaba como embobada” (XXIX: 13) [“On the days this lasted I went about as though stupefied” (XXIX: 14)].
- 93 “Veíale en las manos un dardo de oro largo, y al fin del hierro me parecía tener un poco de fuego. Éste me parecía meter por el corazón algunas veces, y que me llegaba a las entrañas. Al sacarle, me parecía las llevaba consigo, y me dejaba toda abrasada en amor grande de Dios. Era grande el dolor que me hacía dar aquellos quejidos, y tan ecesiva la suavidad que me pone este grandísimo dolor, que no hay desear que se quite, ni se contenta el alma con menos que Dios. No es dolor corporal sino espiritual, aunque no deja de participar el cuerpo algo, y aun harto” (XXIX: 13).
- 94 Here is Lacan’s reference: “As regard the Hadewijch in question, it is the same as for Saint Theresa—you only have to go and look at Bernini’s statue in Rome to understand immediately that she’s coming, there is not doubt about it. And what is her *jouissance*, her *coming* from? It is clear that the essential

- testimony of the mystics is that they are experiencing it but know nothing about it" (*Feminine* 147, his emphasis). For the explanation of Lacan's concept in relation to Teresa's ecstasy, see Hayes; Jantzen; and Nobus.
- 95 These doctors affirm that the patient's mental status "is normal and without signs of psychiatric illness" (152) and that the epileptic seizures are the result of an accident "resulting in a right temporal depressed skull fracture" (152).
- 96 For similar tormented states suffered by epileptic patients see Carrazana and Cheng 152; Devinsky and Lai 638; Morgan 415.
- 97 "[L]a persecución, que está cierta en los tiempos de ahora, cuando de alguna persona quiere el Señor se entienda que la hace semejantes mercedes; porque hay mil ojos para un alma de éstas adonde para mil almas de otra hechura no hay ninguno" ["let it be prepared for persecution, which in these our times will certainly come whenever the Lord desires that it be known. He grants these kinds of favors to a certain person. There are a thousand eyes ready to turn on a soul receiving such favors, but on a thousand souls of another kind there's not even one eye ready to turn"] (XXXI: 16).
- 98 "Parecía la entrada a manera de un callejón muy largo y estrecho, a manera de horno muy bajo y oscuro y angosto. El suelo me pareció de un agua como lodo muy sucio y de pestilencial olor, y muchas sabandijas malas en él. A el cabo estaba una concavidad metida en una pared, a manera de una alacena, adonde me vi meter en mucho estrecho. Todo esto era deleitoso a la vista en comparación de lo que allí sentí ... Estando en tan pestilencial lugar, tan sin poder esperar consuelo, no hay sentarse ni el echarse, ni hay lugar, aunque me pusieron en éste como agujero hecho en la pared; porque estas paredes, que son espantosas a la vista, aprietan ellas mismas, y todo ahoga. No hay luz, sino todo tinieblas escurísimas. Yo no entiendo cómo puede ser esto, que, con no haber luz, lo que a la vista ha de dar pena todo se ve" (XXXII: 1, 3).
- 99 Here is Amstrong's description:
 Suddenly I found myself invaded by the familiar stench, but this time it was different. My brain felt as though a cosmic potato masher was pounding it, reducing it to long worms of sensation like spaghetti, but spaghetti that was alive. I could hear a bell ringing mournfully in the distance and I was convinced that somebody was standing beside me. I could almost glimpse his face out of the corner of my eyes. Some part of me knew that there was nobody there, and that if I reached out to touch him my hand would encounter empty air. And yet I could not connect this knowledge with the specter because it had its own reality, its own absolutely commanding presence. I had no leisure to think about this, because I was gripped suddenly with a quite overwhelming fear. When I looked around me, the room was wholly unfamiliar, as though I had never seen any of these objects before. The world had become uncanny and horrifying. I did not know who, what, or where I was, but was aware only of my extreme horror, a cold, sickening dread that made everything around me seem brown, rotten, and repulsive because it had no meaning. (*The Spiral* 54–55)
- 100 "[M]e ha aprovechado muy mucho, así para perder el miedo a las tribulaciones y contradicciones de esta vida, como para esforzarme a padecerlas, y dar gracias al Señor que me libró, a lo que ahora me parece, de males tan perpetuos y terribles" (XXXII: 4).

- 101 She is accused of being a foolish woman (XXXIII: 1), and having adversaries in her own convent (XXXIII: 2). She is also warned about the dangers of the Inquisition (XXXIII: 5).
- 102 According to María Carrión, this convent represents a new habitat that belongs to her (158).
- 103 Teresa writes that “En haciendo esto [come to live in this house], en un instante huyó el demonio y me dejó sosegada y contenta, y lo quedé y lo he estado siempre ... Mas de el poder se espantan todas las personas que saben mis enfermedades” [“Once I did this the devil fled instantly and left me calm and happy; and I remained so, and have remained so always ... all those persons who know about my illnesses marvel at this power”] (XXXVI: 10). During the years spent in the new convent, she and the small group of nuns with her reached “mucha más salud que solían” [“much better health than usual”] (XXXVI: 28), in spite of the restricted life the reformed order required.
- 104 Teresa inaugurated the new convent on August 24, 1562. In December 1562 she moved there with four other sisters committed to follow the primitive Carmelite rule (Kavanaugh and Rodríguez’s Introduction xxii; Bilinkoff, *The Ávila* 123–136). At the end of her account the narrator affirms that they are living in Saint Joseph “con gran contento y alegría” [“with great happiness and joy”] (XXXVI: 29). Teresa affirms that the solitude of the place is a consolation (XXXVI: 28).
- 105 The demands of the new Carmelite rules were extreme: strict enclosure and poverty, frugality, fasting, solitude, renunciation of all human affections and life consecrated to prayer.
- 106 God becomes her best friend and supports her detachment from mundane interests (XXXVII). The testimony of her pleasurable visions supports her independence by eliminating her fear of death, while the distinction between the reality of everyday living and the supernatural realm of her visions becomes blurred: “Todo me parece sueño lo que veo, y que es burla, con los ojos del cuerpo; lo que he ya visto con los del alma es lo que ella desea, y como se ve lejos, éste es el morir” [“everything I see with my bodily eyes seems to be a dream and a mockery. What I have already seen with the eyes of my soul is what I desire; and since it is seen as something far away, this life is a death”] (XXXVIII: 7).
- 107 “Vime estando en oración en un gran campo a solas, en derredor de mí mucha gente de diferentes maneras que me tenían rodeada; todas me parece tenían armas en las manos para ofenderme: unas, lanzas; otras, espadas; otras, dagas, y otras, estoques muy largo [sic.]. En fin, yo no podía salir por ninguna parte sin que me pusiese a peligro de muerte, y sola, sin persona que hallase de mi parte. Estando mi espíritu en esta aflicción, que no sabía que me hacer, alcé los ojos a el cielo, y vi a Cristo, no en el cielo, sino bien alto de mí en el aire, que tendía la mano hacia mí, y desde allí me favorecía, de manera que yo no temía toda la otra gente, ni ellos, aunque querían, me podían hacer daño” (XXXIX: 17).
- 108 “[A]migos, parientes, y, los que más me espanta, personas muy buenas, de todo me vi después tan apretada, pensando ellos que hacían bien, que yo no sabía cómo me defender ni qué hacer” [“I am referring to friends, relatives, and, what frightens me most, very good persons. I afterward found myself so

oppressed by them all, while they thought they were doing good, that I didn't know how to defend myself or what to do"] (XXXIX: 18).

109 Earlier in chapter XVI she claimed: "¡Oh gran libertad, tener por cautiverio haber de vivir y tratar conforme a las leyes del mundo" ["Oh what great freedom to consider it a captivity to have to live and behave in conformity with the laws of the world!"] (XVI: 8).

110 Marcella B. Barton also suggests that Teresa had suffered temporal lobe seizures for forty-four years and that this condition "can be seen as part of the development of Saint Teresa's mysticism" (598).

Conclusion

*D*isabled Bodies in Early Modern Spanish Literature: Prostitutes, Aging Women and Saints responds to an inquiry about what constitutes disability in early modern Spanish culture. Following an examination of diverse existing Spanish discourses in the period that reproduce concepts developed in the Western tradition it becomes clear that the pejorative creation of the woman's body—and the complex detrimental reverberation of this construction in the historical reality as well as in the artistic realm—is the epitome of early modern disability.

The publication of *La Celestina* at the end of the fifteenth century coincides with the outbreak of syphilis and an increase in violence towards and the subjugation of women. In this book, Celestina, a sixty-year-old prostitute, advances the plot. Her decayed body parallels her immoral and subversive attitude, and her actions complicate the accepted medieval social order. Celestina's embodiment illustrates the reality of destitute old women in the period, as well as the decline of established female professions in the field of traditional healing in competition with the new, powerful, professionalized male medicine. Celestina had a major impact in the artistic imagination, as the abundant publications with similar protagonists during the sixteenth and seventeenth centuries corroborate. This female figure inaugurated the installation of the damaged and rejected body at the center of Renaissance literary innovation. The son of a prostitute, the protagonist of *Lazarillo de Tormes*, the fictive picaresque autobiography published in 1554, adds to the narrative revolution started by *La Celestina*. The flourishing genre of the picaresque relies on emaciated hungry bodies and socially castrated individuals, where protagonists of both genders are outcasts and feminized. They are the extension and

consequence of the imperfect and immoral prostitute–witch–mother. Nevertheless, the deviant and desiring bodies of *Celestina* and *Lázaro* become the impulse of the new European narrative, the realistic novel. Disease, hunger, decay and aging substituted the aristocratic, strong and beautiful bodies of medieval knights and damsels, and ideal love was contested by fornication.

By the beginning of the seventeenth century the two most widely read novels in Spain, *Guzmán de Alfarache* (1599, 1604), a picaresque novel with an impotent and corrupt roguish protagonist, and *Don Quixote de la Mancha* (1605, 1615), the narration of a mad hidalgo, place somatic imperfection at the thrust of the story. In many canonic early modern Spanish texts the marks of syphilis exemplify the degradation of a range of female figures, while mysticism reaches the highest levels through the suffering body of Teresa de Ávila. Femininity, bodily afflictions and mental instability characterize the new heroes; fragility and vulnerability marked the new times.

The figurative feminine–disabled body that appears often in early modern Spanish literature maintains a constituency of excess that makes it difficult to incorporate or to articulate in the symbolic system governed by phallic and able-body ideals of corporeal integrity. Many female figures are represented undermining the pillars of the social structure: they devour children, starve young males, contaminate male bodies with diseases and impurities, traffic with unrestricted sexuality and are associated with demoniac forces. In the process, they also expose the delusion of the social conventions of honor and virginity. Even when female authors represent themselves as favoring the spiritual realm and the acceptance of male authority, as in the case of Teresa de Ávila, her disclosure of extreme internally experienced pain and pleasure in relation to raptures, revelations and visions, created serious social obstacles. There is always a gap between private experiences of the body and external interpretations and personal acceptance of difference in conflict with public judgment and rejection. This contradiction is at the core of disability, understood as social marginalization and violence.

This study has uncovered the particularities of early modern Spanish disability by exposing the negative construction of female bodies in a society that imposed the somatic convention of a Catholic male of aristocratic lineage to the detriment of all other manifestations. The devalued representations of women's corporality in literary texts are therefore the consequence of specific ideologies and social structures within a Spanish society that needed to symbolically castrate and eliminate the impure and defective groups—subversive women, *moriscos*, *conversos*—that could potentially upset the power hierarchy.

Ultimately, the early modern discourses and literary texts examined in this book demonstrate a fear of somatic otherness that undermines the system. These texts attempt to regulate and resolve the problem created by women's inferior physicality, or by the body itself, ravaged by uncontrollable diseases, decrepit aging and unrepressed desires. The paradox in early modern Spanish literary production is that at the same time that Spain was reaching the apex of its imperial power and enforcing a masculine program of transcendent values, physical integrity and religious and ethnic intolerance, the broken female bodies of its literature—or the vulnerable materiality of all human beings—reveal the cracks in the foundational principles of power and established truths.

Re-reading pre-industrial Spanish discourses and literary texts from the perspective of feminist disability proves that disability is not just a contemporary phenomenon. The analysis in this book expands the meanings of present theories, such as ideas relating to what constitutes impairment, stigma and denunciation of difference, in order to effectively assess disability in other periods and circumstances. The central concept that makes this project viable is the consideration that, regardless of time and place, all human beings share vulnerable and mortal bodies, but this universal condition has been interpreted differently over time. The function of historians and cultural scholars is to explore how embodiment and disability manifest distinctly in concrete periods and geographical areas.

The malleable understanding of impairments and disability I use in my analytical approach should entice additional explorations of early modern Spanish culture. I would like to suggest, for instance, a deeper examination of treatises of poverty and institutional approaches to solving the problem of indigence. As I mention earlier in this book, I believe that poverty discourses illuminate the incipient development of a modern concept of disability understood in the intersection between the medieval religious charity model and the pre-industrial economic and medical responses to impairment. Another area of disability analysis could be the exploration of the abundant sumptuary texts and the enactment of laws as mechanisms for maintaining corporeal hierarchies and discrimination. The semiotic of clothing adds further nuance to the practice of labeling the damaged and diseased poor, impure Jews and contaminating prostitutes. It is my hope that *Disabled Bodies in Early Modern Spanish Literature: Prostitutes, Aging Women and Saints* will open new paths to the understanding of early modern Spanish culture and literature from the perspective of disability theories.

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