

Gendered Love Melancholia in *Cárcel de Amor*

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Melancholia stands as an important component in the dramatic configuration of Diego de San Pedro's sentimental romance *Cárcel de amor* (1492). Yet despite its ubiquitous presence, the theme of melancholia, along with its attendant subtypes, has received scant attention from *Cárcel* scholarship. While it is generally accepted that Leriano suffers from lovesickness, or *amor hereos*, a psychosomatic illness believed to be a type, a cause of, and a trigger for melancholia, Laureola's feelings toward Leriano have been a point of contention. Most scholars believe that Laureola never falls in love with Leriano. They generally consider her feelings to be *pietas* ("piedad"), or compassion, not love. While it is true that El auctor and Laureola claim as much, critics have overlooked the role that her gender and the suffocating restrictions on women's sexuality play in her half-hearted denials and therefore in the progression of her melancholic illness. This study explores the intersection between melancholia and gendered subjectivity, arguing that before being incarcerated and sentenced to death, Laureola not only exhibits all the hallmarks of lovesickness, but also some characteristic symptoms of melancholia. The text dramatizes a set of tensions between love and honor, internal and external, words and deeds, as well as avowed, unavowed, and disavowed that invites the reader to question how gender and melancholia relate to these complex indeterminacies. Laureola is compelled to dissemble and verbally forswear her feelings as a means of saving her reputation and her life, and melancholia thrives under these repressive conditions.

A cursory look at San Pedro's romance reveals that he was steeped in the discourses of humoral pathology and in the epistemic branch related to melancholia. San Pedro leans heavily on this medical tradition to fashion the characters of his protagonists. *Cárcel* is not just "spiced with references to lovesickness" (Folger, *Images in Mind* 197); it is immersed in it, including Tefeó's redeployment of Avicenna's antidote for lovesickness to cure Leriano: slandering women. The *cárcel* itself functions as an allegory of melancholia. Since the prison is a symbol of Leriano's courtly subjectivity, in fashioning his character, San Pedro blurs the line between melancholia and *amor hereos*. It is true, as the Portuguese physician Peter of Spain—who became Pope John XXI (d. 1277)—avers in his gloss to Constantine the African's *Viaticum*, that lovesickness "is said to be a melancholic worry not because of its matter, but because of its symptoms similar to melancholia" (Wack 243). The imbrication of symptoms also speaks to the ease with which one condition can evolve into the other. Laureola's sadness, fear, and trembling are features of both ailments.

Leriano's affliction has been generally accepted, while Laureola's lovesickness has been overlooked and even explicitly denied by some critics. Robert Folger, for instance, opines that "like El Auctor," Persio is "mistaken in interpreting Laureola's excitement as symptoms of *amor hereos*" (*Images in Mind* 217).¹ Folger asserts that Leriano trusts "El Auctor's 'juizio' in evaluating Laureola's feelings" (*Images in Mind* 216). El auctor, to be sure, does not "evaluate" her feelings. He observes and conveys her actions and reactions. As Peter N. Dunn observes, El

¹ Folger believes that Leriano's victory over Persio proves that Laureola was not in love with Leriano. But the *ordalía* was not about the truthfulness of her feelings. Persio had accused them of being in love and of seeing each other at unbecoming hours. In fact, in his reply, Leriano concedes that he is in love with the princess: "no niego que con voluntad enamorada la miré" (33). The core of the slander is Leriano and Laureola meeting after the king went to bed.

auctor's "role here is clearly that of a reader of signs" in a romance where "the emotions of love, guilt, embarrassment, fear, all are encoded in the same vocabulary of physical signs, while speech defines itself in endless subtleties of non-information" (194). The narrator, then, reads Laureola aloud, as it were. Then Leriano and the reader use their judgement to interpret her comportment.

Barbara Weissberger is right in noting that El auctor reads Laureola's physical body as a feminine erotic text, but not necessarily as one "in need of masculine interpretation and thereby appropriate it to Leriano's goal" (318). At least in this dramatic context, El auctor's gender is immaterial. Women can—and do—read each other's bodies for similar purposes. In Juan Ruiz's *Libro de buen amor* (ca. 1342) and in Rojas's *Celestina* (1499), Trotaconventos and Celestina also read Doña Endrina's and Melibea's bodily signs, respectively. Then they report it to the lovers.

Before analyzing Laureola's character through the lens of melancholia, it is important to establish the author's deep engagement with and understanding of the condition. Leriano's characterization offers a suitable frame of reference. Critics almost unanimously concur that he suffers from *amor hereos*. While I agree that he is *also* lovesick, I argue that he is first and foremost melancholic. From the Aristotelian Problem 30.1 through medieval Arabic and Western medicine, melancholics were thought to be predisposed to lovesickness. Both illnesses were different in degree more than in type. As a prisoner of his melancholic affliction, Leriano is a living personification of his condition. The architectural prison, its guards, and its surrounding landscape, all of which are extensions of Leriano's inner self, allow San Pedro to map Leriano's character onto melancholia. A brief overview of the condition will help us see how Leriano fits into the web of discourses associated with atrabilious illnesses.

Within the Hippocratic-Galenic theory of humors, human health depended on the right balance of four humors: phlegm, blood, yellow bile, and black bile, each related to an element, a quality, a planet, a season, an age, and a disposition. When black bile was the dominant humor, it rendered the person melancholic; its element was the earth, its qualities cold and dry, its color black, its season winter, senectitude its age, and its mood sadness. Hippocrates first defined melancholia as an illness of chronic fear and sadness in aphorism 23 (185). Galen, whose texts were the core of the academic curricula in medieval medical institutions, was even more categorical in assessing the main symptoms of atrabilious people: "Although each melancholic acts quite differently than the others, all of them exhibit fear or despondency." Galen finds an ontological tension in melancholics because, while some fear death, others "dread death and desire to die at the same time" (Radden 68). Their fear and sadness fuel distrust in others, leading to gloomy pensiveness, self-alienation, and withdrawal, proclivities that were subsequently incorporated as core symptoms in the corpus of melancholia. The Catalan physician Arnau de Vilanova, for example, described melancholics as those who refuse the company of others as well as those who are inclined to studiousness, solitude, and pensiveness (Harrington, Packard and Garrison 142). Their mind was weighed down by heavy thoughts, which overburdened their spirits, pushing the head and eyes in a downward direction. The hand-upon-cheek posture, which was associated with deep contemplation, intellectual engagement, and genial creativity, became a symbol of melancholic afflictions in medieval and Renaissance Europe.

The characterological portrait that San Pedro draws of Leriano aligns with this medical theory. The landscape of the Sierra Morena where El auctor meets Leriano is characterized by darkness, solitude, and seclusion. The allegorical prison is also fraught with elements of melancholia. Evoking the Dantean engraving at the entrance of Inferno ("lasciate ogni speranza, voi ch'entrate"), the guardian of the castle divests El auctor and Leriano from any "armas" that

could defend them from the assailments of Sadness (7), a coded term for melancholia.² Inside the edifice, the Dantean Inferno redolence is reinforced by describing Leriano sitting on a chair on, or made of, fire (“una silla de fuego” 7), also a symbol of his unremitting passion. Leriano is also tormented by a black man, a personification of Despair (11). He is served food on a black table (“mesa negra” 8). The tower itself is enveloped in a blinding darkness (8), imagery redolent of melancholy which he redeploys shortly after: “las tinieblas desta triste cárcel” (10). The phrase “triste cárcel,” which is cloaked in darkness, is an example of hypallage, or transferred epithet, because it is Leriano who is melancholy, not the prison. There are three human-shaped figures located on top of the tower with trappings in the colors of “leonado y negro y pardillo,” representing sadness, anguish, and travail (10). The first two colors, namely black and earthy brown, are emblematic of melancholia, while “leonado” (“amarillo rojizo” per Real Academia Española) is the hue of lovesickness.

Along with the overwhelming darkness and blackness enclosing the tower and its surroundings, the edifice is also remote and hermetic, spatial economies typically associated with and preferred by melancholic personalities. The last element worth pointing out is the quintessential representation of the hand upon the cheek. Right next to the black table, El auctor spots “un viejo anciano sentado en una silla, echada la cabeça sobre una mano en manera de cuidadoso” (8). Leriano assists El auctor and readers in interpreting this allegoresis: “El viejo que vees asentado, que tan cargado pensamiento representa, es el grave Cuidado, que junto con los otros males pone amenazas a mi vida” (11). In the narrative, the hand-upon-cheek man is an extension of Leriano himself. This is how *Cárcel*’s editors and early readers construed the allusion. An engraving of Leriano in the 1493 Zaragoza edition of *Cárcel de amor*, printed by Pablo Hurus, represents him in bed just before his liberating death. Leriano looks like a gaunt, old man with his gaze in a downward position and his right hand upon his cheek. His mother, Duchess Coleria, is shown by his deathbed along with a sickly or dead dog, an animal that looms large in Albrecht Dürer’s engraving *Melancholia I* (1514) and that Walter Benjamin interpreted as a symbol of melancholia (figure 1). The hand-upon-cheek posture has been the emblem of melancholic afflictions since the first literary texts written in the vernacular. In *Libro de ajedrez*, King Alfonso also depicts Saturn as an old man contemplating the spheres with the hand upon his cheek, while Berceo represents the Virgin Mary in a similar posture, with her head weighted down by the heavy burden of her sadness after Christ’s crucifixion (“la cabeza colgada, triste, man a massiella” 34b). Similar references can be found in Juan Ruiz’s *Libro* (v. 179d) and subsequently in the respective prologues for *Celestina* and *Don Quijote* by Fernando de Rojas and Miguel de Cervantes. San Pedro’s allegorical old man is preventing his head from dropping to the ground. The expression “en manera de cuidadoso” is suggestive because although “cuidoso” means “pensativo,” the overarching meaning is that the old man is supporting his cheek like a melancholic man. But pensiveness was also a constitutive characteristic of melancholia, or what Rufus of Ephesus dubbed scholarly melancholia. The exegesis proffered by Leriano of this image is equally revealing. He tells us that the old man is overburdened by heavy thoughts, concluding that he personifies Sorrow. The set of symptoms, images, and discourses that underlie the *cárcel* and its prisoner’s subjectivity are mostly related to melancholia, while only a subset of them pertain exclusively to lovesickness. This leads us to conclude that Leriano is not a captive of love, but of melancholia. It also allows us to assert that San Pedro was well versed in humorism and chose to map his protagonists’ characters onto this medical theory. In the remainder of this study, I will

² All quotes from San Pedro’s *Cárcel de amor* and from Núñez’s continuation come from Parrilla’s critical edition. From now on, I offer the page numbers in the body of the text.

show that just as he is deliberate in representing Leriano as a melancholic who is sick with love, he also decided to fashion Laureola as a lovesick woman who is forced to disavow her feelings out of fear for her reputation and her life.

Cárcel scholars have extensively probed Laureola's feelings. In the now classic study for the introduction of his 1971 Castalia edition, Keith Whinnom notes that Laureola's "conducta no se ha entendido bien" (42). Indeed, critics have vacillated between attributing her conduct to cruelty, piety, and love. Whinnom cites Gili Gaya, Bruce Wardropper, and Francisco Márquez Villanueva as scholars who believe that Laureola's character behaves with cruelty toward her suitor (Whinnom 42–43), which evokes the motif of *La belle dame sans mercy*. Whinnom refutes this assertion, pointing out that "Laureola se muestra piadosa," contrasting her compassion with the king's cruelty: "Se opone la piedad de Laureola a la crueldad de su padre" (43). Like Whinnom, most critics assert that Laureola is moved by *pietas* rather than love (Bermejo Hurtado y Cvitanovic 295, Wardropper 175–78, Howe 18–19, Corfis 133, Dunn 17–18, Folger *Images of Mind* 215 and "*Cárceles de amor*" 618, and Weissberger 316). The first reader to interpret Laureola's behavior as indicative of love is Nicolás Núñez who wrote a sequel to San Pedro's *Cárcel de amor* in 1496. Núñez's continuation was published alongside San Pedro's *Cárcel* in most subsequent editions after 1496. Like most recent readers, Núñez was puzzled by Laureola's apparent ambivalence, so he sought to clarify her "real" feelings toward Leriano. He not only affirms her deep-felt love, but also follows his intertext in ascribing signs of lovesickness onto Laureola. Marina S. Brownlee, who aptly points out that San Pedro's Laureola "never acknowledges" her amorous inclinations, states that Núñez succeeds in uniting the lovers, a feat that San Pedro was unable to achieve (174). Some modern critics have also seen the princess's actions as suggestive of love.

Pamela Waley believes that Laureola's character "bears all the conventional signs of love—preferring solitude, being melancholy in company, blushing when Leriano is named, sighing, showing changes in her voice" (260). Waley's phrase "being melancholy in company," which was considered a disease in and of itself in medieval medicine, is particularly telling because all the signs she attributes to "love" are also symptoms of melancholia. Like Waley, Frederick de Armas interprets Laureola's conduct as redolent of love, affirming that after Leriano kisses her hand during their first encounter, "no hay equívocos, no hay dudas. No se nos habla de piedad, sino de pasión" (405). De Armas is right in noting the transparency of her passion, but we can trace her affection back to an early encounter with El auctor even before Leriano wrote his first letter. María Rosa Lida de Malkiel opts to interpret Laureola's behavior as ambiguous: "Tampoco Diego de San Pedro acaba de decidirse entre amor y piedad" (454). In his masterful analysis of the romance, Dunn also expresses an ambivalence, not concerning Laureola's feelings but regarding critics' ability to scrutinize her emotions. After doing just that, and concluding that El auctor "badly misreads, apparently, the signs in Laureola's [amorous] conduct," Dunn tells us that "the text permits us to ask" about her feelings, before changing course: "In fact, I am not convinced that we should try to answer such questions" (194). This paper takes on "such questions," not just because they pertain to Laureola's characterological fashioning, but also because they have a bearing on gender interrelations. Although Waley's and de Armas's opinions are closer to mine, I will push the boundaries further and argue that the princess exhibits more than signs of love. She develops a lovesickness that threatens her health, her life, and her position within the sociopolitical structure of the kingdom.

Laureola's lovesickness is not the product of a sudden illness, as it occurs with Doña Endrina and Melibea, but a natural process of falling in love. The first encounter between El auctor

and Laureola occurs after Leriano's self-awareness of his melancholia. This initial meeting reveals two elements important to our discussion. Laureola appears romantically uninterested in Leriano, and she is self-conscious of her identity as a royal woman. After hearing El auctor's mediation on Leriano's behalf, her rejection is stern and sincere. She refrains from denouncing his misconduct only because the procurer is a foreigner and because she wishes to contain the harmful gossip that could ensue from this scandal. But El auctor is determined to help secure an antidote to cure Leriano's melancholy, which according to medical folklore was union with the object of desire. El auctor, then, returns the following day, finding that Laureola no longer shows the vexation she had shown the day before, a positive sign that simultaneously encourages and makes him suspicious of her sincerity. El auctor perceives receptiveness in Laureola's attitude, so he visits her repeatedly over multiple days: "En fin, pasado aquel día y otros muchos, hallava en sus apariencias más causa para osar que razón para temer, y con este crédito aguardé tiempo conveniente y hízele otra habla" (17). Even without adducing Laureola's tension between her words and her deeds, the narrator's statement underscores her vacillation. On the one hand, she welcomes him and interacts with him regularly, her body language betraying her accessibility. On the other, she refuses to acknowledge her feelings. El auctor often expresses his perplexity at Laureola's mixed signals because her words negate her body language and vice versa. It is not that he chooses to contravene her words. He seems to find her body language more credible. If the princess had wanted him to stop, she could have either said so emphatically or denounced the procurer's dangerous entreaty. But she chose to express tepid denials instead.

San Pedro accelerates the pace of his narrative, packing a wealth of information in one sentence. He tells us that El auctor retakes his "negociación," an expression implying that Laureola is seen as fungible commodity that can be acquired as medicine ("remedio") for Leriano's illness. She rejects the procurer's proposal but shows less anger. He, subsequently, highlights the disconnect between her discourse and body language (17). This contradiction is so constitutive of her characterology that the author does not tire of drawing his reader's attention to it: "Todas las vezes que tenía lugar le suplicava se doliese de Leriano, y todas las vezes que ge lo dezía, que fueron diversas, hallaba áspero lo que respondía y sin aspereza lo que mostrava" (17). Laureola's glaring contradiction, which simultaneously affirms what she denies, invites us to ponder about her circumstances and those of women in general, and to reflect on a gendered question: Do we believe her somatic expressions, which function at the level of the irrepressible, or the words that contradict her body language? As a royal lady, social convention and propriety dictate that she disavow her passion, not only because her body and desire are subjected to the king's will, but also because courtly love conventions required it. Otherwise, as *Celestina* says in interpreting Melibea's splenetic reaction after mentioning Calisto's name, "ninguna diferencia habría entre las públicas que aman, a las escondidas donzellas, si todas dixessen 'sí' a la entrada de su primer requerimiento," adding that noble women "a quién más quieren, peor hablan" (353–54). Laureola knows that engaging in a relationship with Leriano without her father's consent represents a crime punishable with death, a gendered law that the king references in his conversation with the cardinal of Gausa and that Carmen Parrilla observes "solo recae en la mujer" (47 [footnote 6]). Hence, we must interpret her internal conflict as a struggle between her rational mind, which compels her to disclaim her feelings, and her psychosomatic urges, stimulating her to desire Leriano. She finds herself in this dilemma because she is a woman. When Leriano is confronted with a similar predicament, he states: "Las cosas de onrra que pones delante conózcolas con la razón y niégo las con ella misma" (24). Leriano can transgress the social norms that police honor because he is a man. Were he a woman, "she" would only defy social norms if "she" were willing to sacrifice

“her” life in the altar of love, as Princess Mirabella does in a similar situation in Juan de Flores’s sentimental romance *Grisel y Mirabella*. But Leriano is not a woman; Laureola is, and she must grapple with the reality of her womanhood within a society that measured women’s worth on notions of chastity and “onrra.” Gendered considerations, hence, are at the core of Laureola’s contradiction.

Laureola’s words could sow doubt in *El auctor*, but Laureola turns her body into an open book that can be read, interpreted, and diagnosed. If Laureola’s body tells a story, it is one about women’s struggles with mental health issues on account of shame and fear of incurring man-made rules about male anxieties about female sexuality. Pushing the body-as-text metaphor further, Laureola’s body can be construed as a treatise on lovesickness that contains the illness’s most paradigmatic features. Just after noting that her actions negated her words, *El auctor* offers a comprehensive description of her symptomatology, one through which “se conosce el corazón enamorado”:

Quando estava sola veíala pensativa; quando estava aconpañada, no muy alegre; érale la compañía aborrecible y la soledad agradable. Más vezes se quexava que estava mal por huir los plazerres; quando era vista, fengía algund dolor; quando la dexavan, dava grandes sospiros; si Leriano se nonbrava en su presencia, desatinava de lo que dezía, bolvíase súpito colorada y después amarilla, tornávase ronca su boz, secávasele la boca; por mucho que encobría sus mudanças, forçávala la pasión piadosa a la disimulación discreta. (17)

This fragment details with great precision how love melancholia has been inscribed onto Laureola’s body, a body controlled by her illness. It is worth stopping to parse in detail the great wealth of symptoms, images, and discourses related to melancholia and lovesickness. Because every single phrase contains a symptom of either melancholia, *amor hereos*, or both, I will analyze each fragment individually.

None of the elements in this constellation of symptoms is aleatory. They all come from medical manuals on melancholia and lovesickness. The pivotal phrase “si Leriano se nonbrava” harks back to the widely disseminated case of Perdica’s malady, or “aegritudo Perdicae.” The basic gist of Perdica’s story, which Mary F. Wack studies in detail in her classical monograph *Lovesickness in the Middle Ages*, is that Hippocrates diagnosed the youth’s lovesickness after observing his sudden change of pulse upon seeing his beloved—who happened to be his stepmother. After this case, Galen and his medieval physicians developed a heuristic methodology through which they could classify the malady. The impossibility of parading women by the lovesick man’s bed caused doctors to adjust, so they would utter the name of probable lovers until they detected a heart arrhythmia. In his section on lovesickness, for example, the eminent physician and professor of Montpellier Bernard of Gordon recommends doctors to look for sudden pulse changes in the lover when “la nombraren o passare delante d’él,” adding that “por aquesta manera conosció Galieno la pasión de un mancebo doliente” (108). Bernard here alludes to Galen’s account in his commentary on Hippocrates’s *Prognostics* in which Galen was able to identify the lovesickness of Justus’s wife for a dancer named Pylades. In a section on *‘išq*, or lovesickness, in *Canon of Medicine*, one of the most influential texts in medieval academia and culture, Avicenna, who claims to have discovered a patient’s lovesickness by employing this scheme, offers advice on how to conduct this clinical test: “The way of doing this is *to mention many names repeatedly* while the finger is kept on his pulse” (Dols 484, emphasis added). Francisco López de Villalobos’s *El sumario de medicina* cites Avicenna as authority when mentioning the same empirical technique (322). Literary authors deployed this clinical notion for dramatic effects. Juan Ruiz’s *Libro*

suggests this procedure when Trotacontentos utters the Archpriest's name and takes note of her physiologic reactions (vv. 807–10). Fernando de Rojas, who mentions Erasistratus, the eminent physician who diagnosed Prince Antiochus's lovesickness for his stepmother Stratonice owing to his change of pulse, the first physician who identified the methodology, takes this theory to the extreme. In her second encounter with Melibea in act 10, Celestina, who takes on the role of a physician to cure Calisto's lovesickness, pronounces Calisto's name. Melibea's pulse not only changes, but her heart seems to stop altogether, fainting on the spot. Celestina fears that she has died, but Melibea wakes up, and she feels obliged to admit her lovesickness. San Pedro also puts this medical hypothesis to the test, making El auctor utter Leriano's name and document the physiological vicissitudes revealed by her body.

The very first sentence of the previous fragment offers two markers of melancholic afflictions, namely, isolation and pensiveness. The author invites us to see Laureola as a lovesick woman who actively seeks solitude in order to indulge in her amorous thoughts. Even when she is in people's company, she shows sorrow. Laureola dislikes people's company and relishes solitude. Medieval medicine considered her behavior indicative of a melancholic personality. As seen above, Arnau de Vilanova defined melancholics as those who flee from the company of others and engage in brooding solitude. Bernard of Gordon comes to a similar conclusion, describing atrabilious people as those who avoid “la compañía de los ombres e son continuamente en tristeza” (105). In *Ṭawq al-Ḥamāmah* (1022), rendered into Spanish as *El collar de la paloma*, after their tendency toward silence and pensiveness (“creo que es melancolía”), the al-Andalusian philosopher Ibn Ḥazm notes that lovesick people exhibit “afición a la soledad; la preferencia por el retiro” as well as bodily extenuation and exhaustion (116). Even Alfonso Martínez de Toledo's *Corbacho* (1438), whose medical theories are greatly diluted by the author's overt misogyny, describes melancholics as “tristes, sospirantes, pensativos” who “fuyen de todo logar de alegría” (208–09). Laureola seeks solitude not to avoid seeing other people's joy, but to conceal her sadness brought on by her lover's absence. At other times, El auctor avers, she complains about an illness to flee from places where there is merriment. San Pedro echoes Martínez de Toledo's description of the melancholic's symptomatology, when saying that Laureola “feigns” an “illness” to “huir los plazerés.” In all effects, the lovesick princess “fuye de todo logar de alegría,” perhaps also because other people's cheerfulness foils her sorrow.

El auctor continues saying that when people spot Laureola in her solitude brooding about Leriano's absence, she feigns pain. What the narrator insinuates is that she is unable to conceal her sadness, so she must try to justify her sorrow by pretending to be in physical pain. Her deceit here, which points to a broader pattern of misrepresenting her feelings, strongly suggests that she is not feigning her pain, but its source. Nevertheless, when she thinks she is unseen, she feels free to express her lovesickness, giving “grandes sospiros.” In our times, sighs are associated with pangs of love, longings, and a general state of sadness, but sighing was thought to be a sign of melancholia and lovesickness alike. As seen above, Martínez de Toledo claimed that melancholics were sad, pensive, and *sospirantes*. In his section on *īshq*, Avicenna states that “there is much deep sighing” in lovesickness on account of their “psyche” being alienated and withdrawn, reiterating that lovesick men's eyelids are heavy “because of insomnia and sighing” (Dols 484). In *Lilio de medicina*, likewise, Bernard asserts that lovesick people “pierden el sueño e el comer e el beber e se enmagresce todo el cuerpo, salvo los ojos, e tienen pensamientos escondidos e fondos con *sospiros llorosos*” (108, emphasis added). In San Pedro's romance, El auctor modifies the noun describing Laureola's sighs with the intensifier “grandes,” thus informing us that she is greatly affected by her “mal” and her “dolor.”

El auctor continues methodically describing Laureola's psycho-ontological anarchy, asserting that she loses control of herself. He narrows her physiological reaction to four cardinal signs, all of which are unequivocally effects of love melancholia. First, she loses her ability to speak properly; second, her skin complexion changes from yellow to red; third, her voice turns hoarse, and fourth, her mouth becomes dry. These symptoms can be readily mapped onto the medical phenomena of melancholy and lovesickness.

The sudden loss of articulate speech, or discursive rumblings, is an effect of mental alienation that causes a disconnect between body and mind. The connection between melancholia and loss of speech, or "depressive speech" as dubbed by Julia Kristeva to describe melancholic people who sink into monotonous, inaudible, and meaningless speech before sinking into mutism (43), has deep roots in medical epistemology. Aristotle's Problem 30.1, for example, drew a connection between acute melancholics and loss of speech (Földényi 42). Similarly, in his section on lovesickness, Bernard asserts that *amor hereos* is a condition that results from self-alienation and fixation upon the object of desire, which leads to an inability to communicate properly: "En tal manera que si alguno fabla con él no lo entiende, porque es en continuo pensamiento. Esta slicitud melancónica se llama" (107). Ibn Ḥazm also documents this feature in his *risala* about the symptomatology of *išq*, asserting that when the beloved is mentioned: "Entonces se ve claro cómo se le traba la lengua y empieza a balbucear, y se observa ostensiblemente que se pone taciturno, cabizbajo, y retraído" (116). The same phenomenon can be seen in literature. In *La vita nuova*, a text that Erich von Richthoufen has seen as a source for San Pedro's *Cárcel* (32–33), Dante constantly stresses how his "amorosa erranza" prevents him from speaking at all ("vorrei dire, e non so ch'io mi dica" 24), just before he describes an episode during a wedding when he sees Beatrice, and he suffers such physiological alteration that he is laughed out of the hall, making him withdraw into his chamber to cry and write poems aimed at justifying his melancholic behavior (26–34). In an example of projection, Dante later avers that when other men see Beatrice, their tongues tremble and go mute ("ch'ogne lingua deven tremando muta" 64). Juan Ruiz's *Libro de buen amor* also attributes trembling, change of skin color ("mudar sus colores" 405b) and "perder seso e fabla" (405c, emphasis added) to lovesickness. Leriano himself is unable to speak properly when talking to El auctor about Laureola: "La turbación de mi lengua ya la notas" (24). Laureola's discursive "desatinos," hence, derive from her lovesickness.

Perhaps the most overt sign of Laureola's *amor hereos* is her sudden color changes. She turns "colorada," then "amarilla." In Nicolás Núñez's continuation, along with losing her discursive ability and her physical strength, Laureola also turns "amarilla" after speaking with Leriano's ghost (101). Folger asserts that Núñez's description of Laureola's love for Leriano is his *only* "misreading" of San Pedro's romance ("*Cárceles de amor*" 626), but this is unsupported by *Cárcel* and by its theoretical subtext. Indeed, in his *Sermón*, a treatise on courtly love that Waley considers the foundation of *Cárcel de amor* (255), San Pedro gives a list of signs that betray a strong passion, many of which are shown by Laureola, including "aquel mudar de la color," and "aquel temblar de la boz, y aquel atenzar de los dientes, y aquella sequedad de la boca" (Whinnom 175). After explaining in *Sermón* how men are alienated with love, San Pedro reiterates that excessive love can change the facial complexion to yellow ("las colores amarillas"), as well as other symptoms displayed by Laureola: "bocas secas, las lenguas enmudecida" (Whinnom 181). This symptom has a long-established tradition in medical and literary texts. The most comprehensive explanation about this phenomenon can be found in Ḥunayn's book titled *Kitāb Ādāb al-Falāsifah*, rendered into Spanish in the early thirteenth century with the title *Libro de los buenos proverbios*. There are two extant versions of this work, a short one housed in the Biblioteca

del Escorial (Ms Escorial 760, f. 48) and a longer form. The short version contains a chapter on lovesickness in which the author asserts that when the lovesick hears (“oee”) the name of the beloved, “camiasle la color y esto non lo puede toller sinon la merçet de Dios” (Sturm 147–48). In the longer version, Chymes asks Aristotle to elucidate “why the face of the lover turns yellow when he looks at his beloved” to which the philosopher responds: “When the blood drains his color changes, and when it changes it makes him turn yellow” (Biesterfeldt and Gutas 43). After this explanation, Agathodaimon makes a gendered distinction, arguing that under similar circumstances men’s color turns yellow but women’s turns red. Just as black was the most paradigmatic hue of melancholia, yellow was the color of lovesickness.³ This medical theory percolated into literature and culture. In his reworking of the biblical story of Amnon and Tamar, included in *General estoria*, King Alfonso describes Amnon’s illness in blunt terms “enamoróse d’ella tanto que se querié perder por ella e enfermó por su amor,” a melancholic ailment that turns him “triste, e amarillo, e magro” (Brancaforte 204). Chaucer also represents the lovesick Arcite as changing to a yellow hue after seeing Emily from his prison in “The Knight’s Tale” (“hew fallow and pale as asshe colde” v. 1364). The most explicit example, however, can be found in Juan Ruiz’s *Libro* in which Trotaconventos, who serves the same basic function as narrator and procuress in this instance as San Pedro’s El auctor, finds “muchas señales” (808d) in Endrina’s bodily semiotics, including her trembling lips, her facial color shifts from red to yellow (“el color se le muda bermejo e amarillo”), and heart arrhythmia (810abc). Juan Ruiz had noted Endrina’s coloration just three stanzas prior: “Quando de vós le fablo e a ella oteo,/ todo se le muda el color e el aseo” (807cd). Both Endrina and Laureola turn red and yellow because they are unable to control their bodily responses. Juan Ruiz and San Pedro also evoke the medical notion of the irregular pulse by suggesting that the lovers’ demeanor change when their beloved’s names are mentioned. Laureola’s dry mouth and coarse voice also have roots in medical theories connected with lovesickness.⁴

After this systematic documentation of symptoms associated with *amor hereos*, I want to turn our attention to the concluding sentence in the previous fragment, which posits that “forçávala la pasión piadosa a la disimulación discreta.” The entire sentence is fraught with logical and conceptual contradictions. First, “pasión piadosa” is an oxymoron of sorts. The emotion of passion, which suggests feelings of love, desire, and suffering as well as sickness, is not logically compatible with *pietas* because, influenced by stoic and theological thought, passion was associated with wantonness as well as moral and spiritual decadence, while *pietas* represented opposite values. Furthermore, the idea that this “pasión piadosa” forced Laureola to a “disimulación discreta” is also contrary to evidence. Far from concealment and discretion, Laureola’s body is an open text that exposes her stark “pasión.” The scholars who defend the thesis that Laureola was moved by compassion rather than love mostly rely on this devious assertion—and similar ones voiced by the princess. Unlike the long list of visible symptoms, furthermore, this sentence is not empirical observation but San Pedro’s intrusion to his text. El auctor further

³ Constantine the African begins his influential *Viaticum* by describing the color of the lovesick persona as yellow (“citrini ipsorum colores” Wack 188). The Portuguese physician Peter of Spain writes “depressed thoughts, a yellow face [‘citrina facies’], sadness without cause” and “deep sighs” as core symptoms of *amor hereos* (Wack 235). Francisco López de Villalobos’s *El sumario de medicina* makes the same assessment in a section on lovesickness, which follows closely Avicenna’s theory, packing nearly all symptoms exhibited by Laureola in one stanza, including loss of proper discourse (“mill desatinos”), longing for solitude (“desear soledades”), sighing (“sospiros”), and irregular pulse (“el pulso es sin orden y mucho menor”), and, of course, loss of color (“perdido el color”) (322).

⁴ Aside from the opinions quoted above from San Pedro’s *Sermón*, Bona Fortuna, in his gloss to Constantine’s *Viaticum*, says that the signs of lovesickness are “burning and dryness of the mouth” (Wack 259).

contradicts himself by asserting that “viendo en ella tales señales” of love, he begins to have hope in his enterprise (17–18), so he encourages Leriano to compose a letter to Laureola.

There are two other instances in which Laureola’s body betrays her desire and belie her denials. They are worth bringing to the fore, not because they add significant more details to her previous display of somatic expression, but because they underscore the author’s resolution to insert Laureola’s character into the medical tradition of lovesickness. The first instance occurs after reading Leriano’s second missive in the presence of the attentive procurer and the second during her first encounter with Leriano.

Laureola had accepted Leriano’s first letter with ambivalence, but she had made it clear to El auctor that she would not write a reply. Perhaps because she was intrigued by the first one, she received the second one with eagerness. El auctor tells readers that she “recebió, y començó y acabó de leer” the letter. Aided by the polysyndeton, the quick succession of preterit verbs conveys the alacrity and mental ferment in the princess. The narrator is attentive to her somatic textuality to convey her actions to Leriano and his reader:

Vi que quando acabó de leerla quedó tan enmudecida y turbada como si gran mal toviera; y como su turbación de mirar la mía no le escusase, por asegurarme hízome preguntas y hablas fuera de todo propósito; y para librarse de la compañía que en semejantes tiempos es peligrosa, porque las mudanças públicas no descubriessen los pensamientos secretos, retráxose, y así estuvo aquella noche sin hablarme nada en el propósito. (26–27)

This set of symptoms—mutism, mental distress, discursive anarchy, mood swings, and self-isolation—comes to further exteriorize her “pensamientos secretos.” It is also fascinating that El auctor continues interpreting her displays of sorrow and lovesickness as a feigned “gran mal.” This brings to mind Amnon and Tamar’s story when, after seeing Amnon wasting away for love, Jonadab counsels his lovesick friend to *feign* his illness (“faz te enfermo e echate en lecho” Brancaforte 204). Laureola, like Amnon, does not have to “feign” an illness because by medieval medical standards, she ails from a melancholic condition that reputable physicians thought to be fatal (Wack 189). Leriano’s death attests to the illness’s deadliness. Unable to express her thoughts out of mental agitation and confusion, she retires to her bedroom to regain her composure and her humoral balance. This scene calls to mind a similar one from *La vita nuova* in which Dante, after saying that his body becomes lifeless “come cosa grave inanimata” upon greeting Beatrice, describes how grief spurs him to withdraw into his room after being unable to see his beloved and cries himself to sleep “like a boy who had been beaten” (19). Like Dante, Laureola’s grief prompts her to withdraw into her chamber (“retráxose”) where she remains silent and conceivably downcast and sleepless through the night.

The following morning, Laureola calls for El auctor. Here, he attributes her vexing behavior to a lack of experience in matters of love (“quienquiera que la oyera pudiera conocer que aquel studio avié usado poco” 27). The procurer does not lose an opportunity to underscore her ambivalence, stressing the same symptoms he had noted in previous encounters: “Ya de enpachada estava *encendida*; ya de turbada se *tornava amarilla*; tenía *alteración* y tan sin *aliento la habla* como si esperara sentencia de muerte; en tal manera le *tenblava la voz*, que no podía forçar con la discreción al *miedo*” (27, emphasis added). El auctor repeats some signs mentioned before: perturbation, change of color in her face to yellow, and speech impediments. He also includes other symptoms not noted before, such as her trembling lips, which evokes Endrina’s (“Los labros de la boca tiénblanle un poquillo” 810a) and Dante’s while he is withdrawn in his room (“tremando di paura che è nel core” 24). Laureola also displays anger (“enpachada”) and fear (“miedo”). Both

emotions are intrinsically linked to melancholia. Let us recall that Hippocrates defined melancholia as an illness of chronic fear and sadness, while anger was believed to be the effect of melancholia. Martínez de Toledo lists anger as the foremost feature in melancholia: “[Los melancólicos] son ombres muy irados, sin tiento nin mesura” (208). The term “splenetic,” which used to mean “given to melancholy,” captures melancholia’s intrinsic relationship with anger since black bile was believed to originate in the spleen. Anger, though, was also a symptom of lovesickness: “The trio of depression, love, and anger evident in these two works emerges so often in descriptions of melancholy and lovesickness” (Wack 13). El auctor draws a connection between these overt signs of *amor hereos* and Laureola’s impending death sentence. This link reveals an inherent social and legal danger for women who fall prey to love melancholy, as we will see below.

The last time Laureola shows external symptoms of lovesickness is when she sees Leriano for the first time within the diegesis. When Leriano kisses her hand, the princess cannot suppress her feelings and emotions, in El auctor’s words:

Al uno le sobraba turbación, al otro le faltava color; ni él sabié qué dezir ni ella qué responder, que tanta fuerça tienen las pasiones enamoradas, que siempre traen el seso y discreción debaxo de su bandera, lo que allí vi por clara esperiencia. (30)

The same motifs keep appearing, but now El auctor notes the reciprocity of these feelings, which are engraved onto their bodies: their change of color, psychic confusion, speech anarchy, and even loss of reason. The narrator has no qualms about acknowledging that these are the effects of their “pasiones enamoradas,” a phrase that mirrors the one used to suggest that Tefeo identifies Leriano’s lovesickness (“enamorada pasión” 64) before offering his Avicennian antidote of denigrating women in front of the lover. Medieval treatises on lovesickness often used the term “passio” to suggest a somatic illness. Indeed, Wack renders the term “passionibus” employed by Paul of Aeginas in a treatise on love as “diseases” (14). San Pedro’s redeployment within this medical context partakes in this semantic field. El auctor insists that these are sudden changes in their demeanor (“mudanças”). And these very *mudanças* come to betray their feelings in the eyes of the prevaricator Persio who “miró en ellas [las mudanças] trayendo el mismo pensamiento que Leriano traía” (30–31).

San Pedro makes it clear that Persio sees the external alterations in both lovers, not just in Leriano. In *Sermón*, San Pedro had warned against showing these types of overt signs in public because “diversas vezes las aparencias del rostro son testigos de los secretos del corazón” (Whinnom 175). In other words, San Pedro employs Laureola’s character as a warning and example of that which courtly ladies should never do in public. Persio becomes jealous not only because his desire mimics Leriano’s, but also because he perceives that Laureola requites Leriano’s passion. Had he detected *pietas* or indifference in the princess, he would not have become so enraged because, as Leriano reveals in the letter anteceding their *ordalía*, or trial by combat, they were close friends. Persio reads the “fuerça” of the “pasiones enamoradas” in Laureola, prompting him to betray his erstwhile friend and the chivalric values of honor and virtue, telling the king that “Laureola y Leriano se amavan y que se veían todas las noches después que él dormía” (31). The first allegation is true and the second one categorically false. This is not the place to judge Persio’s intentions or character. His words are relevant for this study only insofar as Laureola’s external symptoms are not only obvious to El auctor, but to anyone who looks intently at her bodily semiotics. Yet despite the multiplicity of symptoms of lovesickness and melancholia, Laureola continues expressing at every turn that she is acting out of pity, not love.

This begs the question: Why does she disavow her feelings even as her body is unable to conceal them? The answer goes beyond the mere concepts of *honra* and love.

Laureola's public disavowal of her own illness can be best interpreted through the contemporary theory of melancholy put forth by Juliana Schiesari in *The Gendering of Melancholia*. Premodern medical thought created sophisticated nosologies to categorize melancholia and its subtypes. In a gross generalization, melancholia was classified into two broad categories: a negative type, which encompasses all diseases brought on by black bile, such as cancer, leprosy, madness, rabies, depression, among others, and a positive type, such as poetic genius, gifted statesmanship, scholarly activities, and so on. Schiesari's overarching argument is that premodern medical theorists overwhelmingly associated melancholic greatness with men, while melancholic women were dismissed as depressed, neurotic, or mad: "Nothing more eloquently expresses what I call the gendering of melancholia than this split between a higher-valued form understood as male and a lower-valued one coded as female" (16). Schiesari's thesis has been upheld and applied to Iberian culture and literature. Magdalena S. Sánchez, for example, notes that in the court of King Felipe III (1578–1621), women's melancholy "reaffirmed female moral and physical weakness, [and] for the Duke of Lerma, it accentuated his power and creativity" (92). In Iberian medieval literature, to be sure, countless melancholic men died from atrabilious diseases, but one will be hard-pressed to find a melancholic woman of genius. (In the mid-fifteenth century, Teresa de Cartagena wrote a medico-theological treatise called *Arboleda de los enfermos*. Since it was an eloquent work of art, medieval thinkers refused to accept that it had been written by her, a woman, positing that it had been either written by or plagiarized from a man. This misogynistic reaction prompted Teresa to write another book, *Admiración Operum Dey*, to defend her authorship). Melancholia, therefore, is not an illness with which any medieval woman wants to be associated. The notion of gendered melancholy shines a bright light on Laureola's disavowal of her condition, but her denial is even less surprising when applying this theory to a notion we could term "gendered *amor hereos*."

Intense sexual desire has been associated with melancholia since Ancient Greek medicine. Problem 30.1, for instance, posited that black bile and wine had similar effects on the body. Since wine causes sexual desire, the excess of melancholic humors renders melancholics "usually lustful" because sexual excitement was due to breath (159). This idea was later applied to lovesickness. Avicenna believed that lust ("hawā") was the cause of *išq*, hence his theory that intercourse could cure the condition. Constantine and his medieval followers further developed the hypothesis that *amor hereos* was an affliction provoked by intense sexual desire with "an intense natural need to expel a great excess of humors" (Wack 189). Being an illness overtly associated with lust, lovesickness was a male gendered condition. Given the medieval stringent norms and laws against female sexuality out of wedlock, unmarried women could not admit to this illness without risking their lives. King Alfonso's literature offers a germane example of this phenomenon. In *cantiga* 125, a demon engenders lovesickness on a noble lady. As she convalesces in bed, she tells her parents that if she is not married to her object of desire, she will end her life. Infuriated by her lovesick symptoms, which reveal her lust and depravity, her father tries to kill her, but she is saved by the necromantic suitor who had commanded the demon to cause her lovesickness. What draws me to the Alfonsine *cantiga* is the father's reaction to his daughter's love melancholia. Just as King Gaulo reacts toward Laureola, he is ready to sacrifice her life in order to save the household's reputation and sense of morality. Lovesick women, therefore, were perceived as sinners, immoral, and a threat to patriarchal institutions, particularly when they were of royal lineage because, as Laureola tells El auctor, people are quicker to judge noble women's

“pequeña manzilla que en las baxas la grand fealdad” (21). Noble women had the double burden of being and appearing chaste. When men had suspicion of women’s wrongdoing, the latter had the obligation of proving their innocence. Men’s oppression played an overwhelming role in women’s depression. Laureola’s case is a good example of these androcentric laws.

For men, lovesickness was an ennobling condition, not just because male hypersexuality was a positive trait, but also because the term *hereos*, likely deriving from “heroes,” suggests both masculinity and nobility. Gerard of Berry, for example, linked lovesickness with noblemen: “Heroes dicuntur uiri nobiles” (Wack 342), while Arnau de Vilanova believed that love melancholia was a lordly condition because it mostly affected lords (Wack 324). Leriano’s mother invokes this medical theory when she laments her son’s impending death from *amor hereos*: “Bienaventurados los baxos de condición y rudos de ingenio, que no pueden sentir las cosas sino en el grado que las entieden.” Whinnom adds a footnote in his Castalia edition where he explicitly links this statement to medical treatises on lovesickness, “como por ejemplo el [tratado sobre *amor hereos*] de Arnau de Vilanova” (173). Indeed, this gendered aspect of lovesickness allows Leriano to admit publicly to his condition in the letter accepting Persio’s *ordalia*. In the ethos of courtly love, exemplified in medieval Iberia in sentimental romances and in cancionero poetry, pining for love was the ultimate act of love for the true *amador*, as San Pedro forcefully asserts in *Sermón*. For women, it was seen as sign of dissipation and immorality. Dunn captures this gendered dichotomy, stating that “for Leriano, passion is life, and refusal is death. For Laureola, her honor is life, yielding is death” (193).

Based on this gendered perception of melancholia and lovesickness, Laureola felt compelled to disallow her feelings and disavow her illness. Melibea, who falls prey to lovesickness because of Celestina’s demonic *philocaptio*, conveys women’s predicament to perfection. Like Laureola, *mutatis mutandis*, Melibea rejects Calisto while her body belies her words, as Calisto remembers the day after: “Aquellos desvíos sin gana, aquel ‘apártate allá, señor, no llegues a mí’, aquel ‘no seas descortés’ que con sus rubicundos labrios vía sonar [...]; aquellos amorosos abraços entre palabra y palabra, aquel soltarme y prenderme, aquel huyr y llegarse, aquellos açucarados besos” (528). In the opening scene of act 10, when Melibea first acknowledges her lovesickness, she decries women’s lack of freedom to express their condition and, in doing so, seek a proper treatment for her “queja” and “pena”: “¡O género femíneo, encogido y frágile! ¿Por qué no fue también a las hembras concedido poder descubrir su congoxoso y ardiente amor, como a los varones?” (440–41). Melibea, who owes some of her characterological traits to Laureola’s personage, is not seeking an answer to this fraught question, but expressing her melancholy to allay her sickness. In her study on melancholia, Judith Butler notes that melancholia becomes more acute when it remains unavowed (178). Sharing the condition is cathartic and therapeutic, not least because acknowledging an illness could be the first step toward seeking specialized help. In Laureola’s context, as in Melibea’s, this hypothesis is relevant because she is compelled to repress her sickness for fear of her personal safety.

Laureola dissembles her lovesickness for *piEDAD*, thus risking a deterioration of her condition. She first resorts to the notion of compassion to justify her attentions toward Leriano in her first letter. After she has been imprisoned by her father, she rehearses the same utterance in her second missive: “Cataquí el gualardón que recibo de la piedad que tuve” (42). Here, of course, she is not explicitly denying her love. *Pietas* and lovesickness are not mutually exclusive. She is driven to write this disavowal because of fear. At this moment, she is in prison awaiting her execution, and she fears the letter could be intercepted by her father and be used to corroborate the king’s suspicion and justify his murderous impulses. Núñez understood Laureola’s fear and predicament.

After implying that she was lovesick, Núñez makes Laureola disclose the reasons for concealing her condition: “El temor de mi honra y el miedo del rey mi padre pudieron más que la voluntad que le tenía” (87). Fear, one of the two cardinal symptoms of melancholia according to Hippocratic and Galenic doctrines of humorism, prevents her from confessing her passion. Her fear is not just dread of death, which she clearly has, but fear of being “diagnosed” with melancholia or lovesickness, a medicalized condition that would render her biologically lustful and clinically immoral. Laureola, in Weissberger’s words, chosés “to be oppressed by ‘honor’ rather than ‘love’” (319). But it is not just “honor” that is oppressing her. As Howe notes, Laureola is being oppressed by men who are “quicker to condemn her than to listen to her,” rendering her “the true victim of the *Cárcel de amor*” (25). And she would have been victimized further had she confessed her lovesickness. One may wonder why melancholia kills Leriano but spares Laureola. I agree with de Armas when he writes: “Parece como si el sufrimiento causado por el amor, la haya decidido a desecharlo” (407). At the end, unlike Melibea and Mirabella, Laureola prefers to live with her psychosomatic condition than die in infamy from a gendered lovesickness that was deeply stigmatizing for women.

San Pedro, therefore, was cognizant of humoral theories. He resorted to this medical epistemology to fashion his protagonists’ characters. Leriano is not only lovesick but also melancholic, one who succumbed to his illness because he refused to live a life without the prospect of fulfilling his desire. Leriano, though, is not killed *just* by love, but by a confluence of *amor hereos* and melancholia. The engraving included in the 1493 Zaragoza edition leads the reader to infer that an acute case of melancholia prompts his world weariness as well as his rejection of life and its travails. San Pedro wanted his readers to interpret Laureola’s personage through the same medical lens. He turns her body into a metaphorical intertext, one that educates its readers on the complex set of symptoms of lovesickness and its dangers. But because melancholia and *amor hereos* were coded conditions that ennobled men and depreciated women, women had to repress—and attempt to suppress—and publicly disavow their illness. Laureola’s character is a victim of this gendered difference. Her mouth must deny that which her body affirms, lest she lose her *honra*, her freedom, and ultimately her life. Were women afforded the personal freedom that Melibea laments not having, Laureola would not have to contradict her body’s forceful statement or fight to repress her desire. Instead, as Laureola herself confesses to El auctor in Núñez’s sequel, she is condemned “[a] que mi vida biva muerta” (87).



(Figure 1). Leriano in his deathbed (*Cárcel de amor*, Pablo Hurus, Zaragoza, 1493)

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