The concept of melancholy comprehended a wide range of characteristics and conditions in seventeenth-century European culture, from the brooding introspection of the genius and the scholar to a condition of delirious and delusory madness.¹ Its central and most immediately identifiable characteristic, however, was the excessive and unreasonable nature of its symptomologically defining emotions of fear and sorrow. As Robert Burton noted out in The Anatomy of Melancholy (1621), the melancholic condition was commonly taken to be “a kind of dotage without fever, having for his ordinary companions fear and sadness, without any apparent occasion.”² The presence of a pervasive and unreasonable sense of fear and sorrow invariably solicited the melancholic label. Indeed, melancholic emotions were the primary substance of melancholic dotage; the ravings of the melancholically mad and their frequent obsession with a single idea were often driven by an overwhelming feeling of fear and sorrow.³

The concept of melancholy as a mental disorder involving these specific emotions had coalesced under the gaze of medical observation in ancient Greece, and the melancholic condition was thought by many medical theorists of clas-
sical antiquity to be caused by a physiological surfeit of black bile, the Greek word for which was *melancholia.* Western medicine, profoundly influenced by the Greek medical tradition, continued to diagnose and treat melancholic disturbance as a physical distemper well into the nineteenth century. Yet the kind of mental anguish which early medical observers labeled melancholic bore a striking resemblance to forms of emotional disorder whose point of origin was thought to be the mind itself. Various traditions of classical moral philosophy sought to treat disorders of the mind that unchecked emotion could create primarily by directing, ordering, and correcting the thought of the sufferer. Where the melancholic condition displayed qualities of the emotions as these were represented and analyzed by moral philosophers it was viewed as susceptible to philosophical treatment and insight.

Early modern English writers, no less than classical writers, thought it appropriate to apply to cases of melancholy therapies derived from the philosophic endeavor to define and achieve peace of mind. Burton argued explicitly in *The Anatomy of Melancholy* for the rightful authority of the philosophical “physician of the soul” in the treatment of melancholy; and the conceptual similarity of melancholy to moral diseases of the soul which provided the basis for this authority is evidenced in the works of several seventeenth-century moralists, as well as in the writings of the influential seventeenth-century physician and natural philosopher Thomas Willis on melancholy and the passions. Willis noted that melancholic emotions were structured and caused by the judgments of the mind rather than by the force of physiological dysfunction alone. His recognition of the importance of the mental aspects of melancholy provided the basis for his prescription of moral therapies for the government of the mind in addition to therapies for the body. Moreover, his writing on the passion of grief displays the ability of moral philosophical language to represent melancholic-like states as problems of the moral life, to be engaged through rational meditation and control.

The importance of moral philosophy in understanding and treating melancholy has been largely ignored in current scholarship in the history of psychiatry and madness, which has concentrated on early modern medical concepts of mental disorder that traced its origins to the body. The historian of psychiatry and “madness” Roy Porter has, for instance, referred to Willis’s medical writings as evidence for the “thoroughgoing somatic grounding of disorders of thought, feeling and behavior” that he alleged to have dominated the era’s medi-

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cal conceptualization and treatment of madness. While Michel Foucault insightfully noted that Willis's ostensibly chemical account of the nature of melancholy was in fact "a phenomenology of the melancholic experience," he dismissed out of hand the relevance of classical moral philosophical language to the early modern treatment of madness, asserting the complete absence of moral treatments of madness until the end of the eighteenth century. In analyzing Willis's writing he thus failed to note the broader moral philosophical concerns to which Willis's "phenomenology of melancholy" were related. Moral philosophical techniques and ideas were central features of the treatment of melancholic madness in the early modern period in both medical and non-medical work; melancholy was considered in the writing of Willis, Burton, and others to be as much a disease of the mind as of the body.

**Melancholy Among the Philosopher's "Diseases of the Soul"**

Early modern thinkers were heirs to a long tradition of philosophical concern with the health of the mind and in particular with the management of the emotions, which had its ultimate point of origin in ancient Greek philosophical thought. It was something of a commonplace in Greek philosophical thought that both body and soul could be diseased and that both had their proper forms of healing: the medical art for ailments of the body and philosophy for the diseases of the mind. The post-Aristotelian Hellenistic philosophical schools in particular concentrated on the importance of controlling the emotions in the endeavor to attain the health of the soul, often characterizing emotion itself as mental disease. Stoic and Epicurean philosophers alike insisted that the passions deviated from the norm of reason, which alone enabled the attainment of the good of the soul. They ensnared the soul in a series of distorted judgments, exaggerating, for example, the worth of material goods and social prestige or the grievousness of personal losses and turns of fortune, creating considerable disease in the soul through the emotional turbulence inherent in sorrow, fear, joy, or lust.

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8 Ibid., 89, 197-98
This moral philosophical language articulated by Greek philosophers was later taken up by Roman writers such as Seneca and Cicero, who dealt extensively with the problem that the passions posed to the cultivation of human happiness. While the concern with managing the emotions never disappeared in medieval Christian Europe, worry over the dangers that the passions posed to the health of the soul intensified in the late Renaissance period. Beginning in the late sixteenth century a series of works that explored the nature of the passions in detail and suggested remedies for these moral diseases were published in France and England. The impetus for this concern was in part the sense among many intellectuals of a growing disjunction between the civic life, which demanded the fostering of self-aggrandizing passions, and the vision of the good life articulated by ancient philosophers. Some were attracted by Hellenistic ethical orientations in the endeavor to define the good life and care for the soul, orientations which themselves had originally implied various degrees of emotional disengagement from the *vita activa*, if not disengagement from politics entirely. The result was that much ethical thought of the late sixteenth and seventeenth centuries took its main concern to be the taming and controlling of human desire and emotion; these were seen as the soul’s diseases, which moral philosophical reflection alone could remedy.

Early modern works analyzing the passions were intended to provide the intellectual resources necessary to interrupt the natural course of emotion by anticipating its manifestations and its errors. They were in this regard similar to the forms of spiritual exercise that Pierre Hadot has argued were central to ancient philosophy: they were modes of reflection designed to transform the self according to reason and more specifically to place the self beyond the...

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influence of material interests acting through the emotions.\textsuperscript{15} The language describing passion as mental disease was an outgrowth of such moral reflection, a way of redescribing common experience according to the insights of philosophical reflection, of straightening the untrained bent of apparently natural and all too human emotional reactions. The texts of the early modern moralists developed this language in important ways, elaborating what we might term moral pathologies of specific emotions with the hope that this knowledge would inoculate the soul against excesses of emotion when absorbed into the soul through reflection.

But the medical concept of melancholy suggested that particular forms of fear and sorrow were outside the reach of rational reflection. For his part Cicero resisted what he viewed as the reductionist implications of the Greek term \textit{melancholia}, arguing that it suggested that in cases in which the passions ruled the mind an individual was influenced by the body alone rather than by the opinions and beliefs embedded in the emotions.\textsuperscript{16} Cicero’s argument on this point seems to involve the same conceptual confusion “between vice and sickness” which Jean Delumeau argues can be found in early modern moral thought and to which he attributes a pervasive attitude of moral suspicion towards the melancholy.\textsuperscript{17} It is true that early modern writers concerned themselves with the moral analysis of melancholy. This way of approaching melancholy, however, was rooted not in conceptual confusion but in the fact that the role of the mind in causing and sustaining the melancholic condition remained an open question in the early modern period.

This ambiguity came to a certain extent to be built into the concept of melancholy itself. Few early modern thinkers, if any, adopted the position of Cicero in dismissing the worth of the medical analysis of melancholy entirely. Indeed, the term “melancholy” had expanded in its range of reference in late medieval literature from designating a disease and a temperament to designating sorrowful and fearful emotions and moods themselves, and the medical notion of melancholy itself had become important in the moral psychological vocabulary used to analyze the emotions.\textsuperscript{18} Early modern moral analysis often represented the passions of fear and sorrow as particularly irrational and particularly dangerous for physical health, a view which was clearly intended to serve the ends of moral reflection but which at the same time tended to collapse the distinction between the “normal” functioning of these emotions and diseased, melancholic emotion.\textsuperscript{19} The conceptualization of “normal” emotions of

\textsuperscript{15} See Hadot, \textit{Ancient Philosophy}, esp. chs. 5-7 and 9.
\textsuperscript{16} Cicero, \textit{Tusculan Disputations}, III, iv.11, 237.
\textsuperscript{19} Wright, \textit{Passions of the Minde}, 61-64, 65; Coeffeteau, \textit{A Table of Humane Passions}, 322-23, 329-30; Reynolds, \textit{Treatise of the Passions}, 228, 232; Senault, \textit{Use of the Passions}, 476-78.
fear and sorrow and that of their melancholic variants came to overlap considerably, and in this context it made a great deal of sense to consider melancholy itself under the category of a moral philosophical disease of the soul.

Burton recognized this in *The Anatomy of Melancholy*, where he devoted several sections to relaying philosophical therapies for the treatment of the melancholic mind. The treatment of the mind in *The Anatomy of Melancholy* was in part justified by the role Galenic medical theory ascribed to the management of the passions in the art of healing and hygiene. According to Galen, the emotions could interfere with the normal functioning of the body. The regulation of the mind’s activities was thus a constituent of bodily health, and although he recognized that the mind was properly the province of the philosopher, Galen declared in *De sanitate tuenda* that the mind was not to be neglected by the physician. Writing in 1621, Burton pointed to a tradition of the medical care of the mind, finding in physicians as in philosophers the same recommendations for moderating the passions by reason, good counsel, persuasion, and diversion. He traced their advice back to “Galen, the common master of them all, from whose fountain they fetch water,” and who “brags, lib. I de san. tuend., that he, for his part, hath cured divers of this infirmity, *solum animis ad rectum institutis*, by right settling alone of their minds.”

But even if the subject of the passions in *The Anatomy of Melancholy* was justified by Galenic medical theory, Burton’s treatment of the passions derived in large part from moral philosophical reflection on the passions and in particular from the relatively compact and focused series of insights, techniques, and formulas for the consolation of grief found in the writings of Seneca, Cicero, and Plutarch. These stood on their own authority as modes of therapy in cases of sorrow and discontent without any reference to their physical effects or dispositions, and in defending himself against the possible accusation that his work was an illicit incursion into the territory of the medical art by a divine, Burton made a point of arguing that “it is a disease of the soul on which I am to treat, ... as much appertaining to a Divine as to a Physician.” “Who knows not what an agreement there is betwixt these two professions?” he continued.

They differ but in object, the one of the body, the other of the soul, and use divers medicines to cure: one amends *animam per corpus* [the soul through the body], the other *corpus per animam* [the body through the

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20 Burton, *Anatomy*, II.i.i.VI.i, 119; cf. II.i.i.VI.i, 129. See Galen, *De Sanitate Tuenda*, tr. Robert Montaville Green (Springfield, Ill., 1951), I.viii, 26-27.

soul], as our Regius Professor of Physick well informed us in a learned
lecture of his not long since. One helps the vices and passions of the
soul ... by applying the spiritual Physick; as the other uses proper rem-
едies in bodily diseases. Now this being a common infirmity of body
and soul, and such a one that hath as much need of a spiritual as a
corporeal cure ... a Divine ... can do little alone, a Physician in some
kinds of melancholy much less, both make an absolute cure.22

Given the mutual influence of soul and body upon each other, the care of
neither alone was primary. While the body acted upon the soul and medical
intervention was thus instrumental in correcting the melancholic passions of
the soul, healing the vices and passions of the soul itself through “spiritual
physick” was an essential ingredient in treating this compound disease. As
Burton put it, the melancholic required “a whole Physician.” Elizabethan medical
texts had included the moral philosophical therapies of diversion and enter-
tainment among their jumbled lists of medical recipes seen as effective for the
cure of melancholy;23 Burton saw that the treatment and prevention of melan-
choly through the mind in fact opened onto the full range of philosophical
concerns about the rule of reason and the tranquillity of mind. He concluded
from this that the cure of melancholy was as much under the authority of the
physician of the mind as the physician of the body.

Moralists viewed the task of philosophy as one of disengaging the individ-
ual from patterns of thought, feeling, and behavior that seemed, as emotions
often do, to be involuntary, spontaneous, natural reactions, outside of the effec-
tive jurisdiction of the will. Burton’s insight was to argue that where melan-
cholic feelings could not be cured through reason, by using reason the will
could at least manage such feelings by putting them at a distance from a ratio-
nal self that knew them to be irrational forces produced in the mind by the
body. He remained firmly attached throughout The Anatomy of Melancholy to
the medical account of melancholy. “You may as well bid him that is diseased
not to feel pain, as a melancholy man not to fear, not to be sad,” he declared:
“ ’Tis within his blood, his brains, his whole temperature.” Moral philosop-
ical therapy thus did not result merely from the fact that the term “melancholy”
included both “biochemical” and “psychological” forms of depression (to think
anachron-istically in terms of modern psychiatric terminology); rather, it fol-
lowed from the insight that even if feelings of sorrow and fear originated in the
body, there remained some level of psychic complicity in the final degree of
melancholic suffering. The Anatomy of Melancholy was in part a moral philos-
osophical anatomy of melancholy. The recognition that melancholy was a dis-

22 Burton, Anatomy, “Democritus Junior to the Reader,” 36. See also Rosalie L. Colie,
ease of the body itself gave to the sufferer a form of self-knowledge that cre-
ated difference between the self and its melancholic passions. Burton’s phi-
losophic therapy for melancholy thus consisted partly of a rhetoric that empha-
sized and cultivated the domain of will in the melancholic individual, counter-
ing the passive posture of suffering a bodily disease by persuading the sufferer
to see melancholic emotion as an object of choice. If melancholic emotion is to
a certain extent unavoidable, as Burton argued it was, the melancholic “may
choose whether he will give way too far unto it, he may in some sort correct
himself.” Quoting Seneca, Burton exhorted the melancholic soul that “whatso-
ever the will desires, she may command: no such cruel affections, but by disci-
pline they may be tamed.”24

The discipline needed to tame melancholy consisted of a range of more
specific philosophical therapies. Burton wrote that “though [the melancholic]
be far gone, and habituated unto such phantastical imaginations, yet, as Tully
[Cicero] and Plutarch advise, let him oppose, fortify, or prepare himself against
them, by premeditation, reason, or as we do by a crooked staff, bend himself
another way.”25 Burton here named three distinct philosophical strategies for
managing the emotions. The work of bending, as Burton’s homely analogy
formulated it, referred to the philosophical remedy of driving out one particu-
larly excessive emotion by cultivating its opposite. The spiritual exercise of
premeditation, advocated for most prominently by Cicero, was based on the
notion that constant reflection on the possible vicissitudes of life accustomed
the soul to the sight of ill-fortune, which would otherwise disable the soul in
shock and grief.26 The melancholic soul, whose tranquillity was already com-
promised by the body, could apply this therapy in order to deprive melancholy
of matter through which to exacerbate itself. Finally, the melancholic could
benefit also from the direct application of reasoning to its emotions. Burton
prescribed “counsel, comfort, or persuasion” for the melancholic, which he
himself delivered in his long “Consolatory Digression containing the Rem-
edies of all manner of Discontent,” a digest of the writings “of our best Orators,
Philosophers, Divines, and Fathers of the Church.”27 The burden of such con-
solidation was to suggest a series of perspectives through which the melancholic
could limit the tendency of melancholic emotion to envelope the whole of
thought and feeling, effectively blotting out non-melancholic perceptions of
the world. They bent the thought of the reader from melancholy by focusing on
the existing goods and comforts of life and by attempting to proportion sorrow
and fear in reasonable relation to its objects.28 Through such therapies the mel-

24 Burton, Anatomy, II.ii.VI.i, 120-21.
25 Ibid., 122.
26 Cicero, Tusculan Disputations III.xxii.52-xxii.56, 287-91.
27 Burton, Anatomy, II.iii.I.i, 145.
28 See Burton, Anatomy, II.iii.I.i-viii, 145-238.
Melancholy in Seventeenth-Century Thought

An individual could at least avoid becoming overwhelmed by melancholy. If melancholic feelings were at times inescapable, madness might still be avoided.

These kinds of philosophical therapies were available even in cases in which "the Patient of himself is not able to resist or overcome these heart-eating passions." Here Burton found timely and appropriate the advice of Seneca in cases of grief:

*Lugentes custodire solemus, (saith Seneca), ne solitudine male utantur;* we watch a sorrowful person, lest he abuse his solitariness, and so should we do a melancholy man. Set him about some business, exercise or recreation, which may divert his thoughts, and still keep him otherwise intent ... if his weakness be such that he cannot discern what is amiss, correct, or satisfy, it behoves [the friend] by counsel, artificial invention, or some contrary persuasion, to remove all objects, causes, companies, occasions, as may any ways molest him, to humour him, please him, divert him, and if it be possible, by altering his course of life, to give him security and satisfaction.29

The moral therapy of diversion and company derived from Epicurus and also from Seneca's *De tranquilitate animi.*30 Counsel and persuasion are more straightforwardly philosophical. The aim of all of the efforts Burton here behoves the companions of the melancholic to undertake is to entice and command the thought of those who cannot otherwise help themselves away from melancholic patterns and preoccupations. A clearer example of the importance of moral philosophical therapy to the early modern treatment of melancholic madness would be harder to find.

We should not dismiss the incorporation of moral domains into the concept and treatment of melancholy as merely a feature of *The Anatomy of Melancholy*'s expansive tendencies, which one scholar has summed up in the statement that "all of human behavior as Burton sees it can be viewed and expressed in terms of melancholy."31 Burton's was a detailed and learned elaboration of what was in fact a commonly accepted approach to the specific condition of melancholic emotion. We find the moral philosophical approach to melancholy illustrated also in a 1606 work by Bishop Joseph Hall, which was inspired by reflection on Seneca's *De tranquilitate animi.* Hall warned those suffering in adversity to measure their discontentment with "wisdome, which shall teach us to esteeme of all eventes as they are, like a true glasse representing all thinges to our minds in their due proportion." "So as Crosses may not seeme that are not, nor little &

29 Burton, *Anatomy,* II.ii.VI.ii, 126.
30 See Pigeaud, *La maladie de l’âme,* 533.
31 Lyons, *Voices of Melancholy,* 148; see also Colie, *Paradoxia Epidemica,* 455-56.
gentle ones seeme great and intolerable," he continued, "give thy body Ellebore, thy mind good Counsell, thine eare to thy friend, and these fantastical evils shall vanish away like themselves." The reference to hellebore, a traditional herbal remedy for melancholy, indicates that Hall did not rule out the possibility that melancholic humor might be at least partly responsible for exaggerated or groundless discontent. But wisdom, counsel, and consolation were sound physick for the soul as Hall’s reading of Seneca attested.

Hall’s somewhat off-hand remark reveals the extent to which the therapy of wisdom had become like hellebore common kitchen physick. Disseminated through a variety of works throughout the century, philosophical exercises were an established feature of the therapeutic repertoire for conducting oneself and others through cases of melancholy and discontent alike. Appeals to moral philosophy in the treatment of melancholy were not comprised of the dogmatic assertion that overwhelming fear and sorrow were entirely in the control of the sufferer, that all was merely a matter of will. Both Burton and Hall clearly recognized that the melancholic condition was partly the result of a physical distemper beyond the immediate control of the individual’s will. But melancholy displayed to both philosopher and physician the complex intersection of soul and body, and it was thus thought necessary to appeal to both sides of this dense system of mutual influence.

Moral Philosophy Among the Physicians: Thomas Willis on Melancholy

The writings of Thomas Willis on melancholy are particularly important and suggestive texts in understanding the relation between moral philosophical language and the concept of melancholy in the seventeenth century. A physician who was also deeply interested in the moral nature of the passions of the soul, Willis’s writing shows that where the physician dealt with sorrow and fear as melancholy, attempting to effect a change in the material basis of these emotions through both mental and physical means, the moralist could treat melancholic fear and sorrow as part of a moral problem calling for philosophical and spiritual self-government. Willis drew attention to melancholy as a form of emotion in his Sedleian lectures on natural philosophy and medicine given at Oxford, and this insight formed a central part of his later analysis of melancholy in the treatise on the organically-based diseases of the mind in his

32 Joseph Hall, *Heaven upon Earth, or, Of True Peace and Tranquilitie of Minde* (London, 1606), 73-74.
major work on the soul, *De anima brutorum* (1672; an English translation, *Two Discourses concerning the Souls of Brutes ... and that which is the Sensitive in Man* was published in 1683). In relaying his fully formulated doctrine of the nature and faculties of the human soul in the first treatise of *De anima brutorum*, he described fear and sorrow in much the same terms as he had defined the melancholic condition itself in his lectures, and dealt with them explicitly and extensively as difficulties in the moral life.

Willis is known today primarily as a prominent Restoration natural philosopher, active in the several experimental circles in Oxford in which Robert Hooke, Robert Boyle, Richard Lower, and others were also engaged.34 His early interests related mainly to the study of chemical processes as a way of understanding physiological phenomena. Robert G. Frank has traced Willis’s later philosophical interest in the nature of the soul, its faculties, and its means of functioning to his appointment in 1660 as Sedleian professor of natural philosophy at Oxford.35 The strictures of the professorship involved lecturing on substantial parts of Aristotle’s natural philosophical texts, including *De anima* and *Parva naturalia*, two of the founding texts for the study of the soul in the Western philosophical tradition. Willis took this broadly to mean that he “should Comment on the Offices of the Senses, both external and also internal, and of the Faculties and Affections of the Soul, as also of the Organs and various provisions of all these.”36 While his account of the soul was to be fully articulated in 1672 in *De anima brutorum*, his Sedleian lectures of the early 1660s contained several indications of his later psychological thought.

Willis initially expounded on the nature of the passions of the soul in a lecture to his Oxford audience on “Occasional Melancholy.” He had in a previous lecture on melancholy explained what he called habitual melancholy as a distemper of the animal spirits, a theoretical entity thought to be the operative agent of the nerves and the brain in early modern medical thought. In the idiom characteristic of his natural philosophy, he explained the mental symptoms of melancholy as a function of a kind of imbalance in the chemical consistency of the animal spirits. Willis explained the symptomatic feeling of sadness by the failure of the animal spirits to activate properly the heart, causing the stagnation of the blood in the heart and circulatory system; fear, he argued, was the result of the dilation of the body’s vessels, which then “impede the flow of blood from the heart.”37 Willis here assumed without articulating any meta-

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physical argument that certain mental functions depended upon the instrument of the body and that changes in the body produced changes in mental habit and ability. But this was a common enough assumption in both Galenic medicine and in medieval and renaissance Aristotelian science of the soul, and so there was hence no need to address at this point the nature of the soul, its powers and affections.  

Occasional melancholy, however, raised an altogether different issue. Willis represented it as a disorder of the soul itself rather than of the soul’s physical instrument—indeed, as a disorder relating to the soul as the locus of a self possessed of the typical features of conscious human life, including the passions:

In the preceding lecture we discussed habitual melancholy: there is also an occasional [type]. For it is certain that nobody enjoys such a sanguine and gay constitution that he does not at some time become melancholy. But in order to delve deeper into this condition we must consider the nature and constitution of the animus sensitivus. This seems to consist of a contexture of animal spirits and is a sort of aetherial man made up of the most subtle atoms being coextensive with our body. Furthermore this genius of ours sometimes expands beyond our body, as in joy, eagerness and boldness; other times it contracts so as not to be coextensive with our body or is removed into a smaller sphere of activity.

The animus sensitivus was to become Willis’s answer in De anima brutorum to the Cartesian assertion that animals were, like machines, devoid of sense, feeling, and voluntary motion because they lacked an immaterial soul. Not only could a certain kind of matter in the form of the animus sensitivus think; according to Willis this material soul explained certain features of human thought as well. In particular, as Willis indicated in the lecture, it explained the physical and mental characteristics of the emotions. The topic of occasional melancholy thus opened up onto the matter of human emotion in a way that the etiology of diseased animal spirits and blood in the account of habitual melancholy did not. Occasional melancholy was not merely the condition of animal spirits making up the sensitive soul but a condition effected by the powers and affections of the sensitive soul itself. It could indeed be caused for chemical reasons by “eating food which is salty or hardened in smoke.” But, Willis continued,

39 Oxford Lectures, 125.
40 Willis, Two Discourses concerning the Souls of Brutes, in Works, 3-4.
“sorrow and fear,” “even worry and other efforts of the animus etc. constrict the systasis of the spirits, causing melancholy, with the consequence that other operations of the animus are neglected.” The distinguishing features of certain kinds of melancholy were therefore simply the features of its constituent emotions; occasional melancholy was an emotional constriction of the corporeal soul, caused in the normal way by the apprehension of an unpleasant object or the perceived privation of some good.

In the chapter on melancholy in De anima brutorum Willis drew out the implications of this insight, indicating that melancholy could and should be approached as a passion of the soul. He referred to precisely the same kinds of therapies as Burton had in his gloss on Seneca’s advice to companions of the mournful. Engagement in various activities draw the melancholic mind away from its habitual passions and thought into “cheerfulness or joy: pleasant talk, or jesting, Singing, Musick, Pictures, Dancing, Hunting, Fishing, and other pleasant Exercises are to be used.” He framed this regimen by stating that “the intention of the Physician is so much to lift up, make volatile, and corroborate the more fixed or dejected Animal Spirits.” This statement recognized that the proper sphere of the physician was the body, but in drawing upon the philosophical therapy of driving out one passion with its opposites, Willis recognized that fixing the animal spirits involved the “discipline and institution of the mind.” Indeed, he argued that while in cases of long or inveterate melancholy the government of the mind was to supplement medical intervention, a fresh melancholy could be healed by the government of the mind alone. Like Galen, Willis recognized that in treating a range of melancholic conditions the physician must play the philosopher.

Michel Foucault has written that “the cure by passion is based on a constant metaphor of qualities and movements; it always implies that they are immediately transferable in their own modality from the body to the soul, and vice versa.... Between a cure by the passions and a cure by the prescriptions of the pharmacopoeia, there is no difference in nature; but only a diversity in the mode of access to those mechanisms which are common to both.” This analysis of passion and madness is the basis for his statement that there was no moral cure of madness in the early modern period. I understand this statement to mean that calling the cure by passion a moral cure is something of a category mistake: the conceptualization of the interaction and interpenetration of body and soul in the seventeenth century is incommensurable with our own understanding of the work of mental therapy.

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41 Oxford Lectures, 126.
42 Burton, Anatomy, II.i.VI.ii, 126.
43 Willis, Souls of Brutes, in Works, 194.
44 Foucault, Madness and Civilization, 181.
Foucault is probably right to argue that in early modern thought the emotions were thought of as qualities of posture and bodily process as well as of thought, unified phenomena manifesting across the mind-body divide. Willis’s account of the passions illustrates his point perfectly: passions are represented under a dual aspect as both physiological postures of the soul and patterns of thought. From this perspective, to act on one aspect of the mind-body substance was to act on the whole. But in the context of the moral therapy of melancholy, acting on the passions was not merely another means of acting on soul. When Willis introduces sadness and fear as symptoms of melancholy in *De anima brutorum*, he briefly discusses the physical posture of the corporeal soul, but ends the discussion by saying “[t]he formal reasons of these Distemper[s], and their causes, we have before exposed.”\(^{45}\) It is clear from the context of the passage that Willis is referring to his discussion in the first part of *De anima brutorum* on the operation of the passions in the imagination, judgment, and appetite. There he takes them as complex mental phenomena proceeding the soul’s judgment of an object as either good or bad and resulting in a particular form of pleasure or grief depending on the context of the perception. Sadness is the opinion of evil which has occurred, fear the estimation that an evil is about to occur. In commenting on the formal causes of fear and sadness in the chapter on melancholy, he thus seems to have had in mind something of the distinction made by Aristotle in the *De anima* between the formal cause of anger, defined as “a craving for retaliation,” and the material cause, “a surging of blood and heat around the heart.”\(^{46}\)

Foucault’s point about the unity of body and soul in mad phenomena, including melancholy, thus ignores the important distinction between the physical force of melancholic emotions and their logic or sense—in Aristotelian language, between their material and formal causes.\(^{47}\) Furthermore, this distinction was important to how melancholy was treated vis-à-vis other forms of madness. The therapy of the passions in the case of melancholy was not simply an alternative means of acting on the mechanisms common to body and mind as it was in mania but was peculiarly psychological. Mania, like melancholy, had an emotional aspect—boldness and audacity. But there was an altogether different relation between emotion and disease in each case. The emotional symptoms of mania were considered secondary: their cause was located entirely in the violent force of the confused animal spirits that were the evident cause of the primary symptoms of delirium and fury, whereas the fear and sadness of melancholy were introduced as primary symptoms themselves, resembling the emotions caused through the apparatus of perception and opinion.

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rather than being related immediately to the diseased animal spirits. Melancholy could be substantially defined by its emotions—its emotions made it the kind of thing it was—and indeed its causes were often precisely these emotions. If mania could be produced by violent or excessive passion driving the animal spirits into confusion, this cause bore a relation to its secondary, emotional symptoms only through the force of the animal spirits. Melancholy, too, could be caused by “violent passions ... which, when they remain long, they bend the whole Soul, yea and the Body, from their due temper and constitution,” but Willis singled out “vehement sadness, panic fears” and care in particular. It was especially clear that in cases of what Willis terms “particular melancholy,” where unrequited love, a suspicious jealousy of the beloved, or a “despair of Eternal Salvation” was the precipitating cause; and where delusion and diseased emotion tended to limit themselves to the locus of the cause, there was a continuity and similarity between emotion and melancholy, involving both mental and physical aspects of the soul.

It therefore made sense for Willis to recommend for the cure that the “Evident Cause of this Disease, if any noted thing went before, should be enquired into; and if it may be, either presently removed, or else its removal to be in some sort feigned.” Here were the formal causes of fear and grief. Nothing of this sort could be recommended for mania. Mania took from the passions only the violent force of confused physical movement, whereas melancholy was also structured by their sense or logic. Thus, the use of “punishments and hard usage” in mania to produce reverence and awe “of such as they think their Tormenters,” if it was intended to compel “the Corporeal Soul ... to remit its pride and fierceness,” had as its object “the furies and exorbitances of the Animal Spirits” rather than any formal cause. Melancholic passions, too, acted by the chemical force of the animal spirits, and therapies of the passions in which “Sadness is ... opposed with the flatteries of Pleasure, Musick, a desire of vain glory, or also a panic terror” were the physical cancellation of melancholic emotion. But at the same time, melancholy could be sustained in the way that passions in general were, by an object acting in the imagination. Therapy, then, must involve forcing the mind’s attention away from the objects of melancholic passion, “for the mind being busied with necessary cares or duties put aside, and at last deserts more easily, vain and mad cogitations.” Thus, “pleasant talk, or jesting, Musick, Pictures, Dancing, Hunting, Fishing ... sometimes Mathematical or Chymical Studies, also travelling, do very much help,” partly because they encourage emotional movements contrary to fear and sadness but also simply because the mind becomes otherwise engaged than

48 Willis, Souls of Brutes, in Works, 205.
50 Willis, Souls of Brutes, in Works, 193.
51 Ibid., 206, 191.
by its melancholy. *Pace* Foucault, this was not merely the opposition of a set of qualities but a therapeutic strategy aimed specifically at the mechanism of the mind.

In advocating the government of the mind for melancholy Willis was working well within the strictures of the medical profession. Diversion and conversation were an established feature of the early modern physician’s therapeutic battery for cases of melancholy. In an important sense the physician played the role of Burton’s (and Seneca’s) wise and careful friend in taking over the management of the patient’s mind. In terms of the aims and intention of the medical art the object of the physician was, as Willis recognized, the material cause of melancholic emotion in the movement of the animal spirits. Willis thus framed the prescription of the institution of the mind as a means of acting on the body through the mind. This in itself is important, since it shows the extent to which the care of the mind was a central feature of the early modern care of melancholy even within medical practice. But medical practice was not Willis’s only intellectual horizon. While his early understanding of melancholy as emotion informed his published account of melancholy in important ways, he expanded considerably the moral elements of melancholy indicated in his Sedleian lecture when he turned to deal with the emotions more generally, drawing attention to the pathological nature of melancholic-like states in a largely moral vocabulary.

We may point out in this regard that Willis’s description in his Sedleian lecture of the constriction of the soul in melancholy is of a piece with some moralists’ representation of sorrow as a force which allowed for no other concern or thought. It is significant as well that Willis’s description of melancholy as a constriction of the soul is strikingly similar to Cicero’s description of *aegritudo* as a condition to which “fools are subject ... in the face of expected evil,” in which “their souls are downcast and shrunken together in disobedience to reason.” The seventeenth-century translator of the *Tusculan Disputations* rendered the passage as “a Fool hath that wherewith men are affected in conceited Evils, and let their Spirits sink, and are Melancholly, not obeying Reason.” By all accounts the melancholy did not obey reason and were possessed with merely imagined evils. But the point made by Burton, which seemed implicit as well in Willis’s analysis, was that it was not the body alone which was the source of the melancholic condition.


53 Coeffeteau, *Table*, 329-30; Senault, *Use of the Passions*, 476.

54 Cicero, *Tusculan Disputations* IV.vi.14: “Stultorum aegritudo est, eaque adficiuntur in malis opinatis animosque demittunt et contrahunt rationi non obtemperantes. Itaque haec prima definitio est, ut aegritudo sit animi adversante ratione contractio.”

Early modern thought marked a point at which the medical concept of melancholy had, in spite of Cicero’s criticisms, had gained an undisputed foothold in understanding the emotions. Yet unlike Cicero, early modern moralists did not worry that the medical diagnosis of melancholy would reduce cases of excessive, irrational, even mad emotion to a bodily disorder. Melancholy could be analyzed with reference to its physiology, but it could also in the very same breath be analyzed with reference to the moral representations of its passions. Indeed, at this point in the history of the concept of melancholy, its physiology was precisely a representation of its moral nature. Thus, the description of melancholy as a condition of the soul’s constriction and paralysis through grief, fear, or anxiety was developed at length in De anima brutorum not in the chapter on melancholy but in the several chapters relating to the passions of the soul and the need for their rational conduct. Willis there gives an expanded description of the contractive posture of the melancholic soul portrayed in the lectures:

[I]n Grief, whil’st the Soul sinks down, contracted into a more narrow space, the Spirits inhabiting the Brain, as it were struck down by flight, and troubled, put on only sad and fearful Imaginations, from whence the Countenance is cast down, the Limbs grow feeble, and the Praecordia being contracted or bound together by reason of the Nerves carrying the same affection from the Brain, restrain the Blood from its due Excursion, which being therefore heaped up in the same place, with a weight, brings in a troublesome oppression of the Heart, and in the mean time, the Exterior Parts being deprived of its wonted afflux, languish and Contract a paleness.56

This is not merely a clinical description: Willis was engaged in precisely the same mode of moral rhetoric as Wright and Reynolds, and like them he was constructing a pathology of sadness and fear in which ethical considerations were depicted and reinforced through physiological language. Fear and sorrow were a kind of moral bondage on Willis’s account, for they dominated almost entirely the thoughts and concerns of the soul. Against this bondage to passion, reason is called to govern and moderate “all Concupiscences, and Floods of Passions, that are wont to be moved ... within the Phantasie.”57 Willis echoed the classical precept that the passions be moderated according to the correct estimation of an object’s importance, calling attention to the moral virtues of temperance and self-control:

56 Willis, Souls of Brutes, in Works, 48.
57 Ibid., 43.
A Wise and Strong man easily moderates the passions of pleasure or Grief, lest these ... should affect the Phantasie and the Praecordia, by too great a waving: For the Brain and Heart, which are the supports of the soul, ought not to be moved much, by the more light Objects of the Senses; nor are these principal Powers, at leisure to be present at every small thing.  

The passions, Willis argued, besides being particularly concerned with material objects to the neglect of rational goods, tended to exaggerate the value and importance of material concerns. Like both ancient and early modern moralists, Willis was advocating the philosophic therapy of correcting opinion in order to alleviate suffering and promote well-being.

Willis was drawing attention to the spiritual and rational aspect of human nature, which set it apart from the animal nature and which had its own criteria of well-being, one less concerned with material enjoyment as with virtue and piety, both of which thus became acts of self-control. Health was on his account a state of harmony and tranquility governed by reason and altogether free from vehement emotion. Having described the “floods” and “too great a waving” of passion, Willis depicted the ideal state of the soul: “The whole Corporeal Soul, so long as she is quiet and undisturbed, she is fitted to her proper Body equally, as to a certain Chest or Cabbinet, and waters all its Parts gently, both with little Rivulets of Blood Circulating, and actuates and inspires them every where with a gentle falling down of the Animal Spirits.” This condition of tranquillity was the norm of both moral and physical health that reason was to maintain through the exercise of moral meditation, as well as through religious reflection and prayer.

I have argued here that moral philosophy was seen by at least two major seventeenth-century thinkers to be entirely appropriate in the treatment of melancholy, and I have attempted to excavate the conceptual framework which made it possible to argue that melancholy was as much a disease of the soul as of the body. Burton insisted on the physiological nature of melancholy at the same time that he advocated the usefulness of moral philosophy in thinking through and managing the melancholic experience. What lay behind this insistence was the recognition that the melancholic condition was created in part by the mind’s acceptance of the flawed patterns of thinking which the melancholic emotions of fear and sorrow suggested, a pathology similar to that of “normal” diseases of the soul. Writing as both a philosopher and a physician, Willis fol-

58 Willis, Souls of Brutes, in Works, 48.
59 Ibid., 50.
60 Ibid., 45.
61 Ibid., 48-49.
ollowed conventional medical ideas about madness in analyzing melancholy along physiological lines. But even in his capacity as a clinician he clearly regarded melancholy as having a peculiarly mental nature in a way that other forms of madness did not. Moreover, while Willis treated melancholy as a medical category, in the moral philosophical part of his work, he recognized melancholic symptoms as a moral condition, to be treated through rational self-government.

In the current climate of mental health care politics there is a push to define the cause of depressive states as either biochemical or psychological. This, many feel, will decide the question of whether psychotherapy or psychopharmacology is the more appropriate treatment. Early modern physicians and philosophers interested in melancholy did not feel that they first had to pin down the nature of the melancholic condition as either bodily or mental before deciding on the appropriate therapy. Operating in the context of a moral psychology that took the emotions themselves as dangerous mental diseases which affected the mind powerfully in part through the body, the early modern concept of melancholy encompassed both the perspective of the moralist and that of the physician. It was thus the standard wisdom that the successful treatment of melancholy required both the treatment of the body and the correction of the mind.

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