CONSOLATIONS FOR MELANCHOLY
IN RENAISSANCE HUMANISM

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Abstract. This essay explores the role of melancholy within the consolatory literature of Renaissance humanism. It begins (sections I-II) with a summary of the themes and methods of humanist consolationes and their classical models, with particular attention to their moral psychology, and addresses their relationship with scripture and Christian spiritual literature. It then turns to the position of melancholy within humanist consolations (sections III-VI). It is shown that whilst in many cases moralists and spiritual writers were reluctant invade the territory of the physicians by analysing or treating a fundamentally somatic condition, discussions of the accidentia animi in Galenic medicine provided the conceptual environment within which a moral-consolatory therapy for melancholy could be formulated and applied. Here the role of the imagination was crucial: as the primarily affected part in the disease, it was the faculty of the soul that was primarily responsible for melancholic passions, but also the faculty that presented the physician and moralist with the opportunity to dispel or alleviate those passions. Hence, the imagination was at the centre of a moral psychology of melancholy. The final sections of the essay (V-VI) show that the fullest implementation of this approach to the treatment of melancholy was in Robert Burton’s ‘Consolatory Digression’ in The Anatomy of Melancholy (1621), which both synthesises the various moral, spiritual and psychological elements of the humanist consolatory tradition, and contains a number of idiosyncratic and paradoxical features.

Keywords: Consolation; Melancholy; Renaissance Humanism; Psychology; Rhetoric; Passions; Imagination

Introduction

In 1621, the English humanist Robert Burton claimed that the best way of treating the disease of melancholy was to address the sufferer's mental perturbations. ‘Whosoever, he is’, Burton wrote in The Anatomy of Melancholy, ‘that shall hope to cure this malady in himselfe, or any other, must first rectifie these passions and perturbations of the minde, the chiefest cure consists in them.’¹ This was the view, according to Burton, of such learned physicians as Jean Fernel, Girolamo Mercuriale, Girolamo Capo di Vacca, Leonardo Giachini, Franz Hildesheim, Gualter Bruel, Johannes Crato von Crafftheim, and Filoteu Eliau Montalto, all of whom ‘inculcate this an especiall meanes of their cure, that their mindes be quietly pacified, vaine conceits diverted, if it be possible, [from] terrors, cares, fixed studies, cogitations, and whatsoever it is that shall any way molest or trouble the Soule, because that otherwise there is no good be done.’² Afflictions of the mind were therefore ‘the fountaine, the subject, the hinges whereon [melancholy] turnes’, and the key to the restoration of health. Perhaps most importantly though, this was also the opinion of Galen, ‘the common master of them all’, who, as Burton noted, ‘brags’ in the De sanitate tuenda (I.8) ‘that he for his part hath cured diverse of this infirmity, solum animis ad rectum instituis, by right setting alone of their

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mindes." For this reason, the Anatomy included a lengthy ‘Consolatory Digression’ for melancholy, designed to effect ‘the cure of a discontented and troubled minde’.4

As Burton’s citations of contemporary and ancient medical authors indicate, his claim that melancholy could be treated by means of working on the passions was not innovative. Yet if we search for precedents for his application of philosophical consolation to melancholy we discover only a puzzlingly small number of works. It is well known that one of the classical projects revived by humanist in the Renaissance was to turn philosophy to the practical ethical purpose of healing the perturbations of the soul.5 This was the conception of philosophy as medicina animi, conceived most influentially for humanists by Cicero in the Tusculanae disputationes,6 but realised in the most concrete literary form in the consolatio, an enterprise concerned with the alleviation and dispersal of the psychological pains experienced by individuals. We have also often been told that the Renaissance was the ‘golden age’ of melancholy, a condition thought to have many forms, but typically characterised by chronic sadness, fear, and anxiety, and a pressing concern for many medical writers from the mid-fifteenth century onwards.7 On the face of it at least, it is therefore surprising that humanist consolations only seldom mention the condition. In fact, Burton’s ‘Consolatory Digression’ is perhaps the only truly substantial example (and a very late one at that) of a European humanist consolatio designed specifically for melancholy.

Here I shall be exploring the role of melancholy within the humanist consolatory tradition, and its somewhat perplexing rarity, with a view to illustrating the character of Burton’s moral therapy for melancholy and the intellectual background from which it emerged. I begin with brief summaries of the character of humanist consolationes and their classical models, outlining some of their principal themes and methods and their moral-psychological basis, and their relationship with scripture and Christian spiritual literature (sections I-II). I then turn to the position of melancholy within humanist consolations (sections III-VI). We shall see that whilst in many cases moralists and spiritual writers were reluctant to direct their attention to a fundamentally somatic condition that was typically considered to be the province of the physician, discussions of the accidentia animi in learned medicine provided the conceptual environment within which a moral-consolatory therapy for melancholy could be formulated and applied. Here the role of the imagination was crucial: as the primarily affected part in the disease, it was the faculty of the soul that was primarily responsible for melancholic passions, but also the faculty that presented the physician and moralist with the opportunity to dispel or alleviate those passions. In this way, the imagination was at the centre of a moral psychology of melancholy, which we see elaborated and implemented in its fullest form in Burton’s humanistic ‘Consolatory Digression.’

The Consolatory Tradition

In the Renaissance, humanist works of consolation were produced in a number of different literary forms, in letters, speeches, dialogues, and instructive manuals. They were usually addressed in the first instance to the personal circumstances of friends or family members, but wider audiences were assumed in general consolatory manuals, and also in works directed at individuals, since although circumstantial particularities were always to be borne in mind the activity of giving comfort drew upon the basic principles governing human nature. Their aim was always specifically therapeutic: to alleviate and disperse the psychological pain experienced by individuals by means of philosophical wisdom and spiritual guidance, applied humanistically with the assistance of rhetorical eloquence and poetic expression.8

The central therapeutic mechanism of the humanist consolatio derived from the classical moral doctrine, which had been elaborated in a number of well-known works such as Seneca’s De consolatione ad Marciam, Plutarch’s Consolatio ad Apollonium, and Boethius’ De consolacione philosophiae,
that disturbing passions are the product of a person’s false judgements about his or her external circumstances. Accordingly, the most important aspect of consolation involved the correction of such false judgements by philosophical argument, which alleviated or removed perturbations and restored to the sufferer a properly rational attitude to the world that was based upon self-knowledge. In Bartolomeo Scala’s *Dialogus de consolatione* (1463), for instance, the fundamental contention is that happiness depends not on external *fortuna* but upon the resources of the inner self. Once this is truly accepted, and self-knowledge is attained, Scala argues, tranquillity can be restored by following rational precepts—‘death is not to be feared’, and so on.

But although the conceptual foundations of humanistic consolations were usually taken from classical ethics, they were consistently supplemented with, or when appropriate modified by, spiritual guidance and comforting precepts derived from scripture or Christian doctrine. Typically, then, even if Hellenistic teachings about *recta ratio* and the opposition of virtue to *fortuna* were ubiquitous in these works, their authors commonly rejected the Stoic ideal of apathy and Epicurean hedonism in favour of Christian teachings on suffering, virtue and compassion.

Humanist *consolations* routinely included biblical *exempla* (most commonly that of Job), and arguments clustering around the teaching of 1 Corinthians 13:12—life is a mere pale shadow of that which is to come. Scala ended his dialogue with Cosimo de’ Medici contrasting the suffering life ‘amid [the] shadow and smoke’ of this world with the ‘delights’ of ‘our heavenly country’.

The simple delivery of philosophical and spiritual precepts was rarely considered by to be sufficient in itself, however. Instead, it was a commonplace of classical and humanistic consolations that for the full therapeutic potential of these precepts to be maximised, careful attention should be paid in the first place to the particular disposition and circumstances of the sufferer. As Francis Bacon wrote in his discussion of the *cultura animi* in *The Advancement of Learning* (1605), the philosophical treatment of affections required ‘true distributions and descriptions of the several characters and tempers of men’s natures and dispositions’, since ‘the wisdom of application resteth principally in the exact and distinct knowledge of the precedent state or disposition unto which we do apply: for we cannot fit a garment, except we first take measure of the body.’

The activity of consolation in particular needed to be sensitive to the character and circumstances of the sufferer. In *The English Secretorie* (1586), Angel Day suggested that when composing consolatory letters, it was ‘meet and convenient’ that in devising to yeeld this sweet gentle remedie to anie troubled conceite, we doe so moderate the matter, as that in the Discoverie thereof, we rather strike not to a farre greater impatience or extremitie of unmesurable sorrow than before, upon untimelie thrusting forward, or ignorant pursuit of the same, seeing that the mindes of some, are of so hie and incomprehensible stoutnesse …. Others againe so rise and abundant in teares, as the least shew of repetition in them, induceth matter enough of continuall mourning …

Care was also to be taken with regard to the manner in which philosophical and spiritual precepts, some of which could be harsh and difficult to digest, were communicated. As with their ancient counterparts, who gave priority to the practical exigencies of therapy over the logical distinctions and proofs of speculative discourse, humanists deemed literary devices—such as poetic quotations, vivid *exempla*, dialogic depictions of sufferers being gradually brought to psychic health, and the persuasive resources of rhetoric in general—crucial to the difficult enterprise of changing the states of mind, and most importantly the false beliefs, that were the source of disturbing passions. Remedies for grief, wrote Petrarch in his consolatory letter to Donato Apenninigena [1368] (*Sen. X.4*), could be found in ‘the gardens of all the philosophers
and poets’. Hence, alongside the elegant philosophical maxims of Cicero, Petrarch repeatedly quoted and referred to Virgil and Horace, and fleshed out his discourse with vivid classical and scriptural exempla of virtuous responses to psychological suffering. More than two hundred and fifty years later in 1621, Hugo Grotius did the same in a consolatory letter to his friend Aubéry Du Maurier, the French Ambassador to the Hague, fleshing out his philosophical and spiritual arguments with pithy quotations from various Greek poets, including Solon and Antiphanes.

According to Cardano in the *De consolatione libri tres* (1542), although it would sometimes be impossible fully to dispel mental suffering by reason alone, the activity of reading his literary historia malorum could itself help, on account of its pleasurable variety and examples. Wherever he could, Cardano incorporated the words of those egregios Poetas from antiquity who had experienced and depicted mourning. As Bacon observed, ‘the poets and writers of histories are the best doctors of this knowledge [of the affections]; where we may find painted forth with great life, how affections are kindled and incited; and how pacified and refrained; and how again contained from act and further degree…’

By such literary-rhetorical means, consolatory philosophical discourse could be addressed not just to the rational faculty of understanding, but also the sensitive power of imagination. In classical rhetoric the linguistic construction of visions (imagines) was considered to be a powerful means of influencing the emotions, since they affected the imagination with particular immediacy and power. The emotive power of visual imagery was also a commonplace of humanist rhetoric, and although Renaissance writers tended not to offer detailed explanations, the general assumption was that it derived from the power of such images upon the imagination. Certainly this accorded with the famous psychological conception of rhetoric formulated by Bacon: the ‘duty and office of rhetoric’ was ‘to apply Reason to Imagination for the better moving of the will.’ Rhetoric should be employed, Bacon explained, ‘to fill the imagination to second reason’, specifically by suppressing ‘the continual mutinies and seditions of the affections’, to ‘win the imagination from the affections’ part, and contract a confederacy between the reason and imagination against the affections’ (VI.3).

Measures directed at the imagination were considered to affect the power that was responsible for the reception of sense-data and the composition of mental images, processes typically deemed to be integral to the production of emotions insofar as they intensified and amplified those images, but also cognition and the formation of belief. In scholastic faculty psychology, the imagination was often subdivided into the powers of common sense (sensus communis)—which in Burton’s fairly representative summary discerns ‘all differences of objects’ that have been perceived by the external senses—imagination (virtus imaginativa) and phantasy (phantasia)—which according to the same author are one and the same, and which ‘some call Æstimative, or Cogitative … [and] doth more fully examine the Species perceaved by the common sense, of things present or absent, and keeps them longer, recalling them to mind againe, or making new of his owne’. In altering the character of such sense-species, or in creating new species, the imagination directly influenced the production of passions, since it was these species that were communicated by the spirits in the brain to the heart, the seat of the emotions. As Burton wrote, reproducing the explanation given by ‘[Thomas] Wright the Jesuite in his booke of the passions of the minde’,

To our imagination commeth, by the outward sense or memory, some object to be knowne (residing in the foremost part of our braine) which he misconceiving or amplifying, presently communicates to the Heart, the seat of all affections. The pure spirits forthwith flocke from the Braine to the Heart, by certain secret channels, and signifie what good or bad object was presented,
which immediately bends it selfe to prosecute, or avoid it; and withall, draweth with it other humours to help it: so in pleasure, concurre great store of purer spirits; in sadnesse, much melancholy blood; in ire, choller.\textsuperscript{26}

Moreover, since it was axiomatic in scholastic psychology that nihil in intellectu quod non prius in sensu,\textsuperscript{27} as the power mediating the passage of sense-species through the soul the imagination also influenced the activities of the understanding. Burton explained that the agent intellect ‘abstracts those intelligible Species from the Phantasie’, before transferring them to the passive intellect.\textsuperscript{28} Hence, as he wrote, ‘[s]ome ascribe all vices to a false & corrupt Imagination, Anger, Revenge, Lust, Ambition, Covetousness, which prefers falshood, before that which is right and good, deluding the Soule with false shewes and suppositions …. as he falsely imagineth, so he beleeveth, and as he conceaveth of it, so it must be, and it shall be, contra gentes, he will have it so.’\textsuperscript{29} For Bacon, similarly, ‘sense sends all kinds of images over to imagination for reason to judge of; and reason again when it has made its judgement and selection, sends them over to imagination before the decree be put in execution.’ Hence, the imagination was actively involved in processes of cognition and volition: ‘[F]or voluntary motion is ever preceded and incited by imagination; so that imagination is as a common instrument to both, – both reason and will.’ Rhetorical eloquence, by which ‘men’s minds are soothed, inflamed, and carried hither and thither’, therefore works ‘by stimulating the imagination’, engaging the passions but also informing the reason and moving the will.\textsuperscript{30}

Here we can see that imagination could have two distinct but related roles in rhetoric and psychology; it could be harnessed, but it could also require correction. In the first place, as a power that intensified and augmented sense-images, it could be harnessed by rhetorical methods to supplement rational philosophical argument with emotional force. In the second, it was held to be responsible for the production of its own ‘new’ sense-species, influencing the formation of beliefs as well as generating passions, and was thereby held to be a frequent source of erroneous perceptions and judgements that were in need of rectification. Indeed, it was in relation to the latter role of this faculty that the term ‘imagination’ was often used to describe those perceptions and judgements themselves, and equated with ‘opinion’, ‘conceit’, or ‘cogitation’.\textsuperscript{31} At this point we may detect the influence of Stoic notions of phantasie— the imaginative ‘representations’ which can be true or false, and the proper management of which is an essential component of psychic health—which infiltrated Renaissance moral psychology principally through the study and adaptation of Epictetus.\textsuperscript{32}

Perhaps the most striking instance of consolatory moral therapy that was directed at the imagination as the source of opinion and false belief can be found in Cardano’s De consolatione libri tres.\textsuperscript{33} Establishing the primacy of the health of the ‘inner man’ in accordance with Platonic doctrine, here Cardano argued that ‘totus enim homo, animus est, si doleat, homo male se habet’ (in Thomas Bedingfield’s English translation of 1573, ‘[a] man is nothinge but his mynde: if the mynde be discontented, that man is all disquiet[ed]’).\textsuperscript{34} Within the mind, Cardano identified two faculties that were responsible for psychic well-being: cogitatio and imaginatio, both of which were sources of opinion, itself the essential determinant of happiness or misery, and both of which were hence susceptible to modification or persuasion.\textsuperscript{35} His striking conclusion was that in all cases ‘this onelye is necessarie to save thee from misery, [that] thou persuade thy selfe thou art not myserable.’\textsuperscript{36} The consolatio could thereby become a medium in which the humanistic conjunction of philosophy—correcting errors of understanding and imaginative conceit by means of rational argument—and rhetoric—working on the imagination through eloquence—was extolled as a truly effective means of managing the passions of the suffering individual.
Consolation and Spiritual Comfort

The most significant differences between ancient consolationes and their medieval and early modern counterparts derived from the teachings of Christianity. On the one hand, in many important respects the goals and methods of pagan and Christian consolation were broadly compatible. After all the early Christian tradition of cura animi was in large part a continuation and adaptation of the classical philosophical cultura animi, and the image of Christ as a spiritual physician was ubiquitous in early modern religious and moral writings. And we have seen that those Renaissance humanists who were committed to the reconciliation of classical and Christian doctrine wherever possible, routinely incorporated both within their consolatory discourses, and in many cases explicitly theorised their general compatibility. As Bacon expressed this position in The Advancement of Learning: ‘if it be said that the cure of men’s minds belongeth to sacred Divinity, it is most true: but yet Moral Philosophy may be preferred unto her as a wise servant and humble handmaid’, to whose discretion ‘many things are left’ to provide ‘(within due limits) many sound and profitable directions.’ Just as humanist consolations of a predominantly classical character incorporated Christian themes, so spiritual works could be integrated with pagan concepts and methods—as seen in the Divinus orator, vel de rhetorica divina libri septem (1595) by the Italian theologian and philosopher Ludovico Carbone, which devotes two chapters to the consolatory rhetorical genus of preaching.

On the other hand, however, some meaningful distinctions can be made between humanist consolations and religious works of spiritual comfort in this period. Even if both forms of literature had overlapping concerns and sometimes drew upon the same sources, each had distinctive vocabularies and concepts. Humanists were very clearly indebted to the classical consolatory tradition: they were not only demonstrably aware that they were continuing this tradition, but also routinely imported arguments, techniques, concepts and terminology from authors like Cicero, Seneca and Plutarch without significant alteration. Typically, humanist consolations exhibited a sustained indebtedness to ancient pagan authors, even if they referred to Christian themes and sources and remained fundamentally in line with Christian theology. They adhered closely to the classical conception of moral philosophy as a practical therapy for the soul, and to the position that passions can be alleviated or dispelled by the application of rational principles. And they were addressed to conditions of psychological perturbation involving a variety of passions, most prominent amongst which are those denoting grief, sorrow, or anguish—denoted, in the Latin tradition, by terms such as tristitia, dolor, moestitia, and aegritudo animi.

The Christianisation of the consolatory tradition in the hands of St Paul, Augustine, and other patristic writers, however, involved the preservation of some aspects of the classical consolatio but also the introduction of new themes—in addition to those noted above, these included the distinction between tristitia secundum Deum (godly sorrow for sin) and tristitia saeculi (worldly grief). Perhaps most importantly, though, Christian writers fundamentally transformed the conception of suffering to which the consolation was to be addressed. In contrast to their classical predecessors, for these authors human misery was typically portrayed as an inevitable accompaniment of earthly existence after the Fall. It was the consequence not of capricious fortuna, but of a divine providence that imposed tribulation upon us as an ultimately beneficial test of our piety and spiritual endurance—a conception completely alien to the classical tradition—and that ultimately bestowed a redemptive power upon our suffering. From this perspective, the strictly rational precepts and ethical maxims of pagan consolatory works were at best merely temporary fixes, at worst arrogant deceptions, and were to be supplemented with, or in many cases replaced by, explanations of God’s providence and hopeful visions of heavenly tranquillity.
Works of spiritual comfort, then, tended to minimise, ignore, or even attack the utility of any pagan wisdom that was independent of Christian dogma or authority. They downplayed or criticised the idea that passions could be managed by rational self-discipline, advocating instead the sufferer’s embracing of their redemptive spiritual trial. As Thomas More wrote in *A Dialogue of Comfort* (1534), although the ancient philosophers had ‘laboured … very much about’ the alleviation of mental pain, and acknowledged that ‘some good drugs have they yet in their shops, for which they may be suffered to dwell among our Apothecaries’, nevertheless these should be administered only the pills made by the great Physition God, prescribing the medicines himself, & correcting the faultes of their erroneous receipts.’ The ‘naturall reasons’ found in pagan works were from this spiritual perspective ‘very far unsufficient’. They ‘leave untouched, for lacke of necessary knowlege, that special point, which is not only the chief cumfort of al: but, without which also, al other cumforts are nothing’, namely ‘the referring of the final end of theyr cumfort unto God, & to repente & take for the special cause of cumfort, that by the pacient sufference of theyr tribulation, they shal attaine his favour, and for theyr paine receive reward at his hand in heaven.’

Perhaps, though, the most striking illustration of the recognisable difference between humanistic consolations and spiritual works of comfort can be found in Burton’s *Anatomy*, which included not just a ‘Consolatory Digression’ modelled on classical exemplars and largely comprised of pagan philosophical arguments, but also, from the second edition onwards at the end of the book, a separate collection of ‘comfortable speeches, exhortations, arguments’ and ‘advise’ drawn mainly from spiritual and theological works for those suffering from the form of despair that he termed ‘Religious Melancholy in Defect’.

Practical divinity became increasingly diverse and sophisticated after the Reformation, and it is well beyond the scope of this essay to summarise this complex territory. However, some number of significant trends should be noted. In the first place, divines, Catholic and Protestant alike, began to develop and advocate a variety of techniques, occasionally of great psychological and epistemological subtlety, orientated towards the spiritual self-scrutiny and self-knowledge that was deemed necessary to spiritual healing. Here it perhaps suffices to mention a few of the many sixteenth and early seventeenth-century authors who concerned themselves with the practical and theoretical issues involved in administering the *cura animarum*: Ignatius of Loyola, the Italian Franciscan Lorenzo Scupoli, the Danish Lutheran Niels Hemmingsen, and various English Calvinists such as William Perkins, Robert Bolton, Richard Greenham, John Abernethy, and Richard Baxter. We can also note an increasing preoccupation in practical divinity with cases of despair, broadly in accordance with the Pauline conception of *tristitia*, but denoted within the Lutheran tradition as *Anfechtung* and theorised by Calvinists as the affliction of conscience. Typically, such cases were addressed within soteriological narratives of temptation, sinfulness and redemption.

**Melancholy in the Consolatory Tradition**

In his guidance for the composition of consolatory letters, Erasmus stated that ‘although consolation is reserved above all for cases of bereavement and exile, one may devise other themes on diverse matters that bring distress’, giving such examples as old age, ‘an ill-omened marriage’, but also ‘bodily disease’ and ‘poor or uncertain health’. Thomas Wilson also emphasised the variety of circumstances in which consolation could be delivered in *The Art of Rhetoric* (1550), noting that it was useful ‘as well in private troubles, as in commune miseries’, such as ‘losse of gooddes, in lacke of frendes, in sicknes, in darthe, & in death’. If bodily as well as psychic disease was deemed a suitable object for consolatory discourse, then, the rarity with which melancholy was discussed in humanist *consolations*, noted at the beginning of this essay, is surprising. How can this apparent anomaly be explained?
Petrarch, whose concern with sorrow, solitude and introspection is well known, and whose extremely influential output included a considerable number of consolatory letters as well as the famous psychotherapeutic treatise *De remediis utrisque fortunae* (1344–66), never discussed melancholy in detail or specified it as an object for consolation. Instead, his explicit concern was with the predominantly mental, psychic, and spiritual states of *dolor*, *aegritudo animi*, and *accidia*. In fact, there is no evidence to suggest that Petrarch had anything more than a passing interest in *melancholia*. The term appears only once in the *De remediis*, where in the discussion ‘De Scriptorum Fama’ he remarked briefly on the innumerable species of the condition and its occasional connection with literary activity. It also figures briefly in *Epistolae familiares* XX.lxiv, which relates and supports Cicero’s mildly sceptical comments about the pseudo-Aristotelian doctrine of melancholic genius.

Why did Petrarch not have more to say about melancholy? Partly, I would suggest, because of the relatively undeveloped state of ethical discourse about the condition in the late Middle Ages and early Renaissance, when it was usually considered to fall almost exclusively within the province of learned medicine. Petrarch would also, I think, have deemed any moral or spiritual consideration of the subject in terms set by physicians as likely to result in unacceptable concessions to what he saw as their cruelly physical concerns. However, there is a more specific reason for his apparent lack of interest in melancholy. This is surely that his moral writing is infused with Roman Stoicism, which had followed Cicero’s analysis of *aegritudo* in the *Tusculanae disputationes*. Here Cicero expelled the concept of melancholy from the domain of ethical discourse, on the grounds that it carried the troubling implication that mental tranquillity could always be disturbed by corporeal imbalance. This broadly accorded with the generic conventions of the *consolatio*, where in practice the passions addressed were typically (though not absolutely exclusively) those that arose initially from external events, rather than from internal complexions or diseases.

In this light, it is not so surprising to find that on the rare occasions in the Renaissance when Stoically inclined consolatory writers did address melancholy explicitly, it was in a manner that rigorously submitted medical discourse to moral imperatives. Typically, they would present no more than a few commonplace remarks concerning the role of the melancholic humour in generating sorrow, and eschew discussion of the detailed psycho-physiology that formed the core of the Galenic account of the disease. This can be illustrated by perusing the consolatory letter written in 1378 by Coluccio Salutati to his melancholic friend, the chancellor of Bologna Giuliano Zonarini. Although Salutati opened with a brief allusion to the Galenic understanding of the variability of the melancholic complexion (as it is subject to the influence of the other humours), his consolatory argument otherwise downplayed the account of the two-way relationship between bodily and psychic disease given in medical accounts of the condition. That relationship, in fact, was effectively obliterated in Salutati’s letter, which subordinated the mortal body to the immortal soul, and sternly exhorted his melancholic friend to maintain his tranquillity and cultivate a Christian-Stoic ideal of wisdom. The *melanconia* referred to in this consolation was not a disease with a variety of interlinked psychic and somatic causes, symptoms and therapies (as in Galenic tradition), but a discrete mental perturbation with a bodily origin (in this sense, formally identical to erotic lust) that was to be conquered by the strict observance of stock ethical precepts. ‘Submit the flesh to the mind’, Salutati wrote, ‘and subject the appetite to reason.’ The concept of melancholy could be incorporated within this form of consolatory discourse only by stripping it of its distinctively medical content.

However, the role of Stoicism in excluding or de-medicalising the concept of melancholy should not be overemphasised. Those who were fiercely critical of the Stoic analysis of passions, like Scala in his *Dialogus de consolatione*, also did not discuss *melancholia*, or indeed any of the physical
aspects of mental pain found in contemporary medical literature. Instead, Scala stayed squarely
within the domain of ethical discourse, emphasising that ‘I want it understood that I mean
‘anguish’ [aegritudo] in this discourse for the sake of consistency’. In the following century, the
polythematic physician Girolamo Cardano—who addressed the psychology of melancholy
extensively in a number of works—did not see fit to mention the condition in his De consolatione
libri tres (1542) at all. This held even when he discussed the mental delusion of imagining oneself
to be made of glass, a stock example in contemporary discussions of melancholy. Here, in the
context of a strictly moral therapy, Cardano eschewed medical detail to point out simply that the
glass delusion simply illustrated the potential power of mind over body.

It seems likely that authors of consolations addressed melancholy only rarely because of a
tacitly understood disciplinary division of labour. For their part, with some notable exceptions,
learned physicians were generally reluctant to discuss the moral and spiritual aspects of
melancholy. Since this was a disease that was almost always traced to the influence of black bile,
they were thereby adhering to the Hippocratic principle that diseases with material and natural
causes were to be treated with material and natural remedies. But such an approach also reflects
the materialist tendencies of those Galenists who espoused strongly logical notions of disease and
therapeutics, and expressed a corresponding hostility to rhetoric. In the words of the Danish
physician Caspar Bartholin (alluding to Celsus’s De medicina and echoing Petrarch’s complaint in
Sen. III. 8 about the futile verbiage of doctors), rhetoric is less useful to the doctor than logic,
‘non enim verbis sed herbis aeger curatur’—disease is cured not by words but by herbs. From
this perspective, consolatory philosophical arguments might soothe symptoms, but could not be
truly effective therapy for a condition with natural corporeal causes.

The idea that treating melancholy was primarily a matter for physicians because of its
bodily origins was also common in spiritual literature. In England at least, Calvinist spiritual
writers offering comfort to those in despair were generally careful to encroach upon the
territory of the physician, and many made it clear that their concerns were fundamentally spiritual
rather than somatic. In his Treatise of Melancholie (1586), the divine and physician Timothie Bright
explained that ‘the affliction of soule through conscience of sinne is quite another thing th[a]n
melancholy’. The former condition, according to Bright, involved ‘sorrow and feare upon cause
purely rooted in the ‘minds [true] apprehension’ of sin and divine wrath, and occurred in people
whose bodily and psychic health was intact. The symptoms of the latter, however, were fear and
sadness with ‘no ground of true and iust object’, originating in a bodily ‘disorder of humour’ that
affected the ‘fancy’ in the soul. Melancholics could be susceptible to spiritual affliction because of
their anxious and contemplative psychological tendencies, but the key in such cases was that
whereas melancholy was a natural condition treatable by medicine, the affliction of conscience
was to be addressed with spiritual discourse (‘the comfort is not procured by any corporal
instruments’) and ultimately alleviated only by divine grace. For this reason Bright went on to
offer a separate ‘consolation unto the afflicted conscience’, a lengthy and thoroughly spiritual
address for his melancholic friend ‘M.’, which continued the ‘heavenly meditations and spirituall
conferences’ they had conducted ‘in times past’.

Other English Calvinists agreed that the afflicted conscience was not to be confused with
melancholy. The puritan minister William Perkins, for example, drove a wedge between medicinal
and spiritual conceptions of mental suffering in his Whole Treatise of the Cases of Conscience (1606),
arguing that the two should be ‘plainly distinguished’ for several reasons, not least because
‘imaginations in the braine caused by Melancholy, may be cured, taken away, and cut off by
meanes of Physicke: but the distresse of Conscience, cannot be cured by any thing in the world
but one, and that is the blood of Christ, and the assurance of Gods favour.’ Closer attention to
melancholy was given by Robert Bolton in his Instructions for a right comforting afflicted conscience
(1631), which called for ‘the art, and aide of phisicke’ to ‘bee improov’d, to abate and take off the excesse and phantasticalnesse of this horrible humour’. For Bolton, melancholy could be alleviated through spiritual purification: in the ‘sanctified man’, the ‘melancholicke matter’ could be ‘mollified and moderated by spirituall delight, and sovereignty of grace’, and the sadness generated by black bile could be converted into *tristitia secundum Deum*. But Bolton still followed Bright and Perkins by insisting on the distinction between melancholy and affliction of conscience, principally on the grounds that the former was a corporeal condition treatable by ‘the aide and excellency of the art of physicke’, rather than a ‘spirituall distemper’ that can be comforted only by ‘*Christ, Christ, and nothing but Christ*’. In 1653, Richard Baxter warned the melancholic to ‘[e]xpect not that Rational, Spiritual Remedies should suffice for this Cure: For you may as well expect that a good Sermon or comfortable words should cure the falling Sickness, or Palsie, or a broken head, as to be a sufficient Cure to your Melancholy fears. For this is as real a bodily disease as the other.’

However, even if these were good reasons to consider melancholy to be an inappropriate condition to treat with moral or spiritual consolation, there were substantial areas of learned medicine in the Renaissance in which non-physical therapies were permitted and even encouraged. On the most general level, there had always been strong tendencies that counteracted simplistic materialism within Galenism. Galen himself had argued in the *Quod animi mores corporis temperamenta sequuntur* that the activities of the soul were radically dependent upon the bodily mixtures, citing melancholy to illustrate, but in the *De usu partium* he reversed this dependency by referring to the body as an instrument of the soul, and in other works, including the influential *De placitis Hippocratis et Platonis*, he expressed agnosticism about the precise nature of the soul. As the French physician André du Laurens wrote in his *Des maladies melancholiques* (1597), Galen’s argument ‘that the maners of the soule doe follow the temperature of the bodie’ is ‘strong and firme’, but this did not mean that ‘they can altogether commaund and over-rule the soule’. Following Galen, moreover, did not foreclose the possibility of incorporating moral principles into medical theory and practice. He had required ‘the best doctor’ to have knowledge of ethics, and his treatises on the passions and errors of the soul, which suggested that a moral therapy based upon rational self-mastery could produce psychic health, were well known.

More specifically, and perhaps most importantly for my concerns here, however, Galen had also claimed that although passions were caused by physical qualities, they also changed the condition of the body, and had therapeutic potential. Medieval Galenists developed this notion by formally denoting the passions of the soul as one of the six ‘non-natural’ factors determining health or sickness, and this scheme was ubiquitous in Renaissance diagnostics and therapeutics. Discussing ‘the effects of ‘the conceits and passions of the mind upon the body’ in *The Advancement of Learning*, Bacon observed that ‘all wise physicians in the prescriptions of their regiments to their patients do ever consider *accidentia animi*, as of great force to further or hinder remedies or recoveries.’ Hence, following the principle that *contraria contrariis curantur*, it became common in medical discussions of melancholy to claim that the cold and dry disease could be alleviated by inducing passions—such as joy—with warm and moist qualities. Whilst physical therapies were given priority, then, there was a well-recognised space in learned medicine for the application of moral-philosophical arguments and rhetorical strategies to rectify emotional perturbations. It was for this reason that much of the popular moral psychology of the late Renaissance written in the vernacular, as found in works such as Pierre de la Primauaye’s *L’Academie Françoise* (1577) or Wright’s *Passions of the Minde*, could legitimately integrate medical and moral doctrines of the passions, and elaborate a conceptual framework which could support a consolatory discourse that addressed a bodily disease through the movements of the soul.
Humanist Consolations for Melancholy

In what follows, I shall be discussing the kinds of consolatory argument that were employed by humanists against melancholy. As we shall see, it is when authors attend to the critical role of the imagination in causing and alleviating the disease that the conventional methods of consolation become directly applicable, and making it possible to identify a distinctive therapeutic moral psychology for the condition.

To my knowledge, the first humanist *consolatio* to include a substantial discussion of melancholy that was positively attentive to medical doctrines about the condition was the detailed, systematic and wide-ranging *De consolatione* composed in 1465-6 by the Dalmatian bishop Nicolaus of Modruš. After a prologue introducing the genre, this work opens with a brief typology of the different ways in which grief afflicts those in need of consolation, and then turns to *aegritudo*. Although Nicolaus initially cites scripture to present this condition as the most ‘savage pestilence of the soul’—quoting Proverbs 25:20: ‘As a moth doth by a garment, and a worm by the wood: so the sadness of a man consumeth the heart’—his analysis is sensitive to the somatic as well as psychic dimension of the subject. Hence, this scriptural quotation serves as the starting point not for a spiritual meditation, but rather a physiological disquisition on the effects of psychic disturbance on the body. Because, he writes, ‘human life consists in a certain motion which is diffused from the heart to the other members’, any hindrance or overstimulation of this motion disturbs the soul and can even extinguish life.

It is because Nicolaus attends to the somatic dimension of *aegritudo* that his analysis incorporates a role for melancholy. Although passions can cause damage by stimulating psychic motions—for example when fear provokes the inward contraction of the appetite—Nicolaus registers the importance of the medical doctrine that they are even more harmful when they administer ‘noxious nutriment’ to the body. This is especially the case for the passion of sorrow, which is the most harmful to the heart, hindering both this organ, and ultimately the whole soul, from functioning properly to maintain the health of the body. He is now approaching the territory of *melancholia*:

Hence [the soul] is dried and contracted by the coldness, and the humour of that kind, which the Greeks call melancholy, swells up and becomes more violently powerful. And since it is sometimes dry and icy cold, it occupies the passages of the vital spirits, nor does it allow the members to keep warm; and deprived of nutriment in this way, they stop flourishing and being vigorous, and are more diminished by the day to the end that they are consumed to the point of exhaustion.

This process is then illustrated poetically with quotations from Ovid that testify to the debilitating effects of *anxietas animi* on the body, but Nicolaus continues to interleave his account with medical details, noting that as therapies for this condition physicians prescribe sleep, warm baths (measures also employed by Augustine to assuage his grief at the death of his mother), drinking of wine, and other measures to moisten the body and strengthen its native heat.

This is only a partial rendering of the Renaissance medical theory of melancholy. Nicolaus’s principal concern here—with the manner in which the passion of sorrow can destroy the health of the body, in this case by stimulating black bile—appears to give melancholy a subsidiary role in his analysis as in some cases an effect of *aegritudo*, which is thereby treatable by consolatory methods. This is supported by the later discussion of the apparent paradox that sorrow can be alleviated by lamentation (IV.9). Recalling the classical insight that there exists a
voluptas dolendi, and that grief ‘evacuates’ itself through tears, Nicolaus proceeds to explain this phenomenon with a psychological account that again refers to the role of black bile. ‘Grief’, he writes,

has a double seat, one in the body and the other in the soul: in the body, the melancholic humour, which, as physicians teach, is particularly in the brain; and in the soul, certainly in the imagination or the opinion of certain evils by which it perceives itself to be oppressed.

Weeping could perhaps be thought to alleviate grief, then, because in the first place, it is ‘a certain purging of bad [melancholic] humours’. In the second place, and more interestingly for Nicolaus, this is because ‘opinions of bad things can be diminished by lamentations and complaints’. In part this is a psychological effect of grieving, which is not a purely painful process but also involves pleasure, through the stirring up of memories of past goods and the anticipation of future relief—‘by which it happens that all lamentation, just as with anger, contains a mixture of pleasure with grief.’ But it is also because the soul, which has been tormenting itself in its fixation upon the species-image of an evil, is expanded by lamentation outwards to the exterior parts, ‘and from there, by consuming cares in a certain way, drives many of them away from itself.’ Hence the pleasure experienced by some who grieve in solitude, and the potentially therapeutic effects of the provocation of lamentation in consolation.

Although Nicolaus was familiar with the medical theory of melancholy, and although he deemed the role of black bile in sorrow as an aspect of medical psychology that was relevant to the procedures of consolation, it would be misleading to say that he was concerned in this work with consolation for melancholy. The therapy here is directed at the condition of aegritudo, in which black bile sometimes has a secondary role, and which is therefore also a feature of some cases of melancholy.

In fact, it is only in the literature of late humanism (influenced, in all likelihood, by the contemporary works of moral psychology noted above, which fused ethical and medical doctrines of the passions) that we can find explicit and substantial discussion of the moral therapies for melancholy. In Stefano Guazzo’s La civile conversatione (1574)—not formally a consolatio but a work of social philosophy concerned with courtly or ‘civil’ sociability—melancholy has a central role as the condition for which sociable ‘civil conversation’ is the remedy. Here we find an ethical account of melancholy that is based upon the reciprocal relationship of soul and body. Guazzo also expresses the claim, which as we have seen is characteristic of consolatory discourse, that tranquillity and bodily health can be restored by the correction of false beliefs and the manipulation of the imagination.

At the beginning of Guazzo’s work we are introduced to the author’s brother Guglielmo, who complains that he is ‘oppresso da così grave malinconia’ that the condition seems to be incurable by medicine. The response of the philosopher and physician Annibale is to distinguish between disease of the body and that of the mind, and it is subsequently implied that his interlocutor’s melancholy is principally a case of the latter. When Guglielmo complains that he is unable to expel his ‘torbidi pensieri’, Annibale’s first step is to ask his patient to recall to his mind things he has observed to have increased or diminished his condition—which he pointedly terms ‘vostra afflizzione d’animo, o malinconia, che chiamar la vogliamo.’ In the ensuing discussion, where Guglielmo expresses his aversion to company and love of solitude, Annibale argues that although medical doctors are unable to help, Guglielmo nevertheless has the cure in his own hands. He needs only to recognise and uproot the cause, which is located in the
psychological domain. It is, quite simply, ‘la falsa imaginazione’ that the ‘vita solitaria’ will give him comfort.

Actually, as Annibale explains, this ‘falsa imaginazione’—a notion identified by Heinrich Salmuth in his Latin translation of 1596 with that of ‘prava imaginatio’, a phrase often employed in contemporary medical discussions of *melancholia*—generates ‘mali umori’ in the body, which then cause an aversion to excitement and conversation. As the cause of the affliction is in the mind, albeit mediated by corrupt humours, so is the cure, following the medical consensus that ‘a conseguire la salute del corpo è utile e necessaria la sodisfazione dell’animo’. If Guglielmo can reject his pathogenic belief concerning the benefits of solitude, he will be able to discover that *la conversazione* is the ‘antidote’ to his melancholy and the ‘fondamento della vita’. Guazzo’s ethical remedy for comfort is thereby constituted, in the first place, by the correction of the ‘falsa imaginazione’ of the melancholic sufferer about his own nature: man is naturally an ‘animal sociabile’ who takes pleasure in company, and to prefer solitude is to offend nature herself. Melancholics who enclose themselves ‘in quelle volontarie prigioni’ become dreary, emaciated, forlorn, full of putrified blood, and subject to a host of powerful and deranged fantasies (‘forti e farnetiche imaginazioni’); the outcome is frequently misery, misanthropy and suicide. Once the melancholic has dropped this false understanding of his own nature, however, he will be able to restore his physical and mental health by embracing the pleasurable sociability appropriate to his humanity, engaging in social transactions in the occasionally corrupt world ‘in body’, and ‘in mind’ with virtuous, like-minded companions in the domestic and ‘civil’ domains. Here, then, the application by the philosopher-physician Annibale of therapeutic argumentation, in the manner of the *consolatio*, is made possible by the identification of Guglielmo’s melancholy as in origin an affliction of mind (notwithstanding its somatic symptomology) and therefore one whose appropriate cure is addressed to the imagination and beliefs of the sufferer.

**Burton’s ‘Consolatory Digression’**

The most substantial and systematic integration of moral-consolatory discourse and medical theory in the Renaissance was given in Burton’s *Anatomy*. It is here, undoubtedly, that the classical humanist remedy for psychic disturbance—by means of philosophical wisdom and literary-rhetorical eloquence—received its most sustained application to the melancholic disease. As in the writings of Nicolaus of Modruš and Guazzo, it is the central role given to the faculty of imagination—indeed, Burton’s conception of melancholy as above all a disease of the imagination—that was the basis of his approach, which developed ideas and themes found in earlier consolatory works but articulated them in a degree of detail that was unprecedented.

In the first Partition of the *Anatomy*, Burton discussed the contemporary medical disputes concerning the affected part in melancholy, settling on the view that this was primarily the brain, ‘as the seat of Reason’, and secondarily the heart, ‘as the seat of Affection.’ A further dispute had arisen, however, about which faculty of soul within the brain was primarily affected, whether the imagination (the ‘inner sense’ which processed and produced sense-data), or the reason itself (which comprehended and judged those data). Burton sided with the Paduan physician Alberto Bottoni, for whom ‘it is first in Imagination, and afterwards in reason’, glossing this in the second edition of 1624 with the view of another Paduan doctor, Ercole Sassonia, that the powers of ‘faith, opinion, discourse, ratiocination, are all accidentally depraved by the default of Imagination.’

Although the *Anatomy* presented a comprehensive medical account of melancholy in which the ‘material cause’ of black bile was given a conventionally fundamental role, and which listed an array of other causes—from God, angels or evil spirits, witches and magicians, and the stars, to old age, parents, bad diet, the retention and evacuation of various bodily substances, bad air, idleness, and sleeping and waking—Burton’s account placed heavy emphasis
upon the causal role of the remaining ‘non-natural’ factor, the passions of the soul. These were, for him, ‘the greatest of all’ causes, capable of generating ‘violent and speedy alterations in this our Microcosme’:

For as the Body workes upon the minde, by his bad humours, troubling the Spirits, sending grosse fumes into the Braine; and so per consequens disturbing the Soule …. so on the other side, the minde most effectually workes upon the Body, producing by his passions and perturbations, miraculous alterations; as Melancholy, despaire, cruell diseases, and sometimes death it selfe.

This position is grounded in the works of the classical philosophers, who ‘impute the miseries of the Body to the Soule, that should have governed it better, by command of reason, and hath not done it’, which are supported, as he says, by scripture, the early Christian fathers, and neoteric philosophers such as Juan Luis Vives, all of whom regard immoderate passions as ‘diseases’.

More particularly, Burton’s explanation of how melancholy can be generated by passions drew extensively upon contemporary ideas about the imagination, which as we have seen was the faculty deemed responsible for the composition of mental images, and was also involved in the generation of emotions and judgements. Usually, Burton noted, ‘it is subject and governed by Reason, or at least should be’; but in melancholics ‘this faculty is most Powerfull and strong, and often hurts, producing many monstrous and prodigious things’. Because the imagination (via the spirits) could affect the heart and the humours, if that faculty was ‘very apprehensive, intent, and violent’, it ‘makes a deeper impression, and greater tumult’ upon the body. Hence it is that ‘the first steppe and fountaine of all our grievances in this kinde, is læsa Imaginatio, which misinforming the Heart, causeth all these distemperatures, alteration and confusion of spirits and humours.’ In fact, so ‘great is the force of Imagination’ for Burton, that ‘much more ought the cause of Melancholy to be ascribed to this alone, then to the temperature of the body’.

The importance of the imagination for Burton’s account was underlined by his digression ‘Of the Force of Imagination’, which drew heavily upon sixteenth-century disquisitions about the ‘strange and evident effects’ of this faculty and underlined its therapeutic as well as pathogenic potential. On the one hand, the imagination ‘most especially rageth in melancholy persons, in keeping the species of objects so long, mistaking, amplifying them by continuall and strong meditation, until at length it produceth in some parties reall effects, causeth this and many other maladies.’ And such imaginative derangement could, as we saw above, provoke misjudgement and moral vice, since it replaced ‘that which is right and good’ with ‘falsehood’. On the other hand, the same power provided means by which melancholy may be treated. Just as ‘some are so molestedy by Phantasie; so some againe by Fancy alone, and a good conceit, are as easily recovered’. As Pomponazzi had shown, apparently magical cures could be attributed to the effects of ‘a strong conceit and opinion alone … which forceth a motion of the humours, spirits and bloud [and] takes away the cause of the maladie from the parts affected’. Furthermore, as Burton pointed out, according to Paracelsus, Johann Weyer, Antoine Mizald, François Valleriola, Giulio Cesare Vanini, Tommaso Campanella, and ‘many [other] Phylosophers’ including Avicenna and Al-Kindi, the transformative physiological power of the imagination could apply also apply externally to the bodies of others. For these authors, ‘the forcible imagination of the one party’ was able to move and alter ‘the spirits of the other’, and thereby ‘cause and cure not only diseases, maladies and several infirmities, by this means ... in parties remote’, but even ‘move bodies in their places, cause thunder, lightning, [and] tempests’.

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This conception of the imagination as a powerful faculty that was at once an instrumental cause of health or disease, and a potential source of false belief and moral defect, gave a substantial psychological underpinning to Burton’s employment of ‘Philosophicall and Divine precepts’ in his ‘Consolatory Digression’ for melancholic perturbations.\textsuperscript{130} Although in the orthodox definition of melancholy it was a species of irrational delirium, this did not mean, except in the most severe cases, that melancholies were totally unsusceptible to reasoning. Most contemporary Galenic physicians agreed that the imagination was the primarily affected part in this disease, with reason only being secondarily affected.\textsuperscript{131} When theories of the disease were elaborated in fine detail in the later sixteenth century, it was often stated that unlike mania, melancholy only entailed a partial or temporary occlusion of reason.\textsuperscript{132} The fact that melancholies’ rational capacities could be damaged but were rarely destroyed made them susceptible to therapeutic arguments: just as the psychological disturbances experienced by melancholies were to be explained by analysing their imagination, as the source of misleading and distressing phantasms, so the effects of the corrupt imagination could be counteracted or eased by rational psychological measures, such as conversation with friends.\textsuperscript{133} Burton claimed that as ‘the medium \textit{deferens} of passions, by whose means they work and produce many times prodigious effects’, acting therapeutically upon the imagination, no less than upon the humours, would alleviate the passions of the melancholic.\textsuperscript{134} This mitigated the fatalistic implications of the material basis of the condition in humoral distemper, and made the sufferer at least potentially receptive to ‘good precepts’ that could curb the force of his or her perturbations. Whilst the occurrence of melancholic passions was ‘a naturall infirmity’ rooted in ‘innate humors’ as well as ‘outward occurrences’, then, such rational precepts could be ‘put in practise’ by practical methods of addressing the ‘vaine, false, frivolous Imaginations, absurd conceits, fained feares and sorrowes, from which’, as the French physician Nicholas Le Pois (Piso) had written in his \textit{De cognoscendis et curandis praecipue internis humani corporis morbis} (1580), ‘this disease primarily proceeds’.\textsuperscript{135}

Psychological therapies for melancholic perturbations were to be administered, Burton instructed, either by the sufferer him- or herself, or, if s/he was incapable of so doing, by a friend. The first therapy was simply for the melancholic to ‘resist, and withstand the beginnings’ of the imaginativer depravation by avoiding whatever had provoked it, or meditating upon ‘some contrary object’ to dispel it from his imagination; here the imagination was worked upon, but not rectified.\textsuperscript{136} The second, directed against the notion that the perturbation was ‘within his blood, his braines, his whole temperature’ and ‘cannot be removed’, was for the sufferer to ‘choose whether he will give way too fare unto it’. It was possible, therefore, to overcome ‘corrupt phantasy’ in classical fashion with rational correction by an act of the will, since ‘whatsoever the Will desires, shee may command: no such cruell affections, but by discipline they may bee tamed’.\textsuperscript{137} Burton glossed this process in the terms of Aristotelian faculty psychology: the will—

the ‘Rationall power of \textit{moving}’, which was located in the rational part of the soul and instructed by reason\textsuperscript{138}—should over-rule the ‘sensitive’ and ‘voluntary’ appetites—the sources, respectively, of inclinations shared by ‘men and Brutes’ and the passions—in the sensitive soul.\textsuperscript{139} Hence, ‘[i]f appetite will not obey, let the moving faculty over-rule her, let her resist and compell her to doe otherwise. In an ague, the appetite would drinke: sore eyes that itch, would be rubbed, but reason saith no, & therefore the moving faculty will not doe it. Our phantasie would intrude a thousand feares, suspitions, Chimeras upon us, but we have reason to resist …’.\textsuperscript{140} If, however, rational self-discipline proved impossible, ‘as in this disease commonly it is’, we should turn to a friend, to whom we might ‘impart out misery’, and from whom we should seek ‘counsell … wisdome, perswasion, advise’ and ‘good meanes, which we could not otherwise apply unto our selves.’\textsuperscript{141}

This, then, was the moral-psychological framework within which Burton would apply consolation to melancholy.\textsuperscript{142} In his discussion of ‘Helpe from Friends by Counsell …’, he
underlined that rectificatory remedies worked by means of the imagination, and turned to Plutarch’s *Consolatio ad Apollonium* for the Aeschylan dictum ‘Oratio namque saucii animi est remedium, a gentle speech is the true cure of a wounded soul’. Burton’s therapeutic rationale thereby drew upon a conjunction of—on the one hand—a classical humanist combination of philosophy and rhetoric (‘a wise and well spoken man may doe what he will in such a case, a good Orator alone, as Tully holds, can alter affections by power of his eloquence’) and—on the other—Galenic medical psychology: ‘As Imagination, feare, grieve, cause such passions, so conceipts alone, rectified by good hope, counsell, &c. are able againe to helpe’. This is why consolation, whether delivered by a friend or a book such as his own, could provide ‘a sole sufficient cure’ of melancholy.

**Conclusion: Burton’s Consolation for Melancholy**

We have seen that at its core, humanist consolation was a form of cognitive and imaginative therapy. It treated the perturbations of the soul in a conventionally classical fashion, applying wisdom—in the form of philosophical and spiritual precepts—with the assistance of eloquence. This would have the effect of changing the beliefs and perceptions of the sufferer, and redirecting and fortifying his or her will, all of which would in term enable the moderation or extirpation of disturbing passions by bringing them into the province of *recta ratio*. Such was the basic therapeutic structure of the *consolatio*, and, as is indicated by the circumstances specified in the subtitles of Burton’s ‘Consolatory Digression’, it was used for the treatment of perturbations that could arise from a very wide range of causes: ‘Deformity of Body, Sickness, Basenesse of Birth’, ‘Poverty and Want, with such other Adversities’, ‘Servitude, Losse of Liberty, Imprisonment, Banishment’, ‘Death of Friends or otherwise, Vaine Feare’, ‘Envy, Livor, Emulation, Hatred, Ambition, Selfe-Love, and all other Affections’, ‘Repulse, Abuses, Injuries, Contempts, Disgraces, Contumelies, Slanders, Scoffes, &c.’. We have also seen, however, that the passions arising from melancholy constituted a problematic but special case for consolatory authors. When those authors chose to enter the territory of melancholy rather than leave it to the physicians, they offered significant contributions to the development of a practical strand of late humanist moral and spiritual psychology. Whereas consolations for diseases had tended to concentrate simply on the ethical necessity of coming to terms with physical pain and the reality of mortality, when the psychic as well as somatic character of melancholy was considered, moralists began to develop a more sophisticated form of treatment that integrated ethical and spiritual precepts within the framework of Galenic medical psychology. Consolation aimed at the imagination of the melancholic permitted, as Burton put it, not only the therapy of ‘animam per corpus’ in the manner of the physicians, but also ‘corpus per animam’. In this respect, Burton’s ‘Consolatory Digression’ represents the most fully developed instance of the humanist *consolatio*. I would like to end this essay, however, by drawing attention not only to the generically typical aspects of the digression, but also, by way of contrast, to certain of its idiosyncrasies which thereby come into sharper relief.

There are several conspicuous features of the ‘Consolatory Digression’ that fit squarely within the humanist consolatory tradition. Despite some satirical passages, it is mainly an encyclopedic collection of Christian spiritual and classical moral precepts for curbing a variety of passions in rather conventional fashion. Alongside a host of classical moral arguments designed to alleviate or curb disturbing passions, it included injunctions to consider the constancy of Job, follow the example of Christ, cultivate the spiritual virtues of ‘love, charity, meeknesse,’ and ‘patience’, and generally to ‘scorne this transitory state’. Nevertheless, these Christian doctrines did not transform the classical core of Burton’s consolatory discourse, which aimed to
uproot or counteract melancholic passions by correcting ‘false conceaved’ ethical beliefs about self and world.\(^{155}\)

Another generically typical feature of Burton’s consolatio is his emphasis on the predominantly cognitive psychological character of the passions, which was consistent with his preceding account of why melancholy is treatable by consolation. The digression offered arguments to comfort or extinguish specific passions (which in Burton’s account could either cause melancholy or be symptoms that exacerbated the condition) arising from particular events in the external world,\(^{157}\) and these arguments were thought to work by modifying the false judgements about the world that were the root of such passions. Hence, ‘tis in our owne power, as they say, to make or marre our selves’, as in the case of the misery provoked by poverty:

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\text{All things then being rightly examined and duly considered as they ought, there is no such cause of so generall discontent, ‘tis not in the matter it selfe, but in our mind, as we moderate our passions and esteeme of things. Nihil alind necessarium ut sis miser (saith Cardan) quam ut se te miserum credas, Let thy fortune be what it will, ‘tis thy minde alone that makes thee poore or rich, miserable or happy.}^{158}\]

Here, then, was a basically classical conception of the necessity of psychic self-management to tranquillity—with perhaps a specifically Epictetian emphasis on the proper usage of phantasiai\(^{159}\)—which assumed a degree of autonomy on the part of the sufferer. The efficaciousness of consolation was premised upon some degree of freedom of the will, enabling the rectification of imaginative errors.

However, Burton’s ‘Consolatory Digression’ also included an innovative, and also rather puzzling ending in a subsection entitled ‘Against Melancholy It Selfe’. This went beyond the conventional consolatory task of offering arguments against specific passions, and aimed instead to console the melancholic with regard to his or her melancholy in general. The ‘melancholy man’ was, he claimed, wrong to think that his misery—encompassed by ‘Wearines of life, abhorring all company and light, feare, sorrow, suspition, anguish of minde, bashfulnesse, and those other dread Symptomes of body and mind’—was quite so bad.\(^{160}\) Melancholy could be cured (but only if not hereditary and caught early);\(^{161}\) if incurable, the suffering could be punctuated with ‘lucida intervalla’; if continuous, it could be ‘more durable … then dangerous’ (though it frequently ends in suicide);\(^{162}\) and it was annexed with ‘some comforts’, such as being non-contagious. Although the disease gave rise to a host of moral failings,\(^{163}\) some comfort was also to be gleaned, Burton claimed, from the fact that its symptoms also tended to preclude certain vices—shyness prevented ambition and impudence, fear and sorrow kept melancholics ‘temperate and sober’.\(^{164}\)

These arguments for the symptoms of melancholy being ‘not so haynous as they be taken’ seem now to be rather weak in comparison with those found in the rest of the consolatio, not least because they run against the grain of much that Burton wrote elsewhere in the Anatomy about the genuine and profound pain caused by the disease.\(^{165}\) But to understand the nature of the overarching argument being delivered here, I think we first need to consider the general attitudes towards human existence typically built into classical consolationes. These works were largely concerned with comforting forms of distress arising in particular situations—the death of a loved one, loss of fortune, and so on—and generically their precepts were based upon stock ethical observations concerning the brevity of life, the mutability of fortuna, and the fallibility and fragility of human plans and aspirations. They did not, in other words, seek to remedy dejection with optimism, but aimed to adjust the outlook of the sufferer so that it came into line with a realistic form of pessimism. They attempted to reconcile the sufferer to human life in the world
as it really was, pointing to the inevitable capriciousness of the external world for everyone, and
extolling inner virtues such as constancy and fortitude as preconditions for inner tranquillity.
They integrated the pain of the individual sufferer with that of the moral community of humanity.
In the Christian consolatory tradition, this way of conceiving human life was often preserved in a
qualified form. Our precarious and painful earthly existence was devalued anyway in the light of
the world to come, so awareness of its transitoriness was preparatory for a comforting redirection
of attention towards heavenly tranquillity in the eternal future.166

This realistic and sometimes moderated pessimism about human life in this world
explains why reading classically modelled consolations—their aim to offer comfort
notwithstanding—is often a harsh and depressing experience for modern readers. But the same
reaction was sometimes anticipated by ancient and Renaissance authors: Scala recalled the story
of Hegesias of Cyrene, whose argument that human life was painful and contemptible was so
strong and lengthy that ‘he made so many weary of life’, and Ptolemy had to force him to stop.167
Scala also had Cosimo compel the recognition ‘that it is the human condition itself which is most
greatly to be mourned’,168 and depicted himself responding with the lament that he had ‘done a
fine job of making us all miserable’.169 This gloomy tradition was continued by Burton, for whom
‘we are all miserable and discontent, who can deny it?170 Indeed, he was clear that by portraying
‘the unconstancy of humane felicity’ and ‘others misery’, his consolatio would bring those who are
happy back to a condition of ‘moderation’ and help them to attain true self-knowledge.171 He
even worried that some melancholics, because of their overactive or damaged imaginations, might
‘trouble or hurt’ themselves by reading parts of his book.172

Such pessimism about the fragility and difficulty of human existence, however, seems
superficial when compared with the more deep-seated kind identified by Nietzsche as ‘the
wisdom of Silenus’—the ancient idea that even the finest human life is so inadequate and
unbearable that ‘the very best thing’ would be ‘not to have been born, not to be, to be nothing’,
and ‘the second best thing for you is: to die soon.’ Correctly understood, according to this view,
human life is never worth living, and must be completely rejected.173 For Scala’s Cosimo, Silenus’s
wisdom was ‘valuable in understanding life’,174 since (despite the outlawing of suicide) ‘divine
testimony’ taught us ‘that we should prefer death to life’; it was regrettable that although old he
was not yet dead.175 According to Scala, the only effective comfort for this predicament was to be
found in the Platonic doctrine that philosophy is a meditation on death: we would never
encounter anything other than ‘a shadow of the true and real good’ until the rational soul was
released from our bodily prison and reunited with God.176 The ‘laborious futility of living’ was to
be fled, the release of death was ardently to be desired.177 The sufferer was to be reconciled with
their pain through coming to accept that this was the reality ordained by divine providence.178 In
a similarly Silenian moment, but expressing this thought by means of the patristic contemptus mundi,
Burton wrote that ‘our life is tedious and troublesome unto him that lives best, ‘tis a misery to be
borne, a paine to live, a trouble to die, death makes an end of our miseries’.179

Against this background, Burton’s consolatory contention that misery was not to be
considered wholly bad for the melancholic is not so peculiar. Whatever we are supposed think of
the individual merits of his arguments about the benefits of melancholic symptoms, they are really
just setting the scene for the conclusion of the consolatio as a paradoxical praise of the disease as a
source of virtue, wisdom and (in some sense) happiness:

Wearisomenesse of life, makes them they are not so besotted, on the
transitory vaine pleasures of the world. If they dote in one thing they are wise
and well understanding in most other. If it be inveterate, they are insensati,
mast part doting, or quite mad, insensible of any wrongs, ridiculous to others,
but most happy and secure to themselves. Dotage is a state which many much magnifie and commend: so is simplicity, and folly .... Some thinner fools and disands live the merriest lives .... These curious arts and laborious sciences, Galens, Tullies, Aristotles, Justinians, doe but trouble the world some thinke, we might live better with that illiterate Virginian simplicity, and grosse ignorance, entire Ideots doe best, they are not macerated with cares, tormented with feares, and anxietie, as other wise men are .... They are no dissemblers, liers, hypocrites, for fools and mad men tell commonly truth.180

It was not just that worldly suffering could be eased by the prospect of heavenly bliss, or that tribulations in this life were sent to test us and give us the opportunity to express moral and spiritual virtue. It was that (following 1 Cor. 1:18-31) everything in this shadowy world could be seen as an inversion of the luminous world beyond, that failure in this life was success in heaven. Given Burton's fondness for Erasmus,181 it is perhaps no coincidence that this was one of the central Pauline premises of the Moriae encomium; and here lies the principal implication of Burton's closing consolatory argument 'against' melancholy: in this world melancholy was madness, but in the next, madness was true wisdom. This spiritual reason is why Burton's consolatio stipulated that the poor would go to heaven, and the rich would go to hell,182 and why it culminated with the deeply equivocal consolation for melancholics that they should positively embrace their suffering. According to Burton, it was 'better to be sad then merry ... [it is] better to be miserable [than] happy: of two extreames it is the best.'183 That now seems to be a truly melancholic consolation for melancholy.184

References
2 Some of the words in italics are Burton's translation of Leonardo Giachini [Jachinus], In nonum librum Rasis Arabis medici ad Almansorem regem, de partium morbis eruditissima commentaria, ed. G. Donzellini (Basle, 1564), XV, 148: “Animus vero in omnem laetitiam componatur, & ob omni fixa cogitatione avertatur.” The origins of the rest of this passage are unclear, however: Burton, Anatomy, vol. VI, 189.
3 Burton, R., Anatomy, 2.2.6.1, vol. II, 99-100. In fact, Galen was referring here not to melancholy but to mental illnesses in general: “Et nos ob animi mores aegros quotannis non paucos persanavimus, solis animi motibus ad debitum modum revocatis” (“And every year we treat not a few patients for ailments of the mind, by correcting the disorder of its activities”). Galen, Hygiene, trans. R. M. Green (Springfield, Ill., 1951), I, 8, 27.
4 Burton, R., Anatomy, 2.3.1.1, vol. II, 125-207.
5 Trinkaus, Ch., Adversity's Noblemen: The Italian Humanists on Happiness (New York: Columbia University Press, 1940).
8 In this essay I am concerned with prose rather than poetic consolations. For the consolatory tradition in Renaissance Italy see McClure, G.W., Sorrow and Consolation in Italian Humanism (Princeton, NJ: Princeton University Press, 1991); King, M.L., The Death of the Child Valerio Marcello (Chicago: University of Chicago Press, 1994); and Chiecchi, G., La Parola del Dolore: Primi studi sulla letteratura consolatoria tra Medioevo e


16 Classical authors sometimes emphasise that in the *consolatio*, arguments are extracted and collected rather than demonstrated: Cicero, *Tusculanae disputationes* III.76 (Tuscan Disputations, 316-17); Plutarch, *Consolatio ad Apollonium* 121e (Moralia, vol. II, 210-11).


20 Cardano, G., *De consolatione libri tres*, II, 595b (note, however, Cardano’s criticism of the judgement of poets in ibid., II, 596b). See also II, 620a: “Lectionem huius libri, non tantum miseris, ut aequo animo adversa ferant, sed beatis opinione sua, ad continentiam, utilem fore.”


27 For example, in *Carbone*, *Introductionis ad logicaim*, VI.3, 245.


30 Bacon, F., *De augmentis scientiarum*, V.1, SEH IX, 61; cf. SEH III, 382.


32 The fifteenth-century Latin translations of Epictetus’s *Enchiridion* by Niccolò Perotti (1450) and Angelo Poliziano (1479, published in 1497) were frequently reprinted in the sixteenth century; the *Discourses* were available in Latin and Greek from the first half of the sixteenth century. The Epictetian rectification of *phantasiai* is an especially important element in the Neostoic works of Justus Lipsius, *De constantia* (1584) and Guillaume du Vair, *Philosophie morale de Stoïques* (1585).


34 Cardano, G., *De consolatione*, 592b. The sixteenth-century English translation (Cardanus conforte, trans. Thomas Bedingfield [London, 1576]), is unpaginated at this point.

35 On the roles of *cogitatio* and *imaginatio* see Cardano, G., *De consolatione*, 594a: “quos homines Diis simillimos stulta cogitacione efficiunt”, translated by Bedingfield as “whom men beguiled with false ymagination do thinke equall to gods”, sig. B iii; 610b: “Sed facit hoc, falsa imaginatio, ac rerum opinio ...”, translated as “But false imaginacion and opinion, is the faulte ...” [unpaginated]; 616b-617b: “longa quiesque spacia vitae discernens ... O stultam cogitationem!”, translated as “Eche man in imagination alloweth himselfe longe time of life .... O foolish imaginacion” [unpaginated]; 627b: “Solam imaginacionem, iucundam rem, acerbam efficere ...”, translated as “it is imagination onely that maketh a man myserable ...” [unpaginated]. On opinion, see 635a: “est igitur potius haec iactura, ex opinione hominum, qua ex re ipsa”, translated as “Wee see therfore that the discontentacion of men, growth rather upon opinion then cause” [unpaginated].

36 Cardano, G., *De consolatione*, 620a: “neque enim aluid necessarium est, ut non sis miser, quam, quod miserum te non credas”; the Bedingfield translation is unpaginated here.

Robert Burton in Context

It is plausible to speculate that a Galenic physician would have identified as melancholy what Petrarch and other classically-minded moralists routinely called aegritudo animi or aegritudo, when they appertayning to resolution or troubled in minde, when they were in effect referring to the same condition as that designated by the term ‘melancholy’. It is perhaps an indication of Burton’s consciousness of this distinction that he does not use the term ‘consolation’ to describe this final subsection of the Anatomy; however, this is not to claim that he is insensitive to the connection between the classical and Christian consolatory traditions, or that he considers his own consolation to be anything other than a Christian (but also humanist) enterprise: see the inclusion of Augustine, Cyprian and Bernard alongside Plato, Seneca, Plutarch and others in the list of consolatory authors in Burton, R., Anatomy, 2.3.1.1, vol. II, 125. The issue of the relationship between melancholy and the afflicted conscience for Burton is complicated: see Gowland, A., The Worlds of Renaissance Melancholy: Robert Burton in Context (Cambridge: Cambridge University Press, 2006), 139-204, esp. 174-92 (henceforth Gowland 2006b).

It could be argued that although Petrarch and others did not regularly use the word melancholia, when they employed terms such as aedia/acidia, tristitia or aegritudo animi they were in effect referring to the same condition as that designated by the term ‘melancholy’. It is plausible to speculate that a Galenic physician would have identified as melancholia what Petrarch and other classically-minded moralists routinely called aegritudo animi (and it would be strange if such classificatory decisions were not, at least in part, influenced by the social position and intellectual preoccupations of the individuals making those decisions). Certainly, there are substantial overlaps between the descriptions of symptoms found in medical discourse on melancholy, moral treatments of mental sickness, and spiritual writing on the afflicted conscience, and contemporaries sometimes conflated these conditions. However, there are good reasons for us to say that melancholy was being discussed in the Renaissance only when an author explicitly used the term melancholia or its cognates (‘atrae bilis morbus’, etc.), or else when it can be demonstrated that they intended to refer specifically to the melancholic complexion or disease as these had been theorised in Galenic medicine: many of the commonly agreed somatic symptoms of melancholia (darkening of the skin, flatulence, stuttering, etc., as given in Burton, R., Anatomy, 1.3.1.1, vol. I, 381-4) are not found in descriptions of...
tristitia, aegritudo animi, or aecidia; see also Brann, N., “Is Acedia Melancholy? A Re-examination of this Question in the Light of Fra Battista da Crema’s Della cognizione et vittoria di se stesso (1531)”, Journal of the History of Medicine and Allied Sciences 34/2 (1979): 180-99. Because of its etymological association with the humour black bile, in Latinate discourse the term melancholia carried strong physiological associations concerning the relationship between soul and body that had long been propagated in medical circles, and which made the condition conceptually distinct from the more purely moral and spiritual notions of tristitia, aegritudo animi, and aededia. On the terminology of melancholy see Buron, R., Anatomy, 1.1.1.5, vol. I, 136-9.

52 Petrarch, De remedii utrisquare fortunae libri II (Lyon, 1577) I.xliv: “Melanchole species infinitas ferunt: ali lapides iactant, ali libris scribunt; huic scribire ferus inquit est, huic exitus”. It is not quite right, then, to claim that Petrarch, following Cicero, “eschews the term melancholy, using it neither in his vernacular poetic works nor in the Latin moral ones” (McClure, G.W., (1991), 26-7).

53 Petrarch, Epistolae familiares, XX.14.9-10: “Certe Cicero ipse, vir tantus, elegantissima urbanitate illa sua interdum culpam sibi tribuere maluit, quam viri huius errorem manifeste refellere, quale est illud quod, cum Aristotles ‘omnes ingeniosos melancholicos esse’ dixisset, Cicero cui dictum non placebat, iocans ait gratum sibi quod ‘tardi’ esset ingenii, clare satis his verbis quid sentiret insinuans. Sequamur et nos aegritudo animi, or aededia.” He is referring here to Tusculanae disputationes I.80.


56 See the analysis of aegritudo in Cicero, Tusculanae disputationes, III.11, arguing that the Greek μελαγχολία was to be translated as furor, a purely psychic rather than bodily condition (cf. also I.80); and the omission of the terminology of melancholia or atrae bilis morbus in Seneca, De tranquillitate animae I.2, I.15, I.8 and II.10, in Seneca, Moral Essays, trans. J. W. Basore (London and Cambridge, Mass., 1917-25), 3 vols, vol. II, 202-3, 210-11, 216-19. It may be pointed out that aegritudo was sometimes translated as ‘melancholy’ (for example, in The five days debate at Cicero’s House in Tusculum (London, 1683), 180, rendering the term aegritudo at III.44 as ‘Melancholly’; but cf. p. 155 which adheres to Cicero’s intention); however, the English term ‘melancholy’ did not always denote the disease or even the humour: see Burton, R., Anatomy, 1.1.1.5, vol. I, 136-9, and above, n. 51.


58 Salutati, Epistolario, 298: “Scio enim quod, quanvia in corpore terresiris complexio dominetur, elubricet flegma, ferveat cholera, vel aeris qualitatem iocundius corpus nostrum sanguis interfluat, vigorem tue mentis non deberet obvire, nec tanti viri, quantus tu es, intellectus aciem offuscare.”

59 Salutati, Epistolario, 299: “Submitte carnem menti et appetitum subice rationi.”

60 Scala, B., Dialogus de consolatione, XXV, in Essays and Dialogue, in Brown, A., (2008), 106-7: “de aegritudine enim propter similitudinem in hoc sermone nostro idem semper dicendum esse intelligi volo.”


62 Cardano, G., De consolatione, 592b.

63 In Schmidt, J., Melancholy and the Cure of the Soul: Religion, Moral Philosophy and Madness in Early Modern England (Aldershot: Ashgate, 2007), 44-5, for instance, it is suggested that Willis employs “moral rhetoric” in his discussion of melancholy in his Two Discourses concerning the Souls of Brutes (1683), though there is little sign here of genuinely sustained ethical inquiry. Within the Galenic tradition, see Manardi, G., Epistolorum medicinalium libri XX (Venice, 1542), IV.5, 40-1, which recommends moral and spiritual therapies for a friend “atra bile agitatum” before proceeding to the “humana remedia” of medicine.

64 The most important locus for this position was the Hippocratic De sacro morbo, but see Buron, R., Anatomy, 1.2.1.1, vol. I, 173-4, which refers to several Renaissance discussions of the division of natural and supernatural causes in Prognosticon I. Cf. also 1.3.3.1, vol. I, 418 on “naturall and inward causes”. This position also emanated from the Galenic principle that diseases were to be cured by the removal or counteraction of their causes: Galen, Ars medica XXVIII (Galen, Selected Works, trans. P. N. Singer (Oxford and New York: Oxford University Press, 1997), 381).
also notes (at p. 464) that the Devil can exploit “the melancholike, and sad constitution” to induce despair.


82 Similar views about the futility of philosophical or rhetorical therapies, drawn from classical and biblical sources, are expressed in Burton, R., Anatomy, 2.3.1.1, vol. II, 125-6, and Baxter, R., The right method for a settled peace of conscience, 9.


84 De propositorum animi cuiusque effectuum dignatione et curatione V-VI, in Selected Works, 109-16 (=Opera omnia, ed. Kühn, vol. V, 21-34). To my knowledge, there is no study of the Renaissance reception of these treatises, but according to Richard Durling (“A Chronological Census of Renaissance Editions and Translations of Galen”, Journal of the Warburg and Courtauld Institutes 24 (1961): 230-305), the De animi cuiuslibet pectorum dignatione et curatione was translated twice into Latin in the sixteenth century, by J. P. Crassus (Paris, 1546), whose version was subsequently printed in several collected works, and J. B Rasarius (Venice, 1562-3). The De propositorum animi cuiusque effectuum dignatione et curatione was translated into Latin by J. Guinterius, B. Donatus and J. Casellius, into French by J. Le Bon, and into Italian by G. Tachagnota, A. Firmano, and F. Betti. An edition of the Greek was produced by J. Chessel (Helmstadt, 1596), who also translated it into Latin (Helmstadt, 1596). It is here interesting to note Galen’s treatise, recently discovered in a monastery in Thessaloniki, entitled Peri Alupias (‘On the Avoidance of Grief’): see Boudon-Millot, V., “The Library and the Workshop of a Greek Scholar in the Roman Empire: New Testimony from the recently discovered Galen’s treatise Peri alupias”, in Asklepios. Studies on Ancient Medicine, Acta Classica Supplementum II, ed. Louise Cilliers (2008), 7-18.
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89 This work has survived in three MS copies (two held in the Vatican library: Cod. Vat. lat. 5139, Cod. Vat. lat. 8764; the third is held in the library of the episcopal seminary in Casale Monferrato: signatura MS I a 8). It has now been printed in Jovanovic N., ed., “Nicolai Modrussiensis De Consolatione Liber”, *Hrvatska Književna Bastina* 1 (2002): 55-251; references in the *De consolatione* in this essay are to this edition. The work is cited and briefly discussed in McClure, G.W., (1991): 125-6.
91 Nicolaus of Modruš, *De consolatione*, I.2.2-3: “Constat enim humana vita in motione quadam quae a corde in caetera membra diffunditur. Atque hance commotionem non quantancunque esse decet, verum certa quadam moderatione prefinitam, ultra quam si progrediatur, perturbabit, immo nonnunquam et exterminabit mortalium vitam.”
92 Nicolaus of Modruš, *De consolatione*, I.2.7: “Passiones vero, quae appetitum in fugam vertunt et eum in se ipsum contrahere cogunt, veluti res obscura visum, non tantum nocent ratione motus, sed etiam ipsius pestiferi cibi administratione.”
93 Nicolaus of Modruš, *De consolatione*, I.2.8-10: “Illud enim animo nostro restistes illatae faciunt, quod corpori exhibitum virus; ex quo liquet, cum nulla aliarum passionum ita infesta face animum impetat, nec ullam aliem esse quae cor hominis deterius exedat. Quippe quae appetitum impedit ne se extra diffundat, necesse est cor viribus destituatur nec ceteris membris debitum possit praestare officium.”
94 Nicolaus of Modruš, *De consolatione*, I.2.11-12: “Itaque exciscatur ac gelu constringitur humorque eius generis, quem Graeci melancholiam appellant, incrementum capit ac invalescit vehementius; et quoniam siccus quodammodo ac gelidus est, itinera spirituum vitalium occupat, nec foveri membra permittit, atque ita nutrimento subtracto virere vigereque desinunt et in dies extenuantur magis ac usque ad exinanitionem consumuntur.”
96 Nicolaus of Modruš, *De consolatione*, I.2.15-19: “Proinde tali morbo laborantibus suadent medici somnum, vinum, balnea calida caeteraque eiusmodi quae humectare irrigareqve corpus iuvant ac nativum pestiferi cibi administratione.”
97 This reasoning here appears to be that those cases of melancholy which are caused by sorrow (*moeror*) are thereby classifiable as a subspecies of *aegritudo*. Presumably cases of melancholy though to have originated purely in a somatic imbalance would not be related to *aegritudo* in this way, and would not therefore be deemed treatable with consolatory therapy.


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98 Nicolaus here quotes Ovid, Tristia IV.3-7: “est quedam flere voluptas / Expletur lachrimis egeriturque dolor.” (Nicolaus of Modruš, De consolatione IV.9.3.) Cf. the discussion of tristitia in Petrarch, De remediis utrisque fortunae liber II (Lyon, 1577), II.xiiii, 732.

99 Nicolaus of Modruš, De consolatione, IV.9.6: “Id uero ista ratione contingere predicant quioniam, cum maior duplicum habeat sedem, unam in corpore et in animo alteram; in corpore melancholie humorem qui, ut phisici docent, precipius in cerebro est, in animo uero fantasiam aut opinionem malorum quibus se oppressum cernit.”

100 Nicolaus of Modruš, De consolatione, IV.9.7: “quod ploratus quedam erat malorum humorum purgatio.”

101 Nicolaus of Modruš, De consolatione, IV.9.8-10: “Sed de humore aut purgatione eius utcunque illud tamen in dubia fide tenendum est, lamentationibus et querelis opinionem malorum opido extenuari, cuius multiplex causa est, sed precipua quoniam in lamentatione pergit homo enumerando præterita bona, quorum sicut possessio fuit iocunda, ita et recordatio, quo fact ut omnis lamentatio, ueluti et ira, admixtum habeat cum dolore uoluptatem .. Et rursus lamentationibus mitigatur ægritudo quoniam omnis lamentatio cum uoluptate est ex eo quod homo malis honeratus lachrimando et querendo putat conuenientia sibi abire munera; omnis uero eo quod quis sibi conueniens ducit oblectari necesse est.”

102 Nicolaus of Modruš, De consolatione, IV.9.9: “leuant quoque questus dolorem et ista ratione quod animus, dum continet intrà se mali speciem, totus circa illam occupatur et eam intuendo diutius uehementius affligitur et cruciatur; cum uero plorat aut querelas fundit, animus ad exteriora expanditur et ab illa urente cura quodammodo se non parua ex parte auertit.” The precise physiological sense of this passage is unclear to me.

103 Nicolaus of Modruš, De consolatione, IV.9.11-14.

104 On aegritudo and melancholy see note 51 above.


108 Guazzo, S., La civil conversatione, ed. Quondam, vol. I, 15: “Per quello che tocca all’infermità del corpo .. Ma per quello che riguarda l’infermità dell’animo”.

109 Guazzo, S., La civil conversatione, ed. Quondam, vol. I, 16-17: “E percі ci scettche ci veniste ricordando di quelle cose che per lunga osservazione avete trovato che abbiano accresciuta o scemata questa vostra afflizione d’animo, o malinconia, che chiamar la vogliamo.”


111 Guazzo, S., La civil conversatione, ed. Quondam, vol. I, 16-17: “Ella è, se nel sapete, la falsa imag Azione vostra, con la quale, a guisa di farfalla, gite con diletto procacciando la vostra morte, e in iscambio di consumare il male, voi lo nodrite: perché pensando di ricever alleggiamento per mezo della vita solitaria, vi tirate addosso una soma di mali umori, i quali come ribelli dell’allegrezza e della conversazione, si concentrano nelle viscere e cercano di nascondersi nelle solitudini conformi alla natura loro.”

112 Guazzo, S., La civil conversatione, ed. Quondam, vol. I, 16-17: “Onde vorrei che lasciando questa sinistra credenza con la quale vi sete fino ad ora medicato a rovescio, cominciate a mutar stile e a proporvi la solitudine per veleno e la conversazione per antidoto e fondamento della vita, disponendovi di perder l’affezione a quella come a concubina, e di ricever in grazia quest’altra come legittima sposa.”
Renaissance therapeutic employment of manipulative psychological measures see Schleiner, W., “Ethical Problems of the Lie that Heals in Renaissance Literature”, in Salmuth’s Latin translation of 1614 at in Burton, R., Nicolaus had been read by Guazzo or Burton, and although Burton had read Guazzo (he refers to (Turnhout: Brepols, 2012), 53-102, at 61-5.


I am not suggesting a relationship of influence between these texts: there is no reason to think that Nicolaus had been read by Guazzo or Burton, and although Burton had read Guazzo (he refers to Salmuth’s Latin translation of 1614 at in Burton, R., Anatomy, vol. I, 329 and vol. III, 2, 324), there is no sign that Burton’s consolatio was substantially influenced by La civil conversatione. Rather, the common features in these works stem from the broader constellation of concepts and themes that I have been outlining throughout this essay.


Principally—as he makes clear in numerous places—Plato’s Charmides 156D-E, according to which “all the mischiefes of the Body, proceed from the Soule” (Burton, R., Anatomy, 1.2.3.1, vol. I, 247, also cited in vol. II, 100, 109, vol. III, 49, 75. Bamborough suggests that Burton took the quotation in 1.2.3.1 from Mercuriale’s Liber responsorum et consultationum medicinalium (Basle, 1588), VI, 36-7, but this passage in the Charmides is frequently cited in other medical works used by Burton, such as the De morbis melancholicis by André du Laurens: Discourse, 107. Cf. also the citation of the Timaeus in Mercuriale, G., Medicina practica, seu de cognoscendis, discernendis, & curandis omnibus humani corporis affectibus, earumque causis indagandis, libri V (Lyon, 1617), I, 1-2.


His acknowledged sources here are Heinrich Cornelius Agrippa’s De occulta philosophia libri tres (1533), Girolamo Cardano’s De subtillitate rerum (1550), Levinus Lemnius’s De miraculis occultis naturae (1559, expanded in 1574), Francisco Suárez’s Metaphysicae disputationes (1597), Timothie Bright’s Treatise of Melancholy (1586), and Thomas Wright’s Passions of the Minde (1601).


Burton, R., Anatomy, 1.2.3.2, vol. I, 250, where the qualification “in some parties” was added in the edition of 1628.

Burton, R., Anatomy, 1.2.3.2, vol. I, 250-1.

Burton, R., Anatomy, 1.2.3.2, vol. I, 253-4, referring to De incantationibus (1520), IV.


For example, in Capo di Vacca, G., Practica medicina (Frankfurt, 1594), I.10, 94.


Burton, R., Anatomy, 1.2.3.2, vol. I, 255.

Burton, R., Anatomy, 2.2.6.1, vol. II, 101, quoting from his copy of Piso, N., De cognoscendis et curandis praecepue internis humani corporis morbis libri tres I.23 (Frankfurt, 1585), 180-1. According to F. F. Blok,
commenting on the correspondence of the melancholic Dutch humanist Caspar Barlaeus, reason, “cannot … be brought to bear’ upon a disease in which ‘rational thought is dominated and eliminated by the corrupt imagination’ (Blok, F.F., Caspar Barlaeus: From the Correspondence of a Melancholic (Assen, 1976), 35-6).

Pace Blok, when in March 1632 Petrus Cunaeus told his friend Barlaeus that his condition “can be cured by rational deliberation”, this was perfectly consonant with the learned medical understanding of the disease, at least in its milder forms (Blok, Caspar Barlaeus, 38-9, letter of March 9, 1632); see also the emphasis on melancholy as a deprivation of imagination but not rational understanding in Cunaeus’s letter sent in June 1632, at 49.

136 Burton, R., Anatomy, 2.2.6.1, 101-2.
137 Burton’s reference here is to Seneca’s De ira II.12.3-4, on the necessity of mental disciplina.
138 Burton, R., Anatomy, 1.1.2.9, 1.1.2.11, vol. I, 157, 159. After the Fall, however, the will is “many times rebellious in us” does not always obey reason: 1.1.2.11, vol. I, 160-1.
141 Burton, R., Anatomy, 2.2.6.1, vol. II, 104.
143 Burton, R., Anatomy, 2.2.6.2, vol. II, 106, quoting Alexander of Tralles (“If our imaginations be not inveterate, by this art they may be cured, especially, if they proceed from such a cause”).
146 Burton, R., Anatomy, 2.3.1.1, vol. II, 125. Burton also suggested that his book could work as a self-consolation (Anatomy, ‘Democritus Junior to the Reader’, vol. I, 6-8; for some parallels with Montaigne here see Les Essais, eds. J. Balsamo, M. Magnien, and C. Magnien-Simonin (Paris: Gallimard, 2007), II.8, 404, II.12, 512, but see also I.24, 43. Elsewhere, Montaigne was ambiguous about philosophical consolation: III.4, 871-5, III.12, 1098.
147 Burton, R., Anatomy, 2.3.1.1, vol. II, 125).
151 Burton, R., Anatomy, 2.3.3.1, vol. II, 166.
154 Burton, R., Anatomy, 2.3.3.1, vol. II, 155.
155 Burton, R., Anatomy, 2.3.3.1, vol. II, 156.
156 Such as that “thou alone art unhappy, none so bad as thy selfe”, that bodily sickness or poverty are lamentable evils: Burton, R., Anatomy, 2.3.3.1-2, vol. II, 129, 132-6, 144-73.
157 We should note that the full title of the digression is “A Consolatory Digression, containing the Remedies of all manner of Discontents”, and that Burton suggests that it could also benefit those who are not suffering from melancholy (Burton, R., Anatomy, 2.3.1.1, vol. II, 125); in this sense, it is not just a consolation for melancholy and its attendant passions.
159 Burton includes Epictetus in his list of canonical consolatory writers (Anatomy, 2.3.1.1, vol. I, 125), and refers to him at several points in the digression: 134, 149-50, 153, 158, 166, 169, 184, 186.
161 Burton, R., Anatomy, 1.4.1.1, vol. I, 428-9: “If this malady be not hereditary, and taken at the beginning there is good hope of cure … [but] if it be inveterate, it is incurable, a common axiome, aut difficulter curabilis … hardly cured.”


For example, in Cardano, G., *De consolatione*, 636b.


Scala, B., *Dialogus de consolatione*, XXXI, 113.

Scala, B., *Dialogus de consolatione*, XLVIII, 139. Cardano similarly acknowledges that his detailed depiction of human vacuity is likely to increase rather than decrease the sadness of his readers: Cardano, G., *De consolatione*, II, 596b: “Sed dum aliorum inanes has ineptias describo, iam nanaeam quandam confalce videor: soloque nomine tristem luctum, non tantum descripsisse, sed auxisse.” [= “But while I set forth the foilies of others, me thincke I have framed a mourninge dittye: and have not only described, but rather encreased heave mourning” (*Cardanus conforte*, fol. C.i."").


Scala, B., *Dialogus de consolatione*, XLV, 135.

Scala, B., *Dialogus de consolatione*, XLV, 135 and XLVII, 137.

Scala, B., *Dialogus de consolatione*, LXII, 129.


Scala, B., *Dialogus de consolatione*, LIX, 139-41.


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