Recent Work in Renaissance Studies: Psychology Did Madness Have a Renaissance?

by Carol Thomas Neely

All the terms in the title of the plenary session, “Recent Work in Renaissance Studies on Psychology,” at the Renaissance Society of America’s 1991 annual meeting (where this paper was first delivered) are matters of conflict and debate. In this discussion I shall examine current debates about the “Renaissance,” “psychology,” and “madness” to account for the paucity and insufficiency of current work on early modern madness by historians and literary critics and theorists, to raise issues about current trends in Renaissance studies, and to elicit new kinds of scholarship.

Old debates about just when, where, and for how long the “Renaissance” took place have been superseded by the new ones over what it was, how it is to be assessed and historicized, and whether its name is appropriate today; the complexities and ironies of this issue are highlighted by my discussion of it in a journal entitled Renaissance Quarterly, and by my own continued use of the term (not always italicized) even while critiquing it. The thrust of the debate and the absence of viable alternatives emerged with particular clarity this year when a group of English department graduate students and faculty at the University of Illinois at Urbana-Champaign, wishing to form a discussion group on the model of those on “Feminist Theory” and “The Nineteenth Century,” spent our first meeting exploring “the Idea of the Renaissance” (the theme of this year’s Renaissance Society meeting) in order to decide what to call ourselves. We noted the now standard objections to the term “Renaissance”—that, for example, many people including women, the poor, Moors, eastern Europeans, Native Americans, and others either did not have a Renaissance by conventional standards or are not included in traditional constructions of it; that the period may be characterized by economic rupture as well as artistic rebirth.¹ We discussed the implications of Nanette Salomon’s extension of such critiques when, during a panel discussion on pedagogy at a conference on “Attending to Women in the Early Modern Period” at the

¹Ferguson, xvi–xvii.
University of Maryland in 1990, she acutely rephrased Joan Kelly’s well-known question, “Did Women Have a Renaissance?”, to ask “Did women want a Renaissance?”—that is, a recycling of classical concepts, many of them deeply misogynist, classist, racist, elitist. Considering the implications of the long list of alternative period designations, we failed to find one which was completely satisfactory. Elizabethan/Jacobean and Tudor/Stuart were rejected as implying an orientation too narrowly political, monarchical, hierarchical. Pre-industrial revolution and pre- (or nascent) capitalist were rejected as too narrowly economic. The long sixteenth and long seventeenth centuries were rejected as too long. “Early modern” seemed a useful borrowing from historians but members of the group weren’t sure exactly what its parameters were, and others in the English department seemed to think it meant early twentieth century. I have since thought of post-classical-and-medieval, as the inverse of “Renaissance” and on the analogy of “post-modern.” All of the terms seemed to limit the period or to elide it, characterizing it as either economic or political, either “pre” or “post,” either an inchoate precursor or a belated recycling. We have taken to calling it “our period,” emphasizing property, possessiveness, and properness (it is itself and invented the self) and implying, via the pun on menstruation, a feminist and materialist approach. This “solution,” however, emphasizes rather than resolves the contradictory idea and occluded place of the Renaissance in contemporary critical discourse. These difficulties are apparent when looking at psychological approaches in or to the period—my topic.

“Psychological” is also a vexed concept. Like “insanity” and “homo¬sexuality,” “psychology” is a term that did not exist in modern languages in the period. It appeared first in specialized medical or philosophical contexts and came into widespread use only in the nineteenth century. The OED’s definitions, examples, and notes (1 and 1b) trace the slide in the term’s signification from its reputed first Latin use in sixteenth-century Germany by Melanchthon, where it referred to the soul, to subsequent meanings, attaching it to spirits (mediators between mind and soul), then to mind, and finally to ego; the succession of entities it designates are defined in

---

2The group calls itself provisionally the Early Modern Gang (EMG) but we’re still open to suggestions.
relation to and in territorial contests with contiguous parts—God, body, soul, id. The early history of psychology, and of its subset, psychiatry, is the story of “casting about for ways of finding some room between theology and biochemistry.” This struggle seems to me to be especially productive in England in the sixteenth and seventeenth centuries. One way it can be mapped is to look at how madness was construed and represented; then, as now, conceptions of the normal psyche can be illuminated by examining how its pathology is demarcated.

Mental disorder or madness, of course, provides its own problems in definition. As Alan Bray, Bruce R. Smith, and others have argued for homosexuality in the period, madness then was likely viewed as discrete, widely varied (and potentially transient) behaviors rather than as a permanent condition of an individual. Unlike insanity (a term I try to be careful not to use), madness is not defined as the opposite of sane and is not exclusively a medical condition. It is seen as an extension of, a kind of excess of, the normal: people run mad, fall mad, are beside themselves, and then recover themselves. But these behaviors occurred and were reported, represented, treated. Mental disorder is not just a social label, although many aspects of a culture impinge on its definition. I am interested in examining the idea of madness (lunacy, melancholy, distraction, alienation are some of the period’s synonyms) as a way to illuminate the gendered history of the human subject. Looking at early modern conceptions of interiority (soul, spirit, mind, ego, psyche, agency) as these emerge through medical, dramatic, and social dis-

1Clarke’s characterization of the work of Timothy Bright, Thomas Wright, Thomas Walkington, and Robert Burton on mental disorders (227).
2Bray, 16–17; Smith, 10–12.
3Porter, noting that the vocabulary for madness which MacDonald usefully derives from Napier’s casenotes includes many adjectival phrases, hypothesizes, “Far more sufferers were identified as ‘raving’ than were actually labeled ‘maniacs,’ probably indicating that madness was conceived more in terms of deeds and demeanor than of disease, or any permanent internal disposition (22–23).
4Porter, 22–23.
5For discussions of the difficulties of determining the boundaries of mental illness in earlier periods, see MacDonald and Porter. For legal inquisitions for evaluating mental disorder in the medieval and early modern period, see Neugebauer. For a useful classification and critique of theories of mental illness, see Ingleby. Ingleby and Showalter (1985 and 1985?) examine relations between women and madness.
courses can open up some theoretical space between the body and ideology. In this essay I review work on early modern madness by social and medical historians and literary theorists and critics to ask why the former elide the Renaissance and the latter evade the topic of madness.

The Renaissance is a black hole, psychology is a science of elusive interior spaces, madness is an absence of the self, and the history of madness is marked by hiatuses. In the burgeoning work in the history of psychiatry, surprisingly little has been done on the early modern period. “The waters are largely uncharted,” says H. C. Erik Midelfort in his shrewd and influential 1980 critique of Foucault (252). It is “terra incognita,” says Michael MacDonald in his 1981 Mystical Bedlam: Madness, Anxiety, and Healing in Seventeenth-Century England (2); his book, however, provides an invaluable close-up focus on Richard Napier’s practice. Roy Porter reiterates in his 1987 Mind-Forg’d Manacles: A History of Madness in England from the Restoration to the Regency that “The Tudor and Stuart epochs remain curiously ill-researched as a whole” (viii) and remarks ignorance on fundamental issues: the treatment of the mad by the poor laws, the position of mad women, the history of Bethlehem Hospital, comparative studies (ix). Even those few books that address the topic of madness in the sixteenth and seventeenth centuries see the period as one with no developments, one that is post-medieval or pre-modern.

I suspect that the influence of Foucault’s Madness and Civilization may partly account for this. His traditional periodization (noted by Midelfort and others), his focus on institutional confinement, his insistence on epistemic breaks, and his idealization of the Middle Ages have the effect of both valorizing and occluding the Renaissance; even his numerous critics seem to have been seduced into repeating his grand narrative. I want to rehearse one curious feature of that. Foucault’s Renaissance, like the leper houses which he evokes in his first paragraph, “soliciting with strange incantations a new incarnation of the disease” (3), is expectantly stranded between “the end of the Middle Ages” and the “Great Confinement” at the end of the seventeenth century with few features of its own. It is precisely post-medieval and pre-classical; it reiterates ever more faintly the religious, tragic, and ritualistic conception of madness of the former period but does not yet redefine it as unreason and
banish it as in the latter. 8 The chapter’s collage collapses chronology, geography, genres, and symptoms, and culminates in Shakespeare who, with Cervantes, stands for the period’s absence of development. These authors testify, Foucault claims, “more to the tragic experience of madness appearing in the fifteenth century than to the critical and moral experience of Unreason developing in their own epoch. Outside of time, they establish a link with a meaning about to be lost . . . .” 9 Foucault’s Renaissance, like Burckhardt’s, is derived from the art objects and texts of male intellectual elites; in the period, as in those empty leper houses that are for him its symbol, old meanings of madness are lost, but no new ones yet emerge.

Hence, although much excellent work is underway in the history and sociology of madness by, for example, George Rosen, Andrew Skull, Roy Porter, Nancy Tomes, and the contributors to the three-volume collection, The Anatomy of Madness, most of it centers on institutions and consequently on the nineteenth century when institutionalization became widespread. Roy Porter, in Mind-Forged Manacles, pushes this history back to the eighteenth century, or rather to the Restoration, assuming (with Foucault and MacDonald) a radical break at the Civil War. Two books dealing with the Middle Ages stop at or skip over our period and divide social history, treated by Judith Neaman in Suggestion of the Devil, from literary history, the province of Penelope Doob’s Nebuchadnezzar’s Children. Even the two works that touch or focus usefully on the sixteenth century repeat, in their very different frameworks, Foucault’s implicit topology—“post” and “pre”—stasis followed by rupture.

8In the parts of the original Histoire de la folie à l’âge classique, omitted from the English translation, venereal disease (associated with moral judgment but soon medicalized and treated) provides a kind of transition from leprosy to madness (17–18) and the blurred images representing the Renaissance take clearer shape as an opposition between “une expérience cosmique” and “une expérience critique de la folie” (37), modulating into the suppression of tragic madness and a newly reciprocal relation (“ce movement de référence réciproque,” 41) between reason and madness. I am indebted to my daughter, Sophia Neely, for her careful translations of Foucault’s manic prose.

9Foucault, 1973, 31. Foucault claims, inaccurately, that in both authors, “Nothing ever restores (madness) to truth or reason” (31). However, both Lear and the Jailor’s Daughter in Two Noble Kinsmen are restored to reason by the ministrations of doctors, cures that contradict Foucault’s claims about the playwright and the period.
Basil Clarke’s *Mental Disorder in Earlier Britain* offers itself as preliminary overview of madness from Roman Britain to the seventeenth century. Clarke’s learned coverage of the sixteenth and seventeenth centuries in chapters eight, nine, and ten, outlines medical, popular/religious, and legal approaches to the condition, including the ministrations of doctors, herb women, and exorcists. But the effect of Clarke’s catalogue is to segregate medical writers from each other and the medical tradition from popular lore, witchcraft, astrology, exorcism, downplaying conflicts in perception or treatment and developments. The book’s emphasis on medical theory and on reiterated themes reinforces throughout its thesis and conclusion that there was “no integrated development, no boundary to the middle ages” (207) and no significant movement in medical theory of madness (and hence in social practice) until the end of the seventeenth century when “in fact it was after medical thinking had been shifted on by developments in the sciences on which it had depended (or had seemed to depend) that detectably new formulations of at least some psychiatric conditions were at length being forced on some medical writers . . . “ (269). Stanley Jackson’s *Melancholia and Depression from Hippocratic Times to Modern Times* is, as its title suggests, a “history of a clinical syndrome” (ix) which is committed to “Tracing the Variations in a Remarkable Consistency.” Although the book is more limited and less erudite than Clarke’s, a final chapter ventures some generalizations about theories and therapies of depression.

In *Mystical Bedlam*, Michael MacDonald’s focus on Richard Napier’s complicated and eclectic practice within its seventeenth-century context provides both the synthesis and the sense of specific patients’ self-assessments, medical practices, popular beliefs, and the effects of intersections of medical, magical, and religious thinking which, missing from Clarke and Jackson, are crucial for any history of madness. His charting of popular designations for and symptoms of madness, his richly detailed exploration of the modes of Napier’s practice, his careful attention to gender throughout, his locating of mental disorder in its family, social, and theoretical con-

---

10 Porter’s reference to Clarke in his introduction (viii) implies that he treats only “the medieval period,” and MacDonald gives the book only a single buried reference; Midelfort, although also relegating Clarke to a footnote, notes that he is wrongly neglected.

11 The title of Jackson’s chap. 2, the bulk of the book.
texts, provides the best evidence we have for the construction of madness in the early seventeenth century. But in spite of arguing for a more complex society, for increased incidence of insanity (sic) (which MacDonald substantiates only by comparative suicide figures on page 3, note 5), for increased interest in insanity evidenced in medical and literary texts, and contrasting interpretations about its religious implications by competing religious groups, MacDonald claims, like Clarke, that “the perception and management of mental disorders did not change fundamentally before 1660” (3). His map of the period thus remains a conventional one of “two distinct eras, divided by the cataclysm of the English Revolution” (2). Again we have a period that is filled with activity but defers fundamental change. Suddenly, however, after the civil war, in the early eighteenth century, all the pieces of the modern therapeutic regime emerge: the invention of insanity, the dominance of medical therapy, the appearance of asylums (private rather than state-run in England). From MacDonald’s perspective, however, these developments do not constitute progress: “The eighteenth century was a disaster for the insane” (230).

Bedlam, Bethlehem Hospital, has stood, in all periods, as the symbol of disastrous treatment for the insane, as Patricia Allderidge shows in two revisionary essays. She vigorously and persuasively exposes the ungroundedness of reiterated claims that Bedlam is historically unchanging, unconcerned with cures, and filled, throughout the centuries, with visitors who pay a penny at entrance (1985). Although Allderidge recounts how the City and the Crown battle for control of Bedlam from 1514 (after the dissolution of religious property) until 1635 (when the institution’s heretofore non-professional keeper was replaced by a steward responsible to the governors of Bridewell), she does not reflect much on therapies or patients (1979). The “facts” she adduces, though tantalizingly few given her access to the Bedlam records (for which she is archivist), are reassuringly reliable and documented in contrast to those of O’Donoghue’s fictionalized Story of Bethlehem Hospital. This frustratingly bad book, the seemingly sole source for information about Bedlam, Allderidge rightly castigates. Another important contribution is her inclusion of key Bedlam documents, including

12See MacDonald, 1987, for reflections on his methodology and conclusions in his work on madness and suicide.
one listing varied sources of revenues (1979, 161) and two telling patient censuses from 1598 and 1624 (1979, 152–55, 158–60). These documents, those for the period collected in Hunter’s and Macalpine’s *Three Hundred Years of Psychiatry* and those that MacDonald assembles in *Witchcraft in Elizabethan London*, are all valuable starting places for a new history of early modern madness.

While it is undoubtedly true that the medical tradition remained rooted in the humoral physiology initiated by Galen and that its range of theories and therapies may not have changed much in their larger outlines, the perceptions, classifications, and representations of madness may have undergone revisions in ways that both MacDonald’s and Clarke’s material suggests but that their general conclusions deny. In part this is because both provide overviews of the medical tradition rather than nuanced studies of areas of disagreement in medical theory of the sort uncovered in, for example, Danielle Jacquart’s and Claude Thomasset’s *Sexuality and Medicine in the Middle Ages* and Mary Frances Wack’s *Lovesickness in the Middle Ages: The Vaticum and Its Commentaries*. These books, seeking conflict and change rather than continuity and consensus in the history of textual transmission, analyze reception, translation, and commentary as occasions for discovery and development and show the medical tradition intersecting with other aspects of culture.13 Wack’s book, examining changing perceptions of the lover’s malady, a subdivision of melancholy, is a model for one kind of work that needs doing for Renaissance disorders. With remarkable scholarly erudition and care, Wack teases out subtle shifts in the conceptualization and treatment of the lover’s malady in medical literature from its classical roots through its development after the eleventh century via Constantine of Africa’s transmission of an Arabic medical handbook to Europe (the *Vaticum*) and subsequent glosses on it. The malady shifts from inevitably male to a potentially female disease, from a mental to a partly physical disease. Focusing on this circumscribed disease and a narrow range of medical literature situated within a broad cultural framework, Wack traces significant changes and links these with the social and cultural purposes the disease served for the scholars who rethought it, the medical professors who taught it, and the patients (mostly upper-class men and medical students) who suffered and sought treatment for it.

Wack teaches in an English department, and literary critics have, in the past, shown more interest in examining the cultural implications of madness than have historians. Indeed, any such examination would need to take into account the cause, nature, and effects of literary (especially dramatic) representations of madness whose prevalence historians take for granted but whose analysis they forego. The older literary histories of madness, however, contribute more detail, but not more development or cultural analysis to madness’s social construction. They tend to assume (or construct) “history” as a static background and medical theory as a unified, unchanging body of material that literature reflects or draws on. Babb’s The Elizabethan Malady, Reed’s Bedlam on the Jacobean Stage, and Lyons’ Voices of Melancholy all look for parallels between medical and literary texts and isolate both from social context. They provide homogenized syntheses of the medical texts, ignoring differences and contradictions in them to produce a usable “background” that can explain literature or be reflected in it. 14 This drive for analogies flattens both medical and literary texts and results in recycling of dubious facts and hypotheses about Bedlam or the drama back and forth between historians and critics, as Alderidge notes (1985, 22–23). These studies would be strengthened by more complicated or theorized views of representation. Reed’s, the most influential of the three, is also most facile in this regard; he reads madness in the drama now for evidence of visitation patterns at Bedlam in the period, now as direct imitation of the historical Bedlam (47–48), now as expressive of the period’s skepticism, now as spectacle and satire. Babb and Lyons focus on melancholy as the form of Renaissance madness without accounting for its prominence or tracing how usefully it absorbed and subdivided multiple disorders; even Burton’s Anatomy of Melancholy “partitioned” the forms of madness, however loose his categories. All are led by their preoccupation with melancholy and Bedlamites to gender madness male, although they acknowledge the presence of madwomen in the drama. Only Lyons undertakes a close analysis of melancholy as it functions in particular texts (Hamlet, The Anatomy of Melancholy, Il Penseroso).

14“I shall simplify somewhat and ignore the authorities’ multitudinous disagreements concerning details,” Babb, 2.
These older books, while providing useful information, analyses, and references, leave many issues unraised. Current Renaissance literary studies, as they move into wider cultural arenas, would seem perfectly positioned to explore the social and discursive function of madness. Such criticism examines the intersection of literary representations with social and cultural history, seeing them as mutually formulating; it concerns itself with ideology and its effects on the subject; it is proficient at ferreting out contradictions and contestations; it specializes in wonderfully “thick descriptions” of texts. This criticism perceives the Renaissance not as post-medieval but as pre-modern, as the period when something did happen, namely, the invention of the liberal humanist subject (or of subjectivity). But in its attempt to demystify and disunify this subject, contemporary literary history may project the enlightenment backwards, concealing the period (just as do historians of medicine who project the Middle Ages forward onto it) and foreclosing the struggles that accompanied the history of this emergent subjectivity.

The effect is sometimes that of a pre-fabricated subject whose ambience is captured inadvertently in the paragraph on the Renaissance from Richard Lederer’s “The World According to Student Bloopers,” a favorite high school handout. It incorporates the traditional ideal of the Renaissance as if satirized from the perspective of a cultural materialist: “The Renaissance was an age in which individuals felt the value of their human being . . . . It was an Age of great inventions and discoveries. Gutenberg invented the Bible. Sir Walter Raleigh invented cigarettes. Another important invention was the circulation of the blood. Sir Francis Drake circumcised the world with a 100-foot clipper.” The passage’s confusion of nature and invention, technology and creativity, dovetails with contemporary critique of the conventional Elizabethan world picture; it satirizes Renaissance man presuming (falsely) his individual (and castrating) control of religious belief, nature, geography, and technology, and reveals him to be an interpellated subject.

As Richard Wheeler has argued, autonomy, unity, expression, intentionality, and human nature (once presumed central to constructions of the Renaissance) are now assumed illusory in much contemporary criticism (135–38). All of the attributes of the individual—body (Stallybrass), love (Marotti), the family (Belsey), sexuality, including transgression (Dollimore, 1986), identity
(Greenblatt, 1986)—are theorized as imposed from outside by ideology or politics, terms that are perhaps becoming as over-used and unexamined as "self" once was. Contradictions within the subject are inscribed by institutions, social formations, representations, and discursive practices. Although such approaches have enabled me to ask the questions I am asking about madness, they provide little support or guidance in finding answers to them. In the current theoretical climate, "psychological approaches" of all kinds are often ignored, and there is no interest in mental disorder and no obvious way to define or to historicize it.

Materialist and historicist critics show little interest in distracted subjects perhaps because they have no ready vocabulary for defining them. At any rate, Stephen Greenblatt's "King Lear and the Exorcists" closely analyzes Edgar's feigned madness but ignores Lear's actual madness. Jonathan Dollimore's Radical Tragedy, rather than seeing radical theatrical or social implications to Lear's madness, dismisses it as "demented mumbling" (193). Two recent essays by Karin Coddon examine issues of madness in Hamlet and Macbeth but rapidly conflate subjectivity and subjection, madness and treason, supernatural and natural disorder rather than emphasizing, as I would, attempts by the observers of Essex she quotes, and by the plays, to make fine distinctions between sin, sickness, and treason.

Deconstructive and Lacanian critics are also led by their theoretical frameworks to ignore madness as irrelevant or, in effect ubiquitous. Catherine Belsey, in The Subject of Tragedy, examining identity and difference in Renaissance drama and challenging in useful ways traditional assumptions of unity, autonomy, and identity, includes no mentions of Lear or Ophelia. Elaine Showalter argues, curiously, that feminist critics cannot represent Ophelia but can only analyze theatrical reproductions of her (19852). Barbara Freedman, in Staging the Gaze: Postmodernism, Psychoanalysis, and Shakespearean Comedy, explores ruptures in identity, representation, theatricality, and Shakespearean comedy, and focuses on plays (Comedy of Errors, Taming of the Shrew, Twelfth Night) which have apparent or pretended madness (and mock exorcisms) as a subtext. But she does not discuss the maddening of Antipholus, Malvolio, or Kate, or their "cures." Freedman's summary of the Lacanian tenets ("the constitutive splitting or alienation through which identity is procured; the ego as stand-in, supplement-at-the-
source, or suturing of this gap; or desire as a repetition of the place of the split as the insistence of the letter,” 221) by which Lacanian readings can be produced, suggests why such readings are unlikely to distinguish degrees of alienation or to draw lines between normalcy and pathology. Critics who remain rooted in versions of Freudian psychoanalytic approaches likewise occlude madness even when their analyses approach the topic. Stanley Cavell’s “The Avoidance of Love in King Lear,” a painstaking exploration of the psychology of love and acknowledgment in the play, bypasses the long period when Lear is, as he puts it, “stranded in madness” (50, 77). C. L. Barber and Richard P. Wheeler in The Whole Journey, explore Hamlet’s melancholia but not Ophelia’s breakdown; Lear’s madness is touched on only as the furthest extension of his infantilization (291). Janet Adelman’s extensive analysis of the fearful male fantasies of woman embodied in the representation of Lady Macbeth passes over her vulnerability in her sleep-walking scene.16

Historians of madness elide the Renaissance; Renaissance literary critics occlude madness. But exploration of the topic will allow scholars in both disciplines insights into the strengths and limits of their own methodologies, will make palpable the difficulties of historicizing and the need to do so, and can shed light on the part that medical theories and therapies and theatrical representation play in the formation of the subject. Historiographic critics’ paradigm of the subject inscribed in ideology makes it difficult to formulate ruptures of autonomy and unity which come from inside, which are individualized and unpredictable, and which cannot, in this period, be read entirely as the result of compulsory social labeling by medical or political regimes. Deconstructive theory works to deconstruct what the early modern period worked to construct, a bounded, unified subject. By taking all subjectivity as always already ruptured, they may overlook or under-read the early modern struggle to unify the subject, to define normality through pathol-

15 Greenblatt discusses the development of Shakespeare’s representations of mock exorcism, 1983, 173–74. South Atlantic Quarterly contains essays by David Miller, Elizabeth Bellamy, Ned Lukacher, Deborah Hooker, and Graham Hammill which perform Lacanian readings on a variety of Renaissance texts and an essay by Harry Berger which revises psychoanalytic criticism.

16 Adelman may discuss the scene in the revised version of this essay in her forthcoming Suffocating Mothers: Fantasies of Maternal Origin in Shakespeare’s Plays, “Hamlet” to “The Tempest.”
ogy. Examining the divisions, distinctions, and unities that the period was constructing for madness through institutions, medical practices, and representations will enable us to historicize madness and describe changes in its representation and management without labeling these progressive or retrogressive as historians often want to do.

Rethinking must begin by asking whether some actual increase in numbers of distressed people accompanied the stage's suddenly frequent representation of them. \(^{17}\) Does the emergence of Bedlam as a code word for madness and of theatrical representations of Bedlamites reflect or influence the cultural importance of the institution? What roles do these dramatic representations play in its long history of succoring the mentally distressed, which stretches from at least the early fifteenth century to the twentieth?

Madness may become more connected with medical institutions as it becomes more naturalized and separated from conditions formerly diagnosed as supernatural—witchcraft, bewitchment, possession, and sin. \(^{18}\) This reconceptualization of supernatural conditions as natural madness precipitates the need for distinctions among types of alienation and for varied therapies and thus legitimizes medical management. Also, since witchcraft, bewitchment, and possession all begin to be potentially redefined as secular and “natural” conditions, and since witches, the bewitched, and the possessed are predominantly female, \(^{19}\) certain types of mad behavior may begin to be associated with women, and madness may begin to be gender-coded—that is, different sorts of madness may begin to be associated with women and men. For example, lovesickness, coded male in the Middle Ages, begins its passage toward being coded female as it is today. Jorden's *Suffocation of the Mother*, by identifying this condition with the wandering womb and with unsatisfied desire, promotes its association with women's bodies and sexuality although he names male sufferers and may the-

\(^{17}\) Babb, 73, n. 1, claims there are no representations of melancholy characters before 1580.

\(^{18}\) The naturalization of madness was already in progress before the Renaissance, as Neugebauer's examination of legal records shows. My recent article argues that this process accelerated in the sixteenth and seventeenth centuries.

\(^{19}\) In Walker's *Unclean Spirits*, of the thirty-eight cases of possession he discusses, eight are male and twenty-seven are female: of these, only five or so are older than twenty.
orize the disease for political reasons. In contrast, Burton’s Anatomy of Melancholy, with its all-male frontispiece, solidifies the association of melancholy, an ailment increasingly viewed as mental, with upper-class men.

Any account of developments in the perception, treatment, and representation of madness should ask what other aspects of early modern culture elicited, promulgated, or were influenced by them. Could one make the case, for example, that the mapping of the fluid exchanges of the melancholy humors provided a satisfying incorporation into the body of the frightening abstraction and liquidity of the market process which Jean-Christophe Agnew so graphically invokes in Worlds Apart? Does “the mother” become an increasingly significant and female-coded disease at this time because of the special pressures on women’s bodies as a result of the Reformation, changes in the family, controversies over female reproductive functions and organs? The topic of madness is potentially intertwined with many aspects of Renaissance culture. If it is to be understood, it must be explored further by intellectual, social, and medical historians and sociologists and by literary critics and theorists who are willing to listen to, make use of, and challenge each other’s hypotheses and findings. In spite of much available material, and in spite of my speculations, the question, “did madness have a Renaissance?”, has not yet been satisfactorily addressed. It should be, if we are to have a history of the subject and an idea of the Renaissance—and know how to name it.

University of Illinois at Urbana-Champaign

MacDonald, 1990, xix–xxvi.

My article argues that the drama helps to produce such distinctions through the contrasts between Ophelia’s eroticized self-alienation and Hamlet’s heroic melancholy, between Lear’s natural and Edgar’s feigned madness, between Lady Macbeth’s “natural” ambiguity in the sleepwalking scene and the supernatural ambiguity of the witches.
Bibliography


Jackson, Stanley. Melancholia and Depression


Neely, Carol Thomas. "'Documents in Madness': Reading Madness and Gender in Shakespeare's Tragedies and Early Modern Culture." Shakespeare Quarterly 42, no. 3 (Fall, 1991): 315–88.


