

# **Robert Burton on the Melancholic Plague**

*A Philosophical Reflection on the Social, Political and  
Economic Bases of Therapy*

By

**Cláudio Alexandre S. Carvalho**

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## Context and Acknowledgements

No one writes a book alone. The solitude and inner dialogue surrounding its creation often rely on personal and intellectual debts, some of which remain unaccounted for. In a book dedicated to Robert Burton, four centuries after the second edition of his *Anatomy of Melancholy*, the lively exchanges and discussions with contemporaries may be expected to fade, replaced by a shared litany of familiar themes and erudite curiosities. Despite being part of an outdated worldview, which has been undermined by new scientific evidence and discoveries, the Oxford scholar's perspectives continue to confront us, offering insights into the pressing challenges of our complex world.

This enduring relevance is partly due to Burton's rhetorical model, which depends on a thorough inspection of passions and inner troubles. His approach goes beyond mere description, encouraging readers to identify with his experiences and views on common subjects. From this personal but universal standpoint, Burton critiques major social institutions—medicine, education, economics, and politics. His “melancholic observation” is particularly interesting when considering its analysis of these institutions' possibilities and limits at a crucial point in their differentiation from the natural and religious legitimations that characterized the declining metaphysical cosmographies.

Much of Burton's philosophical eclecticism derives from his ambiguous stance towards the ancient model of social differentiation. On one hand, Burton's work celebrates the harmony between the divine, natural, and social order, particularly the stratified organization that underpins his academic credentials. On the other hand, the growing theoretical contradictions he acknowledges, along with his personal experience of social injustice, can no longer be adequately addressed within that worldview. This results in an oscillation between conservative positions and innovative views, reflecting Burton's attempts to connect personal discontent with a political form of melancholy.

This work is part of my research project on “Melancholy and the con-

stitution of the therapeutic medium in modern society”, developed at the Institute of Philosophy at the University of Porto, with the support of a fellowship provided by the Portuguese Foundation for Science and Technology (FCT) under reference SFRH/BPD/116555/2016. Drawing on my previous research on the literary, political, and philosophical significance of ancient and modern conceptions and treatments of melancholy at “LIF – Language, Interpretation, and Philosophy,” a substantial part of this project focuses on the initial signs of demarcation between the “therapeutic” and iatric models of treatment. This work has benefited from numerous discussions of Burton’s work at international conferences and meetings, particularly during my seminar on the “Aesthetics of Melancholy” (2019).

I would like to express my heartfelt gratitude to my supervisor at the Institute of Philosophy, Professor Paulo Tunhas, who recently departed, for his guidance and insights on the history of the passions. I am also thankful to my colleagues in the Research Group on Aesthetics, Politics, and Knowledge (APK) at the Institute of Philosophy, particularly Professor Eugénia Vilela and Silvia Bento, for their support and collaborative philosophical projects. My views have also benefited from discussions promoted by the thematic line on Medieval & Early Modern Philosophy, which focuses on the reception and transformation of Aristotelianism, led by Professor José Meirinhos, and the Philosophy & Public Space group, especially Tiago Mesquita Carvalho.

My participation in the *Modes of Melancholy* seminar at CHAM – Centre for the Humanities was enriched by the insightful comments of Paulo de Jesus, Adelino Cardoso, Bernhard Sylla, Teresa Lousa, Nuno Miguel Proença, and José Morgado Pereira, for which I am truly grateful.

The guidance of Professor Edmundo Balsemão Pires of the University of Coimbra, whose research on the doctrine of genius and the conception of the therapeutic medium remains a constant source of inspiration, was decisive in my inquiry into the significance of melancholy in the development of therapeutic conceptions. My understanding of Burton’s concept of melancholy was also considerably enriched by my

reading of the *Conimbricenses*, a discovery that benefited from the stimulus and advice of Mário Santiago de Carvalho of the Institute for Philosophical Studies (IEF) at the University of Coimbra.

I extend my sincere thanks to Ethics Press, particularly to Sarah Palmer and Ben Williams, for their thoughtful editorial work and support throughout the publication process.

I am profoundly grateful to my wife, Sara Filipa, and our two children, Alexandra and André. Together, we managed to withstand the external and internal pressures of the confinement periods. A final word of farewell to those we have lost along the way, especially my dearest aunt, Maria da Conceição, and my grandmother Clarinda.

# Introduction

In addition to the discussion on the most effective historiographic methods for analyzing Robert Burton's work, a central point of debate among scholars concerns its originality. This debate revolves around two main aspects: the influential contribution of Burton's work to the history of ideas on melancholy<sup>1</sup> and the therapeutic novelty and efficacy of his approach<sup>2</sup>.

Regarding the first aspect, Burton's *Anatomy of Melancholy* builds upon his earlier writings by consolidating and extending literary works that portray melancholy as a condition that underpins political and religious criticism<sup>3</sup>. In doing so, he reinforces the historical significance of melancholy in shaping such critiques.

On the other hand, Burton emphasizes that reading, rather than merely offering instructions on dietary regimens and pharmaceutical or surgical interventions, serves as a gateway to a transformative journey. This journey has the potential to reshape one's commitments and passions, highlighting the therapeutic novelty of his approach.

In this book, I propose a potential convergence between these two paths, while acknowledging their inherent inability to be fully synthe-

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<sup>1</sup> Stanley W. Jackson, "Robert Burton and Psychological Healing", *Journal of the History of Medicine and Allied Sciences*, 44 (1989), pp 160ff.

<sup>2</sup> William Osler, "Robert Burton, the Man, His Book, His Library", *Oxford Bibliographical Society Proceedings and Papers*, Vol. I, Pt. 3 (1925), 163-90; Bergen Evans, *The Psychiatry of Robert Burton* (New York: Columbia University Press, 1944).

<sup>3</sup> This perspective was initially presented by William R. Mueller in his analysis of the social, political, and economic dimensions of Burton's *Anatomy* ("Robert Burton's Economic and Political Views" *Huntington Library Quarterly*, 11 (4) (Aug., 1948), pp. 341-359) and, more recently by Hugh Trevor-Roper, who characterized Burton as a "would-be reformer of society" ("Robert Burton and *The Anatomy of Melancholy*" in: *Renaissance Essays*. Chicago: The University of Chicago Press, 1985, 249). Both of these interpretations challenge J. W. Allen's contention that "[h]ardly another thinking man of his time can have been so little concerned or affected by its political or religious controversies." (*English Political Thought*, vol. 1 (London, 1931), p. 88). These readings were expanded in Angus Gowland's more recent studies on Burton's role in the forming of the historical concept of melancholy.



sized<sup>4</sup>. To support this view, I draw upon Burton's biography and introduce a distinction between the concepts of "observation of melancholy" and "melancholic observation." This distinction serves as a framework for examining the two distinct epistemic and ethical perspectives evident in Burton's writing.

The first framework is based on Galenic principles, particularly the distinction between natural and non-natural factors. It focuses on the physiological and relational foundations of the passions and explores the possibility of reconditioning melancholic lethargy. The second framework uses melancholic symptoms, especially through active "melancholizing," to highlight the deficiencies of social institutions from a personal perspective that seeks clarification through written expression.

The intersection of these frameworks, which is never fully divorced from a preserved recognition of the uniqueness of melancholic ingenuity<sup>5</sup>, occurs through the transformative power of self-referential observation. This form of observation remains attuned to the autonomy and interdependence of individual thought and institutional practices.

This book is part of a research endeavor aimed at understanding how early modern writers surpass a purely physiological understanding of melancholy. It includes a responsive assessment of one's environment and the potential for its transformation. In Burton's work, melancholy transcends the hierarchical scheme of Mundus-Annus-Homo, which dominated Ficino's conception of the Great Chain of Being and its spiritual mediations<sup>6</sup>, where individuals were seen merely as expres-

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<sup>4</sup> Envisioned by authors such as Lawrence Babb in *Sanity in Bedlam: A Study of Robert Burton's Anatomy of Melancholy* (East Lansing: Michigan State University Press, 1959).

<sup>5</sup> In *The Debate Over the Origin of Genius During the Italian Renaissance: The Theories of Supernatural Frenzy and Natural Melancholy in Accord and in Conflict on the Threshold of the Scientific Revolution* (Leiden: Brill, 2002), Noel Brann offers a sketch of the medical, theological and emerging humanist perspectives on genius (pp. 15-81).

<sup>6</sup> For the ancient and medieval origins of this concept, see Arthur Lovejoy's *The Great Chain of Being. A Study of the History of an Idea* (Harvard University Press, Cambridge, Mass. 1936). Lovejoy discusses a "metaphysical pathos," which he describes as the "characterization of the world to which one belongs, in terms

sions of natural and cosmic forces. Within *Anatomy of Melancholy*, the melancholic condition involves evaluating an individual's physical and emotional state, but it also figuratively suggests an examination of the health of social relations. Consequently, Burton questions whether an effective assessment of the causes and treatment of unfounded fear and sadness (components of the melancholic syndrome) is possible without a comprehensive evaluation of the "macrosystem" of the ailment—namely, without surveying the current configuration of the Commonwealth, its provinces, cities, and institutions.

Various authors have noted that *Anatomy of Melancholy* acts as an attractor of readers' energy and devotion, particularly regarding the imposition of self-consuming observation rooted in the melancholic condition. Stanley Fish raises the question of whether there is a way out of the disorienting rhetoric that undermines the reader's confidence through constant breaking of promises<sup>7</sup>. I answer this question affirmatively, proposing that Burton's extensive examination is grounded in a unique form of distant observation of urban space, ultimately culminating in his depiction of a utopian commonwealth.

Wolf Lepenies was the first to recognize the significance of Burton's utopia, highlighting that it is the first utopia originally written in English and, more importantly, provides a framework for a non-communitarian model of social reform based on the alleviation of melancholy<sup>8</sup>. Simultaneously, Burton's portrayal of a "poetical commonwealth" features a characteristic blend of bitterness and sweetness inherent in both

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which, like the words of a poem, awaken through their associations, and through a sort of empathy which they engender, a congenial mood or tone of feeling on the part of the philosopher or his readers" (p. 11). In the history of melancholy, this pathos is intricately linked to the monistic view of nature espoused by a medical tradition. This tradition, while employing scientific methods to uncover the causality of the body, often tends to obscure the understanding of nature's "emotional reverberations" within the soul and the larger community (p. 13).

<sup>7</sup> Stanley Fish, *Self-Consuming Artifacts* (Berkeley: University of California Press, 1972), pp. 304.

<sup>8</sup> Wolf Lepenies, *Melancholie und Gesellschaft* (Frankfurt: Suhrkamp Verlag, 1969), pp. 16ff.

utopia and melancholy<sup>9</sup>. We argue that the professed “poetical” nature, often seen as a purely imaginative reordering of chaotic elements, is misleading. This view focuses solely on the melancholic impotence experienced by its author and overlooks how it transcends mere contemplative resignation or complaint.

The emergence of new, pressing conditions in academic life, particularly its increasing dominance by state powers, bears structural resemblances to the growing temporal control and secularization of religion. In both instances, a form of interiority—manifested through new writing practices associated with self-examination—serves as a countermeasure to the imposition of an oppressive order. Similar to the development of *Devotio Moderna*, a social movement that addressed comparable transformations, this emerging interiority resonates within the marginalized circles of the burgeoning secular university. It permeates academic discourse but finds its most notable expression in poetry and drama, constructing a reactive voice oriented toward utopia.<sup>10</sup>

The encyclopedic nature of Robert Burton’s *Anatomy of Melancholy*, to which he devoted much of his life, has been widely recognized. Originally published in 1621 under the pseudonym Democritus Junior, the book expanded significantly through its six revisions and editions, with the final edition published posthumously. Burton not only enjoyed the growing success of his work, which motivated its continual enhancement, but there is also evidence that he closely monitored its reception by readers and critics, never relinquishing “the fiction of control over his book’s reception.”<sup>11</sup>

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<sup>9</sup> This ambiguity lies at the heart of modernity and defines its inherent tension. Jonathan Flatley, in his exploration of an *Affective Mapping* of modernity, argues that “the utopian promises of modernity put the modern subject in a precariously depressive position. This is because the promises of modernity are never fulfilled. At any given moment, the preoccupation with the ways the world has not met the promises of modernity renders the world apparently lackluster, stale, and profitless even if (or precisely because) the possibility of transformation always seems to lurk on the horizon” *Affective Mapping: Melancholia and the Politics of Modernism* (Cambridge, Mass.: Harvard University Press, 2008), p. 31.

<sup>10</sup> See: Michel de Certeau, *The writing of history*, trans. T. Conley (New York: Columbia University Press, 1989) pp. 127-9.

<sup>11</sup> Mary Ann Lund, *Melancholy, Medicine and Religion in Early Modern England: Read-*

The book's undeniable success is closely tied to the transformation of its central subject. I will explore this as a transition from an "observation of melancholy," which is limited to addressing a complex but anonymous physiological imbalance, to a "condition of observation" that can be termed melancholic observation. This latter form of observation arises from overcoming the reactive experience of degeneration and/or "loss," that is, the muteness associated with melancholic torpor. This transition helps address L. Babb's puzzlement over why "a strangely small proportion of the *Anatomy* is devoted specifically to medicine and psychiatry."<sup>12</sup> The primary reason is the imaginative distancing facilitated by writing. This literary perspective allows Burton to reflect on a broad spectrum of melancholic incidents within the Political Body, enabling a unique examination of institutions. This is particularly significant with respect to the prerogatives and organization of the state, including how certain emotions influence the economic performance of a political entity, the ethical and intellectual requirements for assuming governing roles, and the role of religion in secular governance.

Burton's examination primarily focuses on cities because their organization, shaped by long-standing and continuous adaptations to climate, soil, and geographic positioning, provides an ideal scale for analyzing how resources are utilized in human efforts to fulfill needs and manage desires. Consequently, descriptions of both ancient and modern cities are prevalent throughout *The Anatomy of Melancholy*. In its famous preface, "Democritus Junior to the Reader," Burton undertakes an analysis of the primary causes of decay in cities. Adopting the scornful perspective of the ancient philosopher Democritus, who scrutinized the vanities of the citizens of Abdera, Burton identifies the emergence of a melancholic plague that extends from individuals to the Body Politic

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ing the *Anatomy of Melancholy* (Cambridge: Cambridge University Press, 2010), p. 37. In the words of Douglas Trevor, Burton "considered and reconsidered whose eyes might have wandered at what junctures of his work, tailoring the features and discourses of his book so as to account for different kinds of readers and perspectives," Id., *The Poetics of Melancholy in Early Modern England* (Cambridge: Cambridge University Press, 2004), p. 141.

<sup>12</sup> Babb, *Sanity in Bedlam*, p. 6.

of the Commonwealth.<sup>13</sup> This approach necessitates careful consideration of the social bonds and relational dimensions of melancholy, which surpass both its physiological manifestations and its subjective effects on individuals. It underscores that, despite complex debates about the intellectual and theological significance of melancholy, its spread cannot be divorced from the urgent context of the plague, which generates anxiety about the integrity of both the individual and the political body.

In his reflections on the responsibilities of physicians, Burton introduces new requirements for healthcare assistance that anticipate the emergence of a new role. This role can be characterized as a type of counselor who is attentive to the personal significance of mental suffering. This figure extends beyond the physiological interventions of “*medici corporali*” (bodily physicians) and the theological approaches of “*medici spirituali*” (spiritual physicians).

While it is true that Burton, particularly in his preface to the Reader, associates a significant portion of the devastating effects of the bubonic plague—an event often linked with apocalyptic doctrines and religious forms of penitence—with melancholy, he also addresses both natural and preternatural sources of humoral imbalance, including the influence of evil spirits. However, his primary focus is on passions and habits as the main sources of contamination, which further contribute to the dissolution of social bonds. These passions are not merely reactive expressions of innate physiological states but are deeply rooted in personal constructions of meaning. These constructions are inherently temporal, relating to one’s expectations and values in the present moment, and relational, concerning one’s place within the social environment. As such, they are shaped by social and political conditions and are always influenced by external factors. Consequently, the melancholic plague is metaphorical. In *The Anatomy of Melancholy*, it refers to what can be termed the mimetic nature of certain passions and habits, as well as their “adaptation” to social conditions, particularly poverty and sol-

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<sup>13</sup> Douglas Trevor sustained that “Burton’s descriptions of state melancholy anticipate Hobbes’s by employing humoral terminology to describe a country as one might a human body.” *The Poetics of Melancholy in Early Modern England*, p. 127.

itude. In contrast to innate forms of melancholy, Burton describes these acquired conditions as “improperly melancholy, or metaphorically mad” (AM I, 109-10).<sup>14</sup> He further explains: “my purpose and endeavour is, in the following Discourse to anatomise this humour of Melancholy, through all its parts and species, as it is an habite or an ordinary disease” (AM I, 110).

In his quest to identify the sources of disturbance in the Commonwealth, Burton focuses on the prince’s prerogatives for maintaining and restoring order. As a harsh critic of the reason-of-state theory, he argues that the political instrumentalization of religion and forms of tyrannical rule are internal sources of corruption, discord, and discontent. The Oxford scholar seeks to demonstrate how these sources of social and political unrest have both dormant and visible consequences for the civitas.

However, the full recognition of Burton’s confrontation with the social autonomy of these movements is often overlooked in studies of his work, even though the symptoms of discontent are acknowledged as arising from the growing tensions between institutional expectations and individual desires. Burton describes various forms of love, as well as religious experiences of loss or fault, as contributing to humoral imbalances that lead to feelings of anxiety and despair. Nevertheless, he also addresses the broader manifestations of the disease, referring to it as an epidemic—a term that has regained prominence in recent decades regarding mental health and wellbeing.<sup>15</sup>

In Burton’s work, the concept of an epidemic is significant because it

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<sup>14</sup> In all citations and references to Robert Burton’s *Anatomy of Melancholy*, I will use the Clarendon critical edition (eds. Thomas C. Faulkner, Nicolas K. Kiessling, and Rhonda L. Blair. *The Anatomy of Melancholy*, commentary by J. B. Bamborough and Martin Dodsworth, 6 vols., Oxford: Clarendon Press, 1989–2000). Citations will be abbreviated as AM. Roman numerals will refer to the respective partition, which corresponds to the volume number in the Clarendon edition. When applicable, Arabic numerals will be used to indicate the section, member, and subsection of the passages, followed by the pagination.

<sup>15</sup> For instance, in order to describe the rapid ascension of depression as a major, albeit elusive, *locus* of suffering, see e.g.: Alan V. Horwitz & Jerome Wakefield, *The Loss of Sadness: How Psychiatry Transformed Normal Sorrow into Depressive Disorder* (Oxford: Oxford University Press, 2007), pp. 6-8.

extends beyond the individual to call for collective engagement and participation. As hinted in his play *Philosophaster*, it addresses a problem that pertains to the wider organization or society. While acknowledging the deterministic processes of social dynamics, it also holds the potential for reversal or transformation. In *The Anatomy of Melancholy*, the idea of an epidemic serves as a framework for observing the potential variability and instability within social institutions, making it a crucial aspect of scholarly analysis.

This observation of potential variance within social institutions appears to define a significant aspect of the Scholar's *métier*, but it necessitates a transformative intervention by the author. In a recursive movement that transcends rhetorical mechanisms of exhortation, and breaking away from causal assumptions regarding the reader's motivation—especially in oscillation between reproach and praise—the author invites the reader to a collaborative effort aimed at altering habitual responses to passions. This intervention, which constitutes the psychodynamic dimension of therapy, is a common feature throughout *The Anatomy of Melancholy*, particularly in the transition from the first to the second part.

However, moving from an individual form of cure to a structural one, alongside the transformative reading, Burton proposes an alternative intervention. This involves exposing the political and economic causes of disease within the commonwealth and devising potential strategies to address them. I argue that these structural interventions cannot be understood within the same framework as individual transformation, as they necessitate an acknowledgment of the social causality inherent in emerging social systems, particularly within the economic and political spheres.

Burton countered his own melancholy not only by engaging in purposeful activity and avoiding idle contemplation but also through the social value and significance of his book. Despite their different processes, the convergence between individual and collective healing—including the healer himself—is a central goal of *The Anatomy of Melan-*

*choly*. This reflects the metaphysical model of a harmonious correlation between parts and the whole, presented in its full splendor.

According to Burton, writing enables an exercise in conversion that transcends the ancient practices of repentance, facilitating a personal quest for authenticity.<sup>16</sup> To a significant extent, Burton's public impact is legitimized by a narrative of self-transformation. This narrative complements the religious model of penitence and is partially integrated into the medical concept of *restitutio ad integrum* (restoration to wholeness), through the examination and affirmation of his own motives and feelings.

## Presentation of the chapters and purpose

In the opening chapter, we explore what is generally considered Burton's primary focus: the diagnosis and treatment of psychophysical forms of melancholy. We emphasize the necessity of establishing a trusting connection with the reader, as this therapeutic bond facilitates an exploration of personal issues. Simultaneously, we highlight how Burton leverages this connection to prompt an examination of the broader social and political implications of melancholy.

In the second chapter, we depart from the conventional reading of *The Anatomy of Melancholy*, which primarily focuses on psychophysical forms of melancholy. Instead, we offer an initial glimpse into the scope and relevance of Burton's views on the city. Through the lens of "melancholic observation," we analyze its development in two distinct phases: the analytical evaluation of the current situation and the synthetic imagination of alternative configurations and prospective solutions. This chapter establishes connections between Burton's reflections

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<sup>16</sup> "From the mid-sixteenth century on, there was a new emphasis on the role of writing about the self as a kind of secular mode of confession. Whereas Christian confession called upon the sinner to perform a self-renunciation, the secular style also called for confession of sin—but only as a means of affirming the authentic self that is the sum of these feelings and desires." Adam Ellwanger, *Metanoia. Rhetoric, Authenticity, and the Transformation of the Self* (Pennsylvania: The Pennsylvania State University Press, 2020), p. 105.



on society, melancholy, and the writing of utopias, emphasizing the impulse for edification and the longing for an ordered space.

Chapter three examines the link between the spleen and the satiric bent, integrating Democritus Junior's voice into the broader context of rhetorical and metacommunicative forms of criticism and protest in early modern society. We analyze Burton's distinctive approach to mental illness, contrasting the physiological explanations favored by medical observation with his focus on the cognitive and moral dimensions of melancholy. Through a detailed discussion of the perspectives of Hippocrates and Democritus, we reveal their differing views and their significance for Burton's work.

In the fourth chapter, we focus on Burton's particular outlook on society, especially urban spaces. We highlight how melancholic observation questions the present, emphasizing that this questioning is not limited to periods of crisis but is even more urgent during times of overwhelming optimism. By examining his early play *Philosophaster*, we illustrate how, as a bachelor scholar removed from ordinary duties, Burton observes the world from a controlled environment. Despite this, his deep understanding of societal dynamics through withdrawal proves unsatisfying, fueling his desire to escape passive observation and critique social injustice, starting with favoritism and patronage within the academy.

Chapter five centers on Burton's diagnosis of cities as vital organs of the commonwealth. While the medieval specter of deadly epidemics lingers throughout the seventeenth century, Burton is more concerned with the exacerbation of moral decay as a new and unpredictable form of contagion. His astute analysis explores the complex dynamics of power, governance, and societal well-being, examining the individual and collective consequences of vices like self-love, greed, and ambition. Through his analysis, Burton unveils the fragility and complexities inherent in maintaining social order and preventing the disintegration of the body politic.

In the sixth chapter, we consider Burton's perspectives on political counsel and governance. Acknowledging the specifics of Burton's reflections

on his role as a scholar, we analyze his views on the new requirements for political instruction and the inherent problems of advising the sovereign. This chapter provides a critical examination of Burton's thoughts on the role of scholars, the issues of power, and the need for informed, independent advice in political decision-making.

Chapter seven explores Burton's analysis of economic dynamics, a topic often overlooked in academic interpretations of *The Anatomy of Melancholy*, despite its importance in laying the foundations of his utopia. This neglect partly stems from Burton's avoidance of citing leading figures of mercantilist theory. The chapter discusses the transition from a subsistence-based economy to a market-oriented structure and the resulting economic challenges. It examines debates on economic regulation, the value of money, and the impact of enclosures, inflation, and luxury, revealing how Burton's views are shaped by ethical convictions and his ambiguous positions on the virtues and perils of personal enterprise and profit.

In chapter eight, we investigate how Burton's travel by map and card serves as a prelude to the inner cartography of the passions and early modern reverie. Burton's cosmic assumptions grant maps instructive power for therapeutically understanding and navigating the inner landscape of emotions. This chapter connects his work to the tradition of *curatio verbi*, drawing parallels to Vasari's thesis on the inherent melancholy of painters, attributing it to the imaginative nature of their work. We illuminate the profound interplay between visual imagery, the inner self, and the therapeutic potential of maps in Burton's conceptual framework.

Chapter nine delves into the relationship between melancholic imagination and dreaming, exploring its implications in literature, art, and architecture. Emphasizing the pivotal role of imagination in shaping Burton's conception of utopia, we navigate the intersections between medical discourse and artistic representations of melancholy. The chapter also discusses the connection between dreams and reality, the role of imagination in melancholic experiences, and the mantic dimension of

dreaming. Additionally, it examines the complex relationship between words, fiction, and utopia in the literary works of the time, highlighting the challenges and possibilities of envisioning alternative worlds.

In the final chapter, we reevaluate Burton's commonwealth in light of the evidence presented throughout the book. We challenge the notion that his utopia is merely arbitrary ideation born from the author's frustrations. Instead, we uncover the deliberate choices made by Burton regarding the optimal ordering of the commonwealth. This contrasts with the prevailing tendency in *The Anatomy of Melancholy* to avoid explicit positions on contradictory theses. Through a comprehensive analysis of Burton's work, this concluding chapter offers new insights into the deeper meaning and purpose behind his utopian vision.

## Chapter 1

### A therapy of the embodied soul and more

Previously dismissed as lacking coherence and purpose<sup>1</sup>, viewed as mere compilation of thoughts and opinions of other authors<sup>2</sup>, in recent decades Robert Burton's *Anatomy of Melancholy* underwent a reassessment of those traditional perceptions through rigorous scholarship.

Contemporary analysis reframes Burton's *Anatomy* not as an example of "shapeless eloquence,"<sup>3</sup> but as a deliberate and strategic work<sup>4</sup>. Its use of multiple voices and styles is increasingly understood not as arbitrary, self-parodic, or merely for entertainment, but as a calculated approach to engage with a diverse readership.<sup>5</sup> This stylistic variety is integral to Burton's strategy for establishing and maintaining a relationship with the reader, aligning with his or her personal condition and expectations. By addressing various types of reading and embracing a multiplicity of voices, Burton effectively mirrors the multifaceted nature of melancholy itself and adapts his approach to the needs of his audience, transforming the reader's experience into a form of therapeu-

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<sup>1</sup> Lawrence Babb succinctly expresses this idea: "a study of Burton's use of his sources is that he has been influenced by too many to have been genuinely influenced by any. His mind is diversely curious, receptive, and retentive. There is nothing really distinctive about his philosophical, religious, or social opinions. He is not neo-Platonic, or Averroistic, or Thomistic. He is simply a Jacobean Englishman, an Anglican, who believes what most of his cultivated countrymen believe, although he is a little on the conservative side." *Sanity in Bedlam: A Study of Robert Burton's Anatomy of Melancholy* (East Lansing: Michigan State University Press, 1959), p. 53.

<sup>2</sup> Making it a prey to filchers and imitators. For further exploration, see: Margaret Pearse Boddy, "Burton in the XVIII Century," *Notes and Queries*, 167 (1934), pp. 206-8.

<sup>3</sup> Jonathan Sawday, "Shapeless Eloquence: Burton's *Anatomy of Knowledge*," *English Renaissance Prose: History, Language and Politics*, ed. Neil Rhodes (Tempe: Arizona State University Press, 1997), 173–202.

<sup>4</sup> Christopher Tilmouth, "Burton's 'Turning Picture': Argument and Anxiety in The *Anatomy of Melancholy*", *The Review of English Studies* 56 (2005), 524–49.

<sup>5</sup> Cf. William R. Mueller, *The Anatomy of Robert Burton's England* (Berkeley and Los Angeles: University of California Press, 1952), pp. 1ff.

tic engagement<sup>6</sup>, in order to: “drive away Melancholy (thou I be gone)” (AM I, p. 24).

From the very outset, Democritus Junior asserts himself as a “*gratissimus hospes*” (AM, p. lxviii) addressing the reader, any reader indeed,<sup>7</sup> “thou thy selfe art the subject of my Discourse” (AM I, p. 1). At the same time, kindness presupposed as one of the implicit qualities of the reader, marking the author’s impulse to control the reception of the book, counting on benevolence and cordiality – “(AM I, p. lxvii) “*Si quis cordatus, facilis, lectorque benignus*”, while shunning away bad or ill intended readers. As becomes clear through the various reproaches of the readers, mostly on the Democritus preface, this asserts the author’s superiority, as the universal reception of the book implies that all his readers suffer from some kind of idiocy. The interpellation of any reader is guaranteed by the confidence in the exposure of a wide variety of melancholic infirmities, varying according to the individual constitution, environment, affects and habits, which necessarily includes that of the readers present or future predicament. At the same time, while presenting a multiplicity of bodily and mental afflictions, the *Anatomy* is an exercise on the possibility to approximate and convey a lived understanding of the other’s experience of suffering.

Through this novel approach, Burton not only merges the traditionally separate roles of spiritual guide and physician but also embodies

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<sup>6</sup> See: John Miller, “Plotting a cure: The reader in Robert Burton’s *Anatomy of Melancholy*”, *Prose Studies*, 20 (1997), pp. 47ff. Mary Ann Lund presented this thesis in “Robert Burton the Spiritual Physician: Religion and Medicine in *The Anatomy of Melancholy*,” *Review of English Studies* 57 (2006), 665-83, esp. pp. 679 ff., developing it further in *Melancholy, Medicine, and Religion in Early Modern England: Reading the Anatomy of Melancholy* (Cambridge: Cambridge University Press, 2010). On the emergence of the collaborative dimension of readership within the larger historical context, see: Terence Cave, “The Mimesis of Reading in the Renaissance”, in *Mimesis: From Mirror to Method, Augustine to Descartes*, ed. John Lyons and Stephen Nichols, Jr. (Hanover: New England University Press, 1982), pp. 149–65.

<sup>7</sup> As stated in “Democritus Junior ad Librum suum”, the book is destined to “Quos, quas, vel quales, inde vel unde viros” [What men, what women, or what kind of people, from here or from there] (AM I, p. lxviii).

their attributes within the textual medium<sup>8</sup>. His work invites readers to engage in a self-guided exploration of their condition, effectively transforming the reading experience into a form of personal therapy.

To fully unlock its potential, Burton suggests that the act of reading *The Anatomy of Melancholy* should be undertaken autonomously, independent of external assistance. This represents a significant departure from the prevailing practices of his time, where spiritual guidebooks and medical textbooks were commonly used in conjunction with regular consultations with ministers and doctors. Burton's approach marks a bold and innovative shift, suggesting that engaging deeply with his text could serve as a partial replacement for, or at least complement to, these traditional forms of guidance.

The notion that Burton's professed guidance of the reader inevitably leads to contradictions, inconsequential frustrations, and eventual resignation about the universal condition is rooted in the assumption that therapeutic interventions must follow a linear and user-friendly model.<sup>9</sup>

However, Burton's approach to the reading process reveals a more nuanced and innovative strategy. Rather than adhering to conventional forms of soul therapy or *medicina mentis*, Burton uses the act of reading as a platform for exploring creative forms of suggestion and persuasion. This is particularly evident in his engagement with medical textbooks, where he recontextualizes their content for broader rhetorical and therapeutic purposes. His extensive use of citations is not merely for scholarly reference but serves as a deliberate strategy to adapt, reinterpret, or even distort the original texts to meet his therapeutic aims.

The attention given to modes and styles of address in Burton's work reflects the emergence of the *cultura animi*,<sup>10</sup> a concept deeply rooted

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<sup>8</sup> Lund, Robert Burton the Spiritual Physician, pp. 682-3.

<sup>9</sup> As an example of this interpretation, see: Martin Heusser, "Interpretation analyzed and synthesized: Robert Burton's methods of controlling the reader in the *Anatomy of Melancholy*", *English Studies*, 70 (1), (1989), 37-52, p. 50.

<sup>10</sup> Cf. Sorana Corneanu, *Regimens of the Mind. Boyle, Locke, and the Early Modern Cultura Animi Tradition* (Chicago and London: The University of Chicago Press, 2011).

in Francis Bacon's natural philosophy. This evolving social movement advocates for an integrative approach to the cultivation of the soul, where diagnosing present miseries—whether religious or medical—must be complemented by dialogical assistance that promotes a comprehensive regimen for the improvement of the soul.<sup>11</sup> Unlike previous models of soul care, which primarily included philosophical and pastoral assistance, this new approach emphasizes experiential foundations. It seeks to cultivate the soul through a combination of diagnosis, dialogue, and a holistic regimen, thereby fostering a more dynamic and practical form of self-improvement and understanding.

The concept of health as a delicate balance among the various humors of the body can be traced back to the proponents of Pythagorean medicine, particularly Alcmaeon of Croton. This perspective significantly influenced the understanding of health in Plato's *Timaeus* (87a-e; 89c), aligning with the early phase of Hippocratic writings and showing affinities with the doctrine of the elements exposed in *On Human Nature* (85a). According to this primordial framework, therapy, which originally took the form of tribute to the gods, aims to restore the proper proportion of bodily elements as determined by the demiurge.

In *Timaeus*, Plato presents a cosmological account where the harmony of the body mirrors the harmony of the cosmos, both orchestrated by the demiurge. Health is thus seen as a state of balance and proportion, much like the equilibrium maintained in the universe (Cf. *Ti.* 86a ff). This cosmological view integrates physical, mental, and spiritual well-being, emphasizing the interconnectedness of all aspects of life.

The Hippocratic writings, while more grounded in empirical observation, still echo these principles, considering health as the result of a balanced mixture of the body's humors: blood, phlegm and bile (yel-

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<sup>11</sup> "We have here a particularly comprehensive and explicit description of the territory of an early modern field of knowledge that is jointly theoretical and practical and that transgresses the institutional and disciplinary boundaries of the time. The physician of the soul stands at the crossroads of practical divinity, medicine, moral philosophy, and rhetoric and uses the analytical tools of theology and natural philosophy". Corneanu, *Regimens of the Mind*, p. 48.

low), to which somewhere around the 4<sup>th</sup> century BC, a forth type was added, the μέλαινα χολή (black bile), whose existence has possibly been deduced from the darker blood. When these humors are in proper proportion, the body is in a state of health. Disease, on the other hand, is seen as an imbalance among these humors.

In this context, therapy is not merely a set of medical procedures but a sacred practice aimed at restoring the body's natural harmony. This therapeutic approach involves dietary regimens, lifestyle adjustments, and sometimes religious or spiritual rituals, reflecting its roots in divine tribute, but also a demarcation from concurrent practices of purification, expiation and cure, with the introduction of empirically grounded interventions based on measure (μέτρον) which is always conceived in relation with the individual body, including its biography, behaviour and circumstances.

The need to differentiate medical practice from other type of therapies of the period, including those pertaining to Asclepius and Temple Medicine at their origin, is expressed in various Hippocratic treatises. The new medical procedures for understanding can be found in *On the Sacred Disease*<sup>12</sup>, a particular case of a *Corpus Hippocraticum* text devoted entirely to an illness that should not be considered "mental" but encephalic, epilepsy, the cause and manifestation of which are considered essentially physical. As well as denying the divine origin of the disorder, its author sets out to defend its specific nature, origin [αἰτία] and cause [πρόφασις]. This treatise delineates the peculiar physiology of the ancients and the way in which it is unveiled from a distinct τέχνη, which steems from the combination of a general theory of the specificity of human nature and the establishment of principles [ὑποτάσεις] derived from observation and experience.

Herald of a medical explanation free from religious factors, that text admits primary elements as the natural cause of illness, instead of attributing it to punishments cast by the gods on transgressing men, but does

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<sup>12</sup> Cf Philip J. van der Eijk, *Medicine and Philosophy in Classical Antiquity. Doctors and Philosophers on Nature, Soul, Health and Disease* (Cambridge: Cambridge University Press, 2005), pp. 19-21.



not do so arbitrarily. The most recurrent criticism of the approaches of natural philosophers points to their tendency to unduly reduce the causes of illness, along with the disregard of hypotheses built on empirical observation.

Likewise, in *On Ancient Medicine* distinguish themselves from Presocratic theories of φύσις (*Vet. Med.* xx, 1) by scrutinizing the conjectures of those who explore what exists “in the heavens and beneath the earth” [τῶν μετεώρων ἢ τῶν ὑπὸ γῆν] (*Vet. Med.* i, 23-24). These views are dismissed not only due to the vastness of these realms, which are largely irrelevant to human health, but also because they address aspects beyond empirical experience and lack a definitive method or technique capable of transcending speculative reasoning. The treatise is exemplar of the centering on the corporeal sensitivity of each individual which must be established by the physician with a precision [ἀκρίβεια] that, although considering the patients individuality and sensitivity<sup>13</sup>, the , is irreducible to subjective opinions.<sup>14</sup>

In *On the Nature of Man*, the pursuit of precision forms the foundation for constructing a coherent system that correlates individual complexion with the stages of human life and natural cycles. Following the initial critique of philosophers and orators in the treatise attributed to Polybus, the second chapter shifts focus to scrutinize the perspectives of physicians. It challenges those who assert that human beings are composed of a single substance, a belief seemingly supported by the reaction of different bodies to strong purgatives and emetics, where patients expelled a specific substance (*Nat. Hom.* vi, 112). This view contradicts the concept of “composition” and “mixture” as the basis for individual constitution, a concept advanced in many *CH* texts. Here, it aligns with the defense of the four humors and their interplay with dietary habits, seasonal changes, and the stages of human life. Conversely,

<sup>13</sup> See: Jackie Pigeaud, *La Maladie de l'âme. Étude sur la relation de l'âme et du corps dans la tradition médico-philosophique antique* (Paris: Les Belles Lettres, 1989 [1981]), p. 11.

<sup>14</sup> See: Maria Elena Gorrini, “The Hippocratic Impact on Healing Cults: the archeological evidence in Attica” in *Hippocrates in Context*, ed. Philip J. van der Eijk (Leiden/Boston: Brill, 2005), 141-147.

proponents of the idea that a single natural element -fire, air, earth and water-, as dominant in Empedocles and the Sicilian School, or organic element -blood, phlegm and bile- forms the body often relied on the specific transformation of the substance (and its inherent *δύναμις*), shaped by “the compulsion of hot and cold, resulting in sweetness, bitterness, whiteness, blackness, and other qualities” (*Nat. Hom.* ii, 8-9). In this approach, the axes of temperature (hot-cold) and humidity (wet-dry), activated by diverse causes, are the fundamental qualities necessary for the modulation of the elements.

Elegantly explained, this humoral scheme<sup>15</sup>, so often reproduced, allows us to anticipate the evolution of each imbalance and disease.

The body of man has in it blood, phlegm, yellow bile and black bile; these make up the nature of his body and through them he feels pain or enjoys health [*ὑγιαίνει*]. He enjoys the greatest health when these elements are just [*μετρίως*] in proportion to the composition [*ἄλληλα κρήσιος*], power and mass with each other, perfectly mixed”. (*Nat. Hom.* ix, 1-6).

Not only is this symmetry – which characterises the well-tempered composition [*εὐκρασία*] – alterable by diet and habits, but also due to the inevitable degradation of fluids over time. It is the alteration in the relative quantity of each of the humors, their degradation or the separation of one from the others, that is the cause of illness and suffering.

According to *On the Nature of Man*, such changes in the natural constitution can be due to errors in the regime or quality of the air in the atmosphere (Cf. *Nat. Hom.* ix, 11-12), elements outside the metabolic specificity of the individual organism which prefigure Galen’s non-naturals. On this point, the text is clear in admitting that intermediate states are possible between optimal equilibrium and illness.

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<sup>15</sup> As William H.S. Jones pointed out, because of the polished and articulate way in which it presents the humours, *On the Nature of Man* “is the only Hippocratic work that deserves to be called *Περὶ Χυμῶν*” Hippocrates, vol. IV, trans. William H.S. Jones, Loeb Classical Library (London / Cambridge: William Heinemann / Harvard University Press, 1959), p. xxxii.

The restitution of balance, determined by the proportion and condition of the humors, is centered on the body. It emphasizes its *ποιεῖν*, an internal function dependent on the conditioning factors of the humors within the individual constitution, and its *πάσχειν*, a function associated with external influences on the body. In this latter aspect, which involves the body's response to external factors, τροφή [diet] and φάρμακα [medicines], typically potent purgative drugs, play a crucial role.

According to the Hippocratic perspective, black bile is not pathological in itself, it becomes harmful when it becomes dominant in the proportion of the humors, causing an imbalance in the bodily constitution (δυσκρασία). In that case, this cold and dry humor, may directly impact the seat of intellect (whether the heart or the brain), leading to detrimental effects on the emotional state. The author of the sixth book of *Aphorisms* identifies its symptoms, stating that “prolonged fear and despondency [Φόβος ἢ δυσθυμία πολλὸν χρόνον] are synonymous with melancholy” (*Aph.* VI, 23).<sup>16</sup>

In partial continuity with Aristotle's medical and ethical views and the peripatetic tradition, a distinct account of melancholy was formulated in ancient Greece. It remained mostly preserved as a philosophical and literary conception, mentioned by Cicero (*Tusc.* i. xxxiii 80) and preserved in the Arabic adaptations of ancient medicine, especially in Constantine's *De melancholia*, it gain enormous traction in renaissance, molding the iconographic cosmology of the melancholic. It is formulated in *Problemata Physica* 30.1. Its most probable author is Theophrastus.<sup>17</sup> The text is deeply influenced by the tetrad of the first elements originating in Empedocles, and by the cardiocentric conception of the intellect offering a materialistic counterpoint to Platonic conception of divine frenzy or ἐνθουσιασμός which was conceived as a kind of divine

<sup>16</sup> The second of the medical cases reported in the third of the *Epidemics* books additional symptoms associated with black bile: “aversion to food, despondency, insomnia, irritability, restlessness [ἀπόσιτος, ἄθυμος, ἀγρυπνος, ὀργαί, δυσφορία]”. *Epid.* III, xvii, 70-71.

<sup>17</sup> Cf. Hellmut Flashar, *Melancholie und Melancholiker in den medizinischen Theorien der Antike* (Berlin: de Gruyter, 1966), 61; Klibansky, Panofsky, and Saxl, *Saturn and Melancholy: Studies in the History of Natural Philosophy, Religion, and Art* (London: Nelson, 1964), pp. 29-37.

rapture affecting those of simpler minds (*Phdr.* 244b ff, 265 b; *Ion* 534), opening with the idea that there is a kind of excellence in philosophy, politics, poetry and the arts, who's representatives, termed exceptional [περιττοί], were of melancholic constitution [ἔξις]. In that sense, the question that begins the text -"Why do all the men who have become exceptional in philosophy, politics, poetry and the arts appear to be melancholic?" (*Probl.* 953a 10-13).- already contains the answer in itself, exceptional men suffer from melancholy, but of a very peculiar kind, its congenital variant. Although this can be considered one of the registers which inspires various forms of melancholic emulation, affecting the renaissance and romantic subjects, the text clearly points out that in most cases the effects of excessive or degraded black bile are debilitating, leading to epilepsy, misanthropy, depression and suicide. In fact, the examples of melancholic individuals attaining excellency, may be seen in a tragic light, as those whose highest fulfillment, in ἔκστασις, coincides with their physical expiation. Black bile is considered in its pneumatic oscillations, mostly reactive to thermal changes induced by changes in the organism, sometimes induced by the metabolization of certain substances or in reaction to the environment. The author makes analogies with substances which, when heated undergo an effervescent transformation such as water, but also expansive one's such as stone and iron (*Probl.* XXX, 954a 16-20).

The state of black bile is influenced by the oscillations between cold and heat within the body, which fluctuate based on its excess [ὑπερβάλλη ἐν τῷ σώματι] (*Probl.* 954a 22-24). These extremes can range from temporary states to a "rigid designation" of an individual's character, either due to the worsening of the condition—linked to the innate physical constitution—or the persistence of harmful habits. When in excess, black bile tends to remain in a cold, quasi-solid state within the body. In the first scenario, lethargic passions permeate all aspects of the individual's activity, rendering them "sluggish and obtuse" [νωθοὶ καὶ μωροί] (*Probl.* 954a 31), most frequently plunging the individual into persistent despondency [αθυμία]. However, the consumption of certain foods, particularly black wine, can trigger black bile to effervesce and overheat, causing it to move toward the body's surface. The oppo-

site extreme gives rise to “eccentric” states, such as mania and rage, centered around the concept of ἐκστάσεις, characterized by madness and a sense of displacement. This form of ecstasy can have vastly different impacts on well-being; while it can enhance vital expressions such as sexual desire and emotional expressiveness, for instance in joyful songs [εὐθυμίας], but it can equally lead to harm and suffering [ἐκξέσεις].

The individual who repeatedly experiences the ecstatic passions associated with generalized heating also undergoes a process of character fixation. Here, the author acknowledges a type of pseudo-stabilization, particularly in the “ingenious” or “cunning” [εὐφυνεῖς], who are grouped with the manic, the enamored, and the verbose [λάλοι] (*Probl.* 954a 32-34).<sup>18</sup> Along with its expressive potential, these ecstatic states are also the ground for divinatory and poetic feats, whose revelations are exclusive of the melancholic.

Balance is said to be ἀνώμαλος, instable, depending on εὐκρασία, the well-tempered condition which translates on the feeling of well-being [εὐθυμία]. This means an ethopoietic determination in which the mutations of a single substance, enlivening the whole organism, have a decisive influence over the moral character and psychic abilities.

The lack of a clear distinction between the concepts of ‘mind’ and ‘body’ in many ancient medical writings stemmed from the belief that the Ψυχή (psyche) was supported by an organ where physical processes underpin perceptual and cognitive functions, making it susceptible to the effects of diet and exercise. This idea reflects an expressive continuum that enables the observation of an individual from the organic to the psychic level, including character traits. Occasionally, this continuum is extended into a more radical thesis, where, beyond the correlation between the ‘compositional level’ and the ‘mental level,’ a rigid determination of the latter is posited.

Immediately following the discussion of the extremes caused by the transmutations of μέλαινα χολή, a preliminary solution is proposed

<sup>18</sup> Hellmut Flashar, *Melancholie und Melancholiker in den medizinischen Theorien der Antike* (Berlin: de Gruyter, 1966), p. 37.

to the problem initially outlined. The individuals which are able to achieve and maintain a relatively extended state of excellence are those which gravitate towards the ideal middle term [πρός το μέσον] of black bile temperature, a physical manifestation of moderation that confers superiority in various domains (*Probl.* 954a 39 - 954b 4.). However, it is noted that this does not render them immune to fluctuations in the mixture [κρᾶσις], though the repercussions differ for them. Situations that provoke fear are highlighted as a key indicator of the emotional responses tied to this mixture. Thus, there appears to be a resistance to the complete overdetermination of moral character and psyche by natural constitution, reluctantly acknowledging the role of psychic factors in contributing to the instability inherent in the melancholic condition.

One of the aspects preserved in this tradition was formulated by Rufus of Ephesus is the tendency of those of this excellent constitution to fixate and muse on a certain subject, making them pray to the distortions of the imagination, including dreaming.<sup>19</sup> This *topos* will be preserved in the Islamic transmission of these texts,<sup>20</sup> with the formularization of the basic mechanisms of *melancholia adusta* or *incensa* in the works of Rhazes, Avicenna, and Constantine. Ibn Imrān, a less widely known figure which preceded and influenced the latter, had already added to the excess in intellectual pursuits that characterizes the melancholic, the tendency for the religious radicalism of his devotion.<sup>21</sup>

*Published in 1489, in De Vita Libri Tres* Ficino adapts the stoic conception of pneuma of stoic physiology and Neoplatonic organicist doctrines to provide a therapeutic understanding of life. *Spiritus* is the term establishing various mediations, especially between the macro and microcosmos, with *spiritus mundanus* emanating from the *anima*

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<sup>19</sup> Rufus of Ephesus, *On Melancholy*. Ed. Peter E. Pormann (Tübingen: Mohr Siebeck, 2008), p. 47. See: Pigeaud, *La Maladie de l'âme*, p. 134 and "Prolégomènes à une histoire de la mélancolie", *Histoire, économie et société*. 3 (1984), p. 504.

<sup>20</sup> Klibansky et al., *Saturn and Melancholy*, 86-90.

<sup>21</sup> Ishāq ibn Imrān, *Maqāla Fī L -Mālīhūliyā* (Abhandlung über die Melancholie) und *Constantini Africani Libri Duo de Melancholia*. Ed. Karl Garbers (Hamburg: Helmut Buske, 1977), 14.