Sleep Disorders in Shakespeare’s Drama: A Neuro-Literary Perspective

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Abstract

This study aims to analyze Shakespeare’s portrayal of sleep disorders from an interdisciplinary perspective, focusing on the aesthetic design of dramatic character developments that result in these illnesses. By combining literary, scientific, and psychological viewpoints, the study aims to demonstrate that Shakespeare dramatizes the cases of infected characters within the context of well-crafted plots, using figurative language rather than diagnosing their illnesses clinically. The study also highlights the hidden motivations and human causes that give rise to parasomnias, as well as the dangers to the community through the vivid plot flow. Neuropsychological studies highlight the consequences of these problems for the diseased person, but this study goes beyond that to illustrate the dangers to the community as well through the vivid plot flow, as in the case of Macbeth, adding a new dimension to the adverse effects of sleep.

Introduction

William Shakespeare demonstrates a high ability to monitor human behavior and a variety of natural phenomena. In his plays, the groundbreaking playwright incorporated the knowledge of his age [1] about natural human phenomena and further described many clinical and mental disorders. Sleep is one such important phenomenon treated in his works. He refers to the natural phenomenon of sleep in almost all of his plays and poetic works. The word sleep in different derivatives is mentioned 329 times in the First Folio edition, and more than 10% (37 times) of them appear in Macbeth [2]. In some cases, the word appears casually and is not developed into a human case for analysis. In other cases, he analyzes the phenomenon, its functions, reasons, symptoms, signs, and effects. Of the most important disorders Shakespeare describes in his canon, those related to sleep. He mainly analyzes this natural phenomenon in relation to disorders of sleep such as insomnia, sleepwalking, sleep talking, nightmares, and apnea. He also depicts the turmoil experienced by the characters who undergo such disorders. More space is given to sleep disorders in Macbeth than in any other Shakespearean play. Indeed, the play is a dramatization of all these major disorders except apnea, which is presented in Henry IV, Part 2. Other plays, like Richard II and Henry V, cover different forms of insomnia. In some plays, Shakespeare demonstrates the functions of sleep in Macbeth, Henry IV Part 2, and Julius Caesar and presents the Platonic metaphysical dimension of sleep in Hamlet and The Tempest.

Sleep is a blessing that some of Shakespeare’s major characters are deprived of. Shakespeare presents many psychological and neuropsychological problems, among which are sleep disorders. Interestingly, Shakespeare’s engagement with sleep has attracted the attention of not only literary critics and researchers but also modern neuropsychologists since the 1970s, especially after the rise of neurological studies on the subject [3,4,5]. Neuropsychological studies admire Shakespeare’s exactness in diagnosing these disorders, but these studies fall short of reading these cases in literary, social, and communal contexts. The notion that Shakespeare diagnoses sleep disorders is not new in neuropsychological research. Such studies focus on the exactness of the playwright’s dramatization and the precise presentation of the given disorder. Neurologists
and psychologists, however, pay no attention to the artistic design of the dramatic developments of the characters that lead to these maladies. This study aims to fill in this gap by reading Shakespeare’s presentation of sleep disorders in an interdisciplinary way where the study of literature benefits from the empirical science of neurology without ignoring the literary dimension of the plays. Thus, sleep disorders are studied from literary, scientific, and psychological perspectives. The current study endeavors to show that the playwright does not diagnose the ailments but rather dramatizes the cases of the infected characters and shows them in action within the context of the well-wrought plot in a language that multiplies the message of the play through the use of metaphors that take the meaning and connotations to different horizons and open possibilities. These cases are not studied in isolation; they are shown to be developed in a life-like social dynamism. Shakespeare demonstrates the utmost skill in demonstrating human motives and inner drives that breed such parasomnias. He also dramatizes the interaction of the infected individuals with the surrounding characters, their community, and society at large. This study further shows the dangers of these disorders on the infected individual, as neuropsychological studies explain, but this study goes beyond that to show the dangers to the community as well in the vivid flow of the plot. And as Sarah Smith (2016) notes in her brilliant thesis on Macbeth’s sleeplessness, the troubled sleep of Macbeth spreads insecurity not only to himself but also to the whole nation of Scotland, thus adding another dimension to the negative effects of sleep to include collective national sleep [2].

**Literature Review**

For a literary scholar, it is attractive to find neurology medical researchers interested in studying medical phenomena in the works of literature and publishing their findings in medical journals. For instance, Paciaroni & Bogousslavsky (2013) find in Jean-Martin Charcot’s use, in his teaching, of Shakespeare’s dramatization of neuropsychological disorders in the mid-1800s an interesting idea [5]. Like Charcot, Paciaroni and Bogousslavsky find in Shakespeare’s canon the exactitude of the diagnosis of nine major neuropsychological maladies, namely parkinsonism, epilepsy, sleeping disturbances, dementia, headache, prion disease, and paralysis possibly due to stroke or cerebral palsy [5]. Of these disorders, our study is concerned with sleep disturbances only. Paciaroni et al. (2013) and Dimsdale (2009) emphasize their perception that Shakespeare was not a specialist in sleep in the modern understanding of the term, but they point out that he was a keen observer of sleep parasomnia [5,6]. For instance, Paciaroni et al. argue that Shakespeare’s remarkable accuracy in the depiction of psychologically or medically diseased people depends on the use of “neurological symptoms, signs, and courses of disease” [5]. Of the neuropsychological disturbances of sleep, Paciaroni et al. commend Shakespeare’s accuracy in the representation of Macbeth’s insomnia (sleeplessness) and Lady Macbeth’s somnambulism (sleepwalking) and somniloquy (sleep talking). They maintain that these ailments are vividly presented in the play. Insomnia is also presented in other plays. For instance, King Henry, in the two parts of Henry IV, bewails his inability to sleep. This Shakespearean emphasis on insomnia has some scholars wondering if the playwright himself suffered from this sleep disorder. Paciaroni et al. emphasize that stress, along with despair and anxiety, usually leads to disrupted sleep patterns [5].

Some neuropsychological scholars find a connection between sleep disorders and feelings of guilt. Olli Ihalainen (1989), for example, maintains that sleep disorders, terrible dreams, fear of sleeping in darkness, and other disruptions have several causes in a study he conducted on prisoners in a jail in 1984 and 1985 [7]. He argues that people who feel terrible about having committed crimes against life are more likely to suffer from sleep disturbances than people who have committed crimes against property. He also makes the distinction between ego problems and sleep disorders. A tenacious, strong woman can disintegrate into a helpless one, while a strong and ambitious man, like Macbeth, may become repressive and dictatorial, according to Freud (1916) [8]. And Macbeth’s remark to Lady Macbeth when he hears a voice screaming out that he will not sleep any longer shows that the phrase “sleep no more” conveys a sense of guilt.

**Discussion**

This section studies three major parasomnias that are handled in the plays of Shakespeare, namely insomnia, somnambulism & somniloquy, and apnea, in neuropsychological terminology.

**Insomnia**

Furman et al. (1997) argue that insomnia is one of the most frequent sleep disorders, as it affects 20–40% of all adults [9]. They focus on depression and anxiety as the main causes of sleeplessness. Insomnia frequently recurs in a number of Shakespeare’s plays. It usually results from either an act of genocide, like in the cases of Henry IV, Brutus, and Macbeth, or from worry over responsibility, like in the situation of Henry V. It is necessary to survey these instances to explain how Shakespeare tackles them. Henry IV is a monarch who suffers from a deep state of insomnia. He is even jealous of the very poor people who enjoy sound sleep, which he is denied. He describes his insomniac state. He lies in his bed, but slumber does not pull his eyelids down to a blissful attainment of sleep. Shakespeare...
versifies his suffering not clinically but literarily. The character addresses sleep in apostrophes, metaphors, and other figures of speech. In a long monologue (3.1.5–31), he admonishes the personified sleep in five rhetorical questions for not visiting him and putting him to rest. He is worried about why sleep is shunning him. He badly needs the forgetfulness that comes with sleep to release himself from his worries.

*O sleep! O gentle sleep!
Nature's soft nurse, how have I frightened thee,
That thou no more wilt weigh my eyelids down,
And steep my senses in forgetfulness?* (3.1.5-8)
The King further rebukes sleep for its bad taste in choosing where to dwell. He complains that it chooses a poor and filthy habitat that is crowded with buzzing flies rather than the perfumed bed chamber, which is tuned by sweet music (3.1.9–14). The insomniac king reprimands sleep for its poor taste, choosing to dwell with the awful low-class people in detestable beds and keeping away from the royal luxurious bed:

*O thou dull god, why li'st thou with the vile
In loathsome beds, and leavest the kingly couch
A watch-case or a common 'larum-bell?* (3.1.15-17)
The deprived king blames sleep for putting a minor sailor to sleep while he is hard at work at the top of a mast (3.1.18–25). He condemns prejudiced sleep for putting a tired sea boy to sleep and avoids a king’s mast (3.1.18–25). He condemns prejudiced sleep for putting a minor sailor to sleep while he is hard at work at the top of a mast (3.1.18–25). He condemns prejudiced sleep for putting a tired sea boy to sleep and avoids a king

The play shows that sleep is not prejudiced against putting a minor sailor to sleep while he is hard at work at the top of a mast (3.1.18–25). He condemns prejudiced sleep for putting a tired sea boy to sleep and avoids a king (3.1.26–30). He ends his monologue with the popular couplet of: “Then (happy) low, lie down!/ Uneasy lies the head that wears a crown” (3.1.30-31) [9]. Paciaronia et al. (2013) comment on Henry’s popular speech (2H4; 3.1. 31) [9] that Shakespeare appears to have been aware of the fundamental function of modern psychotherapy in the treatment of parasomnias [5]. In other words, he promoted the Paracelsus-introduced practice of “talking to patients." It is common knowledge that depression, anxiety, and/or extreme stress can seriously impair regular sleeping patterns.

Likewise, Henry V more elaborately explains the inability of a king to sleep because of his royal concerns (4.1.230–84). He reiterates his father’s idea about the hazard of being a king, which is the deprivation of sleep. He elaborately explains that all royal power and the ceremony a monarch gathers with royalty do not give him the peace of mind and sound sleep of a poor laborer who works “from the rise to set, / Sweats in the eye of Phoebus, and all night / Sleeps in Elysium" (4.1.272–74). Before the battle of Agincourt, Henry V shows total awareness of the burdens he shoulders after he addresses his soldiers, who are outnumbered by the French prior to the battle of Agincourt. He is anxious because he feels responsible for a huge army in a decisive battle:

*Upon the king! let us our lives, our souls,
Our debts, our careful wives,
Our children and our sins lay on the king!
We must bear all.* (4.1.230-33)

Henry V does not suffer from remorse and guilt like his father, but he gets anxious as he remembers the crime of his father against Richard II, which was an aggression against heaven, as per the traditions of medieval and Renaissance cultures. He is apprehensive lest God punish him for the sin of his father. He appeals to God not to penalize him for that crime:
He says that he shows penitence by shedding tears over the incident and pays five hundred poor people a year, who in turn pray to heaven for the forgiveness of the crime. He has also built two chantries where the priests sing for Richard’s soul. He will do more in the hope of getting a pardon for his father’s crime (4.1. 292-94). Shakespeare, in this history play, demonstrates that insomnia usually results from a state of concern and worry about future events.

Another important case of insomnia is that of Brutus, who participates in the conspiracy against his friend Caesar under the influence of Cassius’ rhetorical manipulation. Brutus’ insomnia is brought twice to the fore: once in Act 2, Scene 1, before the crime, and another in Act 4, Scene 3, before the battle of Philippi. On the first occasion, he suffers insomnia because he is worried about the plot he finds himself involved in and about the future of Rome if Caesar is crowned king. On this occasion, he contrasts himself with his servant Lucius, who sleeps while playing music on the guitar, while he himself cannot fall asleep because of his worries.

Apart of his concern, his mind is blurred about Caesar, whom he knows to have good judgment: "to speak the truth of Caesar, / I have not known when his affections sway'd / More than his reason" (2.1.19–21). He is suspicious of what he has heard from Cassius about Caesar. However, he is apprehensive lest Caesar change after he is crowned. Therefore, he perceives the conspiracy as a preemptive act: "So Caesar may change; / Then, lest he may, prevent." (2.1.27-8)

In Act 4, Scene 3, Brutus is concerned again about the battle his followers are about to fight against Antony and Augustus Caesar at Philippi. His worries multiply after the ghost of Caesar intrudes into his tent. In all cases, Shakespeare is in line with the findings of neuropsychologists to the effect that insomnia results from loaded minds with worries and concerns. Brutus bemoans his biased sleep as he watches Lucius nod off while playing him music:

\[\text{.... O mur'd'rous slumber! }\]
\[\text{Layest thou thy leaden mace upon my boy, }\]
\[\text{That plays thee music? Gentle knave, good night; }\]
\[\text{I will not do thee so much wrong to wake thee. }\]
\[\text{If thou dost nod, thou break' st thy instrument, }\]
\[\text{I'll take it from thee; and, good boy, good night.}\]

(4.3.267-72)

He utters a complaint, reiterating those of Henry IV and Henry V. He is deprived of the blissful sleep that visits his tired servant.

However, the most striking example of insomnia besides Henry IV’s is that of Macbeth after his murder of Duncan. Macbeth’s sleeplessness results from his feeling of guilt rising immediately after the murder. This concurs with the findings of modern neuropsychology, which consider guilt a major reason for insomnia [7]. The swift awakening of guilt in Macbeth’s conscience is the result of a network of factors. These factors include his blood relation to Duncan, his being the host of the king, and the king’s high appreciation of Macbeth’s heroism in putting down the rebellion led by Macdonwold and his local and regional allies. Macbeth expresses deep regret for his heinous crime, as he recognizes that it disconnects him from Heaven since he violates the norms of the Divine Right of Kings. Heaven’s punishment for Macbeth includes the disturbance of his mind. He starts hearing shouts that, with the murder of the king, he murders sleep, and he fails to say “amen” when one of the sleepers invokes God to bless them. Moreover, the whole universe gets disturbed in such a way that the stars lose their shine. The night is not like any other night. Horses get out of the stable and start fighting and biting each other. The old man asserts that he has not experienced a night like that in his seventy years of age. Macbeth feels that these shouts he hears are echoes of God’s anger over his murder of the king and his violation of the concept of the Divine Right of Kings, which protects a monarch against human judgment and evaluation, let alone murder. This way, Shakespeare puts the parasomnia of sleep in Renaissance cultural perspective, a dimension that modern neuroscience does not consider in treating patients.

Macbeth starts hearing screams that he has murdered sleep, and that he will sleep no more. He starts to see fingers approaching him to pluck out his eyes. He feels afraid of everything that moves around him. He feels devastated. His hallucinations are deplored by his wife, who tells him in the banquet scene after the murder of Banquo that he lacks “the season of all natures, sleep” (3.4.140). Macbeth’s feeling of guilt breeds not only insomnia but also a cluster of psychological problems that perplex him further. His case of insomnia is shown to be beyond recovery. He suffers from a grid of disturbing symptoms that include a strong feeling of guilt, fear, depression, and social isolation [10].

Shakespeare’s presentation of the case goes beyond the diagnosis of a neuropsychologist. He dramatizes the case in a literary form that incurs numerous connotations:

\[\text{Methought I heard a voice cry 'Sleep no more! }\]
\[\text{Macbeth does murder sleep', the innocent sleep, }\]
\[\text{Sleep that knits up the ravell'd sleeve of care, }\]
\[\text{The death of each day's life, sore labour's bath, }\]
Iago's lips, then he threw his leg over Iago's thigh, up by the roots to the degree that he left marks on then gave Iago a strong kiss, as if he were pulling kisses “O sweet creature!” He continued saying that Cassio in the same tent, asking Desdemona in his sleep that he heard Cassio, who happened to sleep with his wife, Iago endeavors to spoil the marriage of Othello by arousing the jealousy of Othello against his wife and his general, Cassio. He reports a fabricated lie with his wife, Iago. He is kind and trustworthy. Sleep is praised for its beneficial impact on human health and life. And further, Macbeth asserts: Still it cried 'Sleep no more!' to all the house: 'Glamis hath murder'd sleep, and therefore Cawdor Shall sleep no more; Macbeth shall sleep no more.' (2.2.40-42) Boulihnow et al. (2011) illustrate that Macbeth again goes through the stage of paranoia that afflicts him with more tension and anxiety after killing King Duncan, and these disturbing sounds and his hallucinations reveal a lot about the disturbed situation he finds himself in [11]. Shakespeare’s insomniac characters are given literary devices and figures of speech to express their paranoia in a way that conveys more meaning than a neutral medical diagnosis can offer. And despite his accurate observation of neurological disorders, the Renaissance playwright cares a lot more about showing the human dimension of suffering. Somnambulism and Somniloquism The disorders of somnambulism and somniloquism in Shakespeare are mainly presented in Macbeth. In Act V, Scene i, Shakespeare presents them in a clinical case similar to those used in modern practice. Paciaroni et al. also point out that these disorders are roughly and briefly presented in Othello. Before talking about the case in Macbeth, let’s first quickly review these parasomnias in Othello. Motivated by revenge on a suspicion that Othello slept with his wife, Iago endeavors to spoil the marriage of Othello by arousing the jealousy of Othello against his wife and his general, Cassio. He reports a fabricated lie that he heard Cassio, who happened to sleep with Cassio in the same tent, asking Desdemona in his sleep to be discreet about their love: “Sweet Desdemona, / Let us be wary, let us hide our loves” (3.3. 415–16). Then he clutched and squeezed Iago’s hand and yelled, “O sweet creature!” He continued saying that Cassio then gave Iago a strong kiss, as if he were pulling kisses up by the roots to the degree that he left marks on Iago’s lips, then he threw his leg over Iago’s thigh,
and researchers. Janowitz (2021) notices that arousal from slow-wave sleep leads to a long duration of "inhibition of the primary visual cortex" (2), as in the study of John Walsh et al. (1990) [3]. Furthermore, from the utterances of Lady Macbeth in her rambling while asleep, the doctor learns a lot about the Macbeths' murders of Duncan, Banquo, and Lady Macduff and her child. The doctor realizes upon hearing the released classified information that the patient does not suffer from a neurological disturbance but from a spiritual state of guilt. He conveys Shakespeare’s popular vision of such cases:

**Foul whisperings are abroad: unnatural deeds**
**Do breed unnatural troubles: infected minds**
**To their deaf pillows will discharge their secrets:**
**More needs she the divine than the physician.**
**God, God forgive us all! Look after her;**
**Remove from her the means of all annoyance,**
**And still keep eyes upon her. So, good night:**
**My mind she has mated, and amazed my sight.**
**I think, but dare not speak.**

(5.1. 63-70)

He realizes that the patient does not suffer from physical problems but from spiritual defects. Therefore, he recommends that she need a priest, not a medical doctor, to manage her case, if at all.

Janowitz’s (2000) analysis of Lady Macbeth’s disturbances is constructed in light of the various stages and types of sleep [3]. Shakespeare’s recording of the action occurs between NREM sleep stage 3 and REM sleep stage 4 [14]. This is a sign that Lady Macbeth, who is in deep delta sleep, is experiencing sleep parasomnia. The confusional arousal of sleepwalking is one of the NREM parasomnias, according to Singh et al. (2018) [2]. Similarly, Hindustan (2010) asserts that the condition of sleepwalking is consistent with the REM sleep stage [15]. Gibbs (2016) also notices that sleep talking and sleepwalking are two of the most common sleep disorders, while the experience of insomnia includes hallucinations and confused states that happen during sleep or the transition to sleep [16]. Gomes et al. (2021) hold that somnambulism and somniloquism disorders are parasomnias that are marked by "abnormal and unpleasant verbal or behavioral motor signs that may appear during sleep or wake-up-to-sleep transitions" [1].

However, Janowitz argues that it is necessary to study Shakespeare’s views on sleep from the viewpoint of the Renaissance era and what that age inherited from Greek, Roman, and Medieval perceptions and not from the viewpoint of modern neuropsychology and knowledge. According to Riva et al. (2010), Shakespeare treats night wandering as a serious sleep problem, a manifestation of brain anxiety, or a manifestation of sadness [14]. They hold that the King of England was interested in sleep phenomena and sleep disorders because both he and his mother, Queen Mary, experienced sleep issues and episodes of passing out.

Nevertheless, Janowitz points out that the Elizabethan playwright does not adopt theories of his age, such as Galen’s theory that sleep was the result of "mystic diathesis rising from the inner parts of the body to the brain and entails quietude of most of the body" (2). Nor does he believe in a certain herb that can cure a patient from the ailments of somnambulism and somniloquism, as we see from the doctor’s inability to carry out the instructions of Macbeth to root out her memory and sleep disorders with herbs like "rhubarb, cyme, or what purgative drug" (5.3.55–6).

Furthermore, Janowitz maintains that neither psychologists and sleep specialists, nor Shakespeare in *Macbeth*, provide us with information on the specific physical forces that cause various sleep disorders. In fact, Shakespeare is the best writer at dramatizing human motives and psychological drives. He allocates these parasomnias among characters according to their personality types. For instance, Lady Macbeth is shown to be determined, strong-willed, and dominant. She is an introverted person who can hide her feelings by acting and posing in ways different from her reality. She suppresses her feelings of guilt during the events of the play. However, her real feelings are released during her sleep. This is probably the reason why she is assigned sleepwalking and sleep talking. In contrast, Macbeth cannot act and pretend to be a different character, as his wife does. He is an extrovert who spells out what he really feels. His feelings of guilt immediately erupt the moment he commits the crime. And with the murder of Duncan, he murders Sleep as well. With the crime, a cluster of psychological disturbances perplexes his character, namely those of fear, depression, and isolation [10]. Shakespeare uses this troubled state to assign insomnia to this character type because it is appropriate to his personality.

Earlier, the three neuropsychologists, Yury Furman, Sheldon Wolf, and David Rosenfeld (1997), in their article, "Shakespeare and Sleep Disorders," admired Shakespeare’s accurate observation of human behavior [9,17]. They discuss his exact description of insomnia, somnambulism, somniloquism, and apnea. They point out that Shakespeare anticipates modern neuropsychological findings that sleep disturbances arise from anxiety and disturbed subconscious minds. Fogan (1989) argues that it is natural for Macbeth and his wife to suffer from disturbed sleep because of their multiple crimes. What distinguishes this study from neuropsychological scholarship is that it approaches these sleep disorders in *Macbeth* from a literary perspective rather than a clinical point of view. Shakespeare is shown to use literary language and metaphors to convey his perception of human mental
and clinical diseases. Besides, Shakespeare does not report these maladies; he rather dramatizes the characters suffering from them in interaction with their community. He shows the dangerous threat these characters pose to themselves, their community, and society at large.

Apnea

Another sleep disorder Shakespeare presents in his plays is apnea, which is a disruption of breathing during sleep. Paciaroni et al. (2013) maintain that apnea is known in modern neuropsychology as obstructive sleep, a condition marked by diminished breathing efficiency, audible snoring, and disturbed sleep [18]. They state that it took until 1972 for the medical community to formally recognize this illness as a sleep parasomnia. Whitelaw and Black (2000) discuss this incident in detail and show that Shakespeare was aware of the clinical symptoms, which included “daytime somnolence associated with obesity and heavy use of alcohol, with snoring and observed apneas” [4]. Henry IV, Part I dramatizes a case of apnea and suggests some symptoms and reasons for such a case. The play shows that the causes of this disorder are heavy drinking and obesity. Symptoms include snoring and difficult breathing. Paciaroni et al. find a good example of this disorder in the case of Falstaff snorting after a round of heavy drinking in Henry IV, Part I, as in the following exchange by Peto and Prince Hall about Falstaff: Peto: “Falstaff! --Fast asleep behind the arras, and snorting like a horse.” / Prince Hal: “Hark, how hard he fetches breath” (2.4.528-30).

The apnea syndrome is presented more avidly in the case of the breathing disruption of the king in Henry IV, Part 2, when he loses breath for around 20 seconds and his son Hal thinks he is dead and puts the crown on his head. The two respiratory physicians, Whitelaw and Black, remark that before sleep apnea symptoms were recognized by medical research, Shakespeare seems to have made clinical observations of them and had a basic understanding of their physiological processes. Suffering from sleep apnea, Henry IV suddenly becomes feeble, falls, and is brought to a room off the Great Hall of Westminster. Except for Prince Hal, who agrees to look after his father, everyone departs the chamber. The prince notices that Henry is not breathing after about a minute. As he believes his father is dead, the prince feels a huge sense of kingly obligation, which becomes feeble,falls, and is brought to a room off the Great Hall of Westminster. Except for Prince Hal, who agrees to look after his father, everyone departs the chamber. The prince notices that Henry is not breathing after about a minute. As he believes his father is dead, the prince feels a huge sense of kingly obligation, which takes around one minute, which is the time duration this disorder usually takes, according to Whitelaw and Black (2000) [4].

Conclusion

The study has shown that neuropsychologists recognize the accuracy of Shakespeare’s diagnosis of sleep disorders in his canon. The phenomenon of sleep, in general, and sleep disorders, in particular, are given considerable attention in Shakespeare’s plays. Many neurologists have scrutinized the playwright’s treatment of these issues, but they do not pay much attention to the aesthetic dimension or the writer’s use of figurative language in tackling these cases. Neurologists also do not show concern with the dynamic development of these parasomnias in the infected characters within the artistic procession of the plot in the given plays. The study has endeavored to fill in this gap and explore these cases in their aesthetic and artistic spheres. The researcher recommends further interdisciplinary studies of the individual cases within the cultural context of the Renaissance.

References

[23] Shakespeare W. Riverside Shakespeare, Boston: Houghton Mifflin Company, 1974. All quotations in the study are taken from this text and acts, scenes, and lines are immediately provided in brackets after the quotations; 1974.