

Melancholia

Melancholia is a commonly experienced feeling, and one with a long and fascinating medical history which can be charted back to antiquity. Avoiding the simplistic binary opposition of constructivism and hard realism, this book argues that melancholia was a culture-bound syndrome which thrived in the West because of the structure of Western medicine since the Ancient Greeks, and because of the West's fascination with self-consciousness. While melancholia cannot be equated with modern depression, Matthew Bell argues that concepts from recent depression research can shed light on melancholia. Within a broad historical panorama, Bell focuses on ancient medical writing, especially the little-known but pivotal Rufus of Ephesus, and on the medicine and culture of early modern Europe. Separate chapters are dedicated to issues of gender and cultural difference, and the final chapter offers a survey of melancholia in the arts, explaining the prominence of melancholia – especially in literature.

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Melancholia: The Western Malady

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> To my mother and father, whose endless generosity and kindness have made everything possible, this small token of my love and thanks.





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Preface

This book developed over several years of teaching and research on melancholia in eighteenth-century Europe, during which I also tried to extend and deepen my knowledge of the long history of melancholia. Most histories tell broadly the same story. Melancholia emerged out of the highly rationalistic and systematic Ancient Greek theory of the four humours. As such, melancholia was not only a disease; it was also a temperament. Hence it made perfect sense when around 300 BC a writer of the Aristotelian school, formerly thought to be Aristotle himself, proposed that melancholia is found in all men of genius: poets, philosophers, statesmen. This theory of melancholy genius was rediscovered in the Renaissance and became the source of a major European cultural tradition, feeding into works such as Dürer's etching Melencolia I (1514), Shakespeare's Hamlet (c. 1601), and Goethe's novel The Sorrows of Young Werther (1774). In the early modern period melancholia developed a vast range of cultural expressions, at the heart of which was the conflict between our aspirations to infinity and the limitations of our actual existence. But with the advent of professional psychiatry in the nineteenth century and the eclipse of the Graeco-Roman medical tradition, this culturally rich, pre-scientific melancholia gave way to the more prosaic, but scientifically verifiable, disease of depression.

At any rate this is how melancholia has been understood since the publication of Saturn and Melancholy, the great reconstruction of the sources of Dürer's iconography. First conceived by Erwin Panofsky and Fritz Saxl in the early 1920s at the Warburg Library in Hamburg, and published in 1964 with substantial input from Raymond Klibansky, the book has acquired (appropriately) iconic status in the historiography of European culture and still exerts a powerful influence on studies of melancholia. Indeed, the recent growth of scholarly interest in melancholia is in large part thanks to Saturn and Melancholy. However, in some important respects its influence has created a misleading picture of melancholia's history. The Warburg trio saw that elements in Melencolia I derived from the pseudo-Aristotelian tradition of melancholy genius. However, that tradition was only ever a minor tributary of the much broader melancholy

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discourse, and within that broader discourse the single most important element was the tradition of medical writing on melancholia, of which the pseudo-Aristotelian text was decidedly not a part. Some recent studies have mistakenly treated Saturn and Melancholy as if, instead of tracing the sources of Dürer's etching, it gave a representative account of the melancholy tradition in toto. The result has been that the importance of genial melancholia is often overstated. Second, working with the classical scholarship available to them, Klibansky, Panofsky, and Saxl presented a rather undifferentiated picture of melancholia in antiquity. They assumed that the fully worked out tetradic humoral scheme, if not explicitly mentioned in the earliest Hippocratic texts, was at least present by implication at the birth of melancholia, so that melancholia could be seen as the offspring of this peculiarly rationalistic Ancient Greek style of thinking about human nature. 1 Subsequent work by historians of Graeco-Roman medicine has shown that this was not the case. The model of melancholia presented in the earliest Hippocratic writings was more differentiated and more empirically grounded than Saturn and Melancholy suggested. It will become apparent in the Introduction why I think these two issues are significant.

Saturn and Melancholy brought to light, for the first time, the full historical span of the melancholy tradition, from its beginnings in fifthcentury BC Greece to its waning in the nineteenth century. This historical span presents a challenge to scholarship. Among recent studies of the history of melancholia only one has a breadth comparable to Saturn and Melancholy: Stanley Jackson's Melancholia and Depression: From Hippocratic Times to Modern Times. Jackson gives accurate and thorough accounts of the medical theories of melancholia. His book is rich in the kind of material, by turns baffling, beguiling, bizarre, and bathetic, that melancholia offers in abundance. What Jackson does not do in any systematic way is ask what melancholia actually was, and he has little to say about issues that concern recent scholarship, in particular gender and the social dimensions of melancholia. On a smaller scale, Jennifer Radden has written a series of penetrating philosophical essays on melancholia that have addressed the 'what is melancholia?' question directly. There is also a wealth of specialist literature, where the kind of historical overview provided by Jackson and the philosophical perspective of Radden's work are understandably absent, and where the impact of Saturn and Melancholy has often led to a skewed emphasis. Many scholars writing on modern melancholia have little knowledge of the Graeco-Roman or Arabic sources, so that some important

¹ See Raymond Klibansky, Erwin Panofsky, and Fritz Saxl, Saturn and Melancholy: Studies in the History of Natural Philosophy, Religion, and Art (New York: Basic Books, 1964), 4–13.



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figures have been neglected, notably Rufus of Ephesus. Rufus was arguably the second most important figure in the Graeco-Roman discourse on melancholia, after Hippocrates. He figures prominently in Chapter 2 of this book. Having pointed out gaps in other scholars' knowledge, I am duty bound to admit a significant gap in my own. I have no Arabic, so that my discussion of Arabic sources in the following pages is second-hand or derives from translations (e.g. Karl Garbers's German edition of the *Treatise on Melancholia* by the medieval physician Isḥāq ibn 'Imrān').

My aim in this book has been to propose a new way of understanding the great tradition of melancholia in the West. But since the book grew out of a sense that a gap needed to be filled – the gap left by the rather traditional scholarship of Jackson, the philosophically informed essays of Radden, and the specialist literature – the shape of that gap has to some extent determined the shape of the book. There would have been no sense in duplicating Jackson's work by writing a narrative history of melancholia. So while this is a decidedly historical book, I decided not to organize it as a linear narrative, though parts of the early chapters are organized chronologically. Instead its organizing principle is a series of methodological questions about the nature of melancholia, which are missing from Jackson's work. Because the focus is on these methodological questions rather than on narrative history, some repetition of material has been inevitable.

In writing the book I have drawn heavily on much original work by other scholars. I make no apology for the fact that most of the originality in the book is not mine. But there is one overarching argument that I think is original. Put briefly, I want to move away from the sort of socially and economically grounded histories that interpret melancholia as an anxious reflex response to change - for instance, to the transition from a feudal and corporatist world to a capitalist and individualist one. These theories seem to me too local both chronologically and geographically to explain something as big as the Western tradition of melancholia. The passivity that these histories impute to melancholics also worries me, as I explain in Chapter 4. Instead, my interpretation draws its causal factors from the realm of ideas. As a principle of methodology, I try, where possible, to explain ideas in terms of other ideas. One distinctive feature of Western culture is the high status that it has accorded to self-consciousness. Melancholia, or at least the psychological symptoms of melancholia as reported from Hippocrates right down through Western history, depends upon the West's peculiarly introspective culture. The psychological symptoms of melancholia are, to put it crudely, a disorder of malignant self-consciousness.

Given the relatively small size of this book and the fact that it is not organized as a historical narrative, the reader should not expect anything



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approaching exhaustive coverage of the medical theories, let alone a full account of the broader cultural expressions of melancholia. The medical and non-medical examples I give are intended to be indicative. I try to give examples from a fairly wide range within the full chronological span of melancholia, from Hippocrates to circa 1800. As for the chronological parameters, the start date selects itself: melancholia is first attested in the earliest surviving Greek medical writings from the fifth century BC. I chose the approximate end date of 1800 for three reasons. The period around the French Revolution, or what cultural historians loosely call the Romantic period, was the deepest single rupture in European cultural history since antiquity. Much remained the same, but many of the old certainties crumbled. For instance, the tradition of Graeco-Roman medicine left only residual traces after 1800. Doctors still used a Latinized Greek nomenclature, and some of the organizing principles of medicine, both nosological and institutional, still harked back to antiquity. But the remarkably tenacious idea that physicians needed to be in continuous dialogue with the greats of Graeco-Roman medicine, Hippocrates and Galen, was finally abandoned. The period around 1800 also saw the beginnings of modern professional psychiatry. New ways of thinking about mental illness – asthenia, for example – began to replace melancholia. For strategic reasons I sometimes move beyond my end date of 1800. No study of the long history of melancholia can avoid talking about modern psychiatry's concept of depression, which is not to say that Hippocratic melancholia and contemporary depression are the same thing.

The book's geographical parameters have precisely the Western bias that its title should lead the reader to expect. The reasons for this bias are explained in Chapter 4. Within the West, I focus on the Graeco-Roman world, France, Italy, Germany, Britain, and North America. Most of the texts I examine in more detail are in Ancient Greek, English, and German, because that is where my expertise lies.

I have tried to be precise and consistent in my use of historical terminology. When talking about the medicine of classical antiquity, I use the term *Graeco-Roman*: by this I mean anything produced in the Greek and Latin linguistic area up to end of the Roman Empire in the West or up to the Byzantine Middle Ages (c. 1100) in the East. The term *early modern* usefully refers to the West from the end of the Middle Ages (c. 1400) up to around 1800. *Modern* can mean one of two things: either it refers to anything after around 1800 (so distinguishing the *modern* period from the *early modern* period), or it refers to anything since around 1400 (in which case *modern* includes *early modern* and is distinguished from antiquity and the Middle Ages). It should be clear from the context which of these two meanings applies in any given instance.



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As for psychological and psychiatric terms, I initially set out to avoid using technical terminology, but became addicted to its convenience as a form of shorthand. To continue the addiction metaphor, what tends to happen is that you start with simple and innocuous words like symptom and then move on to harder stuff, and before you know it the habit is impossible to kick. So the reader will meet terms like nosology (the study of the classification of diseases), aetiology (the causation of disease), pathophysiology (the changes in bodily tissue due to disease), pathogenesis (the origin and development of the disease), and epidemiology (the study of the prevalence of diseases in human populations). Most of this terminology is concentrated in the Introduction, after which the rest of the book is written in (my version of) English, albeit with one significant exception. I have consistently preferred the Latin form *melancholia* to the Englished form *melancholy*. Some of the reasons for this are discussed in Chapter 1, but I will briefly list them here too. In the first place melancholia reminds us of the European character of the disease. There is a large literature focusing on English (or British) 'melancholy' of the early modern period, and this literature often gives the impression that British 'melancholy' was somehow distinctive. I am not persuaded by the arguments for the exceptionalism of British 'melancholy'. I discuss the issues surrounding national forms of melancholia in Chapter 4. It seems to me that not much is lost and quite a lot is gained by using the form melancholia. Melancholia is what linguists call a loanword, transliterated into Latin from the Ancient Greek μελαγχολία. So melancholia helpfully reminds us of the disease's Greek origins. It also reminds us that this is in the first place a medical matter, and only secondarily a broader cultural phenomenon. So another reason to use melancholia is to try to reassert the gap that originally existed between medical and non-medical discourses and that the word melancholy tends to obscure. Finally, a little bit of defamiliarization is a good thing. In line with my avoidance of melancholy, I would have liked to use the adjective melancholic throughout instead of melancholy, but that was a linguistic bridge too far. Melancholic is used (more or less consistently) as an adjectival noun to refer to a person suffering from melancholia.

In his *Anatomy of Melancholy*, first published in 1621 and then in four further editions, each more capacious than the one before, Robert Burton complained of the superabundance of books spewing from the presses every year. (As is often the case with Burton, he does precisely what he warns us against.) And he bemoaned his own fate as a recycler of other men's words, words that were his own and not his own:

[W]ee shall have a vast *Chaos* and confusion of Bookes, we are oppressed with them, our eyes ake with reading, our fingers with turning. For my part I am one of the



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number, nos numerus sumus [we are mere ciphers]: I doe not denie it, I have only this of Macrobius to say for my selfe, Omne meum, nihil meum, 'tis all mine, and none mine.²

There are now many more books than there were in Burton's day, and many more books on melancholia. This book is quite like all the ones that have gone before, and also a bit different.

Robert Burton, *The Anatomy of Melancholy*, ed. Thomas C. Faulkner *et al.*, 5 vols. (Oxford University Press, 1989), vol. I, 'Democritus to the Reader', 11.



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In 2011 King's played host to a remarkably diverse and interesting group of guests and speakers for a conference on religious melancholy. The conference was generously funded by the Wellcome Trust.

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I would like to be able to remember all the conversations about melancholia I have had with friends and colleagues, and to acknowledge them here. Sadly my memory is deficient and the list, long though it would be, would contain too many omissions. So I will confine myself to recording special thanks to the following colleagues for their generous help and expertise: Eric Gidal, Simon Glendinning, Angus Gowland, Jeremy Schmidt, Michael Silk, and Neil Vickers. Cambridge University Press recruited six anonymous reviewers who gave extensive and thoughtful comments on the typescript. Jennifer Radden and Julius Rubin, both of whom know much more about melancholia than I do, were especially generous with their help. I have followed some of their suggestions, and the book is better for them; if I had followed all of them, it would be better still. Throughout the writing of the book, I have been encouraged and inspired by my dear friend and colleague Jane Darcy.

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Note on citation, quotation, translation, and spelling

Full references to all sources are included in the footnotes to each chapter, and all sources used are listed in the bibliography, with the following exceptions. For Graeco-Roman and biblical texts, where established conventions of reference exist (e.g. Plato, *Apology*, 38a, or Leviticus 15:19–30, 20), I have used these established conventions. For these texts it would have been superfluous to provide references to specific editions, and I have not done so, nor are these texts listed in the bibliography. I have made an exception to this rule for some texts that are of particular importance to the history of melancholia, notably the Graeco-Roman medical texts. In Chapter 2, where I give an extended account of the theories of Rufus of Ephesus, I have included references to Rufus' fragments in the main body of my text.

All foreign-language texts are quoted in English. In most cases, the footnotes and bibliography provide details of easily available translations of these texts. Where no translation exists or the existing translations are adequate or easily available, the translations are my own.

The spelling of pre-modern texts has been preserved; or, to be more precise, I have used the spelling given in the editions from which I quote. Names of classical authors are given in their traditional English forms. On occasions where Greek words are transliterated, I have used \bar{e} and \bar{o} to stand for *eta* and *omega* respectively (i.e. a long e and long o).

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