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The Solitary Mind in *The Anatomy of Melancholy*

It is a notoriously expansive and digressive book which divides and subdivides its subject matter into a bewildering variety of forms, and many readers have found the central theme of *The Anatomy of Melancholy* elusive, perhaps deliberately so, or even non-existent. Nevertheless, Robert Burton did provide his readers with an ‘Abstract’. Amongst the many additions that he made to the *Anatomy*, first published in 1621 and reissued in progressively larger editions in 1624, 1628, 1632, 1638 and posthumously in 1651, was a poetic meditation titled ‘The Author’s Abstract of Melancholy’. First appearing in the prefatory materials of the edition of 1632, its title indicates that the poem is to be taken as Burton’s summary of melancholy, reflecting ‘in the manner of a dialogue’ on the solitary psychological experience of the afflicted – an oscillation from pleasure to pain. The pattern is set in the opening stanzas:

When I go musing all alone,
Thinking of diverse things fore-known,
When I build Castles in the air,
Void of sorrow and void of fear,
Pleasing myself with phantasms sweet,
Methinks the time runs very fleet.
   All my joys to this are folly,
   Naught so sweet as melancholy.

When I lie waking all alone,
Recounting what I have ill done,
My thoughts on me then tyrannize,
Fear and sorrow me surprise,
Whether I tarry still or go,
Methinks the time moves very slow.
   All my griefs to this are jolly,
   Naught so sad as melancholy.
Much could be said about these lines, but my concern here is with the relationship they thematise between melancholy, self-reflection and solitude. The rest of the poem leaves us in no doubt that Burton regards solitary meditation upon oneself as an integral part of the ‘abstract’ of the melancholic pathology (‘When to myself I act and smile / With pleasing thoughts the time beguile . . . When I lie, sit, or walk alone, / I sigh, I grieve, making great moan . . . Friends and Companions get you gone, / ’Tis my desire to be alone; / Ne’er well but when my thoughts and I / Do domineer in privacy . . . I am a beast, a monster grown, / I will no light nor company, / I find it now my misery’). The special significance of solitude in the Anatomy is also announced on its illustrated frontispiece, produced from Burton’s instructions by the Frankfurt engraver Christof Le Blon, and first appearing in the third edition of 1628 (Figure 1). Again, when Burton provides his readers with a guide to the contents here, the importance of solitude is reflected in the fact that it is given its own panel (Figure 2), together with depictions of the main types of melancholy discussed in the book, and two famous herbal therapies (borage and hellebore), set beside portraits of the author and his ancient philosophical predecessor Democritus. Solitude here is depicted, as Burton explains in another poem added in 1632 (‘The Argument of the Frontispiece), ‘[b]y sleeping dog, cat: Buck and Doe, / Hares, Conies in the desert go: Bats, Owls the shady bowers over, / In melancholy darkness hover’. All of these creatures were traditionally associated with both solitude and melancholy, and it is perhaps also notable that all the human figures on the frontispiece are alone.

In this essay, I explore the pathological aspects of solitude in The Anatomy of Melancholy. The first part outlines Burton’s account of the medical dimension of solitude, in which the desire to be alone is, according to the teachings of physicians from antiquity to the seventeenth century, a prominent symptom of the melancholic disease. Here, the Anatomy draws on a range of medical authorities to connect solitariness with the characteristically melancholic passions of fear and sorrow. However, when analysed in conjunction with physical idleness and excessive thinking, solitude could also be regarded as part of an unhealthy physical and psychological regimen, and thereby come to be a cause of melancholy. As we shall see, Burton is particularly interested in the effects of solitude upon the mind of the melancholic sufferer, and describes the process of ‘melancholizing’, the passage from pleasurable meditation to painful mental fixation, as one of the intrinsic dangers of the voluntary withdrawal from the external world. In the second part of the essay, I turn to the spiritual significance of solitude in Burton’s work. Whilst solitude had been regarded for many centuries as an important part of
Figure 1 The Anatomy of Melancholy (Oxford, 1628), frontispiece (British Library, C.123.k.281). [Colour figure can be viewed at wileyonlinelibrary.com]
Christian devotion, its potentially hazardous dimensions had also long been recognised, particularly in early accounts of *acedia* (sloth) and diabolical temptation. This perspective on solitude was incorporated in Protestant writing about melancholy, especially in English works concerned with the ‘afflicted conscience’. These sources provided the background for Burton’s account of ‘religious melancholy’, which combined spiritual and medical ideas about solitude to describe its destructive function in generating superstitious delusions and mental self-torment.

Bringing the theme of melancholic solitude in the *Anatomy* to prominence serves to illustrate important features not only of this work, but of the premodern understanding of melancholy more generally. Burton wrote his extraordinarily large and polymathic book partly, as he says,
to alleviate his own melancholy, having been ‘left to a solitary life, and mine own domestic discontents’, but also to help treat it in others by presenting and analysing the encyclopedia of human knowledge about the disease, from antiquity to his day. My assumption here, then, is that the Anatomy can serve as useful, even privileged vantage point from which to view the broader history of the relationship between melancholy and solitude. At the same time, Burton’s account of this relationship brings particular features of his understanding of melancholy into closer focus. Perhaps most importantly, we can see that for Burton, as for his contemporaries, although the melancholic disease had a physical and corporeal basis – most famously, but not exclusively, in the humour black bile – some of his most pressing concerns related to the effects of melancholy on the mind. The physicians, after all, agreed that melancholy was properly defined as a form of madness (delirium) that affected both body and mind, but also that in the disease the primarily ‘affected parts’ were the powers of imagination and reason in the brain. In solitude, I suggest, the workings of melancholy upon the mind are most clearly seen, and presented by Burton through his medical and religious sources as a destructive form of introspection.

Solitude in the medical theory of melancholy

Since antiquity, the desire for solitude had been identified in medical works on melancholy as a symptom of the disease. In the Subsection on the ‘Symptoms or Signs in the Mind’ in the main treatise of the Anatomy (1.3.1.2), it is presented as primarily a by-product of the psychological perturbations that arise from the damaged imagination; it is also linked to the effects of the humour black bile upon the mind, and with the celestial influences of Saturn and Mercury. In the first place, following the authority of the Hippocratic Aphorisms (6.23), Galen (On the Affected Parts 3.10), and their legions of followers in neoteric medicine, are the symptoms of persistent fear and sorrow, generally regarded as ‘most assured signs, inseparable companions, and characters of melancholy’, and, according to Burton, the cause of the melancholic wish to be alone. The fearful melancholic is often groundlessly distrustful of others, to the point that ‘[h]e dare not come in company for fear he should be misused, disgraced, overshoot himself in gesture or speeches, or be sick; he thinks every man observes him, aims at him, derides him, owes him malice’. Other psychological symptoms are intensified in solitude, or serve to reinforce the tendency of the sufferer to withdraw from company. The sadness of melancholics, Burton observes, is accentuated ‘if they be alone, idle, & parted from their ordinary company’; their
suspiciousness prompts others to shun them; their inconstancy and restlessness means that they can abide ‘no company long’; and their dejected bashfulness means that ‘they dare not come abroad, into strange companies especially’ and ‘can look no man in the face’, ‘cannot speak, or put themselves forth as others can’, ‘seldom visit their friends, except some familiar’, and are ‘oftentimes wholly silent’.15

The culmination of these mental symptoms of melancholy is that melancholics become ‘unsociable’, and ‘above all things love Solitariness’. Like Bellerophon, Burton writes,

They delight in floods & waters, desert places, to walk alone in orchards, gardens, private walks, back-lanes, averse from company, as Diogenes in his tub, or Timon Misanthropus, they abhor all companions at last, even their nearest acquaintance, & most familiar friends, for they have a conceit (I say) every man observes them, will deride, laugh to scorn, or misuse them, confining themselves therefore wholly to their private houses or chambers, fugiunt homines sine causa (saith Rhasis) & odio habent . . . they will diet themselves, feed and live alone . . . 16

Although this desire for solitude is a common symptom of melancholy in its various forms, it is especially notable in cases where black bile affects the substance of the brain and the whole body, as well as in the condition to which single women are particularly predisposed, melancholia virginum, monalium et viduarum (‘melancholy of virgins, nuns and widows’), which results in ‘much solitariness, weeping, distraction, &c.’17

Just as the melancholic passions of fear and sorrow could ‘tread in a ring’ and be both symptoms and causes of melancholy – in the latter case by affecting the spirits and humours – so being solitary, according to Burton, could itself lead to the disease.18 Here, however, he was stretching his medical sources, or at least developing their concern with the detrimental effects of physical inactivity.19 Certainly contemporary physicians warned of the dangers of idleness, which, we are told (1.2.2.6), quenches the natural heat of the body, dulls the spirits, and hinders digestion, and fills the body with ‘crudities’ and ‘obstructions’; by generating and corrupting black bile in the body, it is, in the opinion of al-Rāzī in the Comprehensive Book (the Liber continens in the medieval Latin translation), ‘the greatest cause of melancholy’.20 To similar effect, physical idleness induces potentially harmful motions in the mind, for ‘what will not fear and fantasy work in an idle body?’21

In Burton’s translation of the opinion of the Portuguese converso Elijah Montalto in his Archipathologia (1614), ‘[t]hey that are idle are
far more subject to melancholy, than such as are conversant or employed about any office or business’. This consideration of inactivity as a cause of melancholy leads Burton to its frequent accompaniment: ‘[c]ousin-german [that is, “near relative”] to Idleness’, he writes, ‘and a concomitant cause, which goes hand in hand with it, is nimia solitudo, too much solitariness’. Here the citations of learned medical authority — that of the contemporary physicians Montalto, Nicolas Le Pois and Girolamo Mercuriale — are creatively misleading, because these authors actually confine themselves to the technical category of ‘motion and rest’, without referring to solitude as causes. Nevertheless, it is not difficult to find solitude included amongst the causes of melancholy in other works of learned medicine in this period. It may not quite have been ‘the testimony of all Physicians’, then, but few would have disagreed with Burton’s argument that the solitary life was a potential cause of melancholy because of its association with physical inactivity.

Although the ‘concomitant’ causes of idleness and solitude had a physical dimension, Burton was mainly concerned with their effects on the mind. When enforced, he writes, solitariness is ‘very irksome’ and ‘most tedious’. ‘How are those women in Turkey affected’, he asks, ‘that most part of the year come not abroad; those Italian and Spanish Dames, that are mewed up like Hawks, and locked up by their jealous husbands?’ And what of the ‘misery and discontent’ of those who are imprisoned, who ‘live solitary, alone, sequestered from all company but heart-eating melancholy’? However, in accordance with the ancient medical view that it is the desire to be alone that is symptomatic of melancholy, for Burton the psychological dangers of solitude are most clearly revealed when it is voluntary. What begins as agreeable seclusion, in which the mind is permitted to engage in pleasurable contemplation and indulge itself with ‘fantastical meditations’, gradually becomes an unhealthy and compulsive distraction from the external world, rendering it powerless to resist melancholic thoughts and feelings. This is ‘melancholizing’, and Burton’s extensive description of this phenomenon shows how solitude generates the movement from pleasure to pain previously depicted in ‘The Author’s Abstract of Melancholy’:

Voluntary solitariness is that which is familiar with Melancholy, and gently brings on like a Siren, a shoeing-horn, or some Sphinx to this irrevocable gulf, a primary cause Piso calls it; most pleasant it is at first, to such as are melancholy given, to lie in bed whole days, and keep their chambers, to walk alone in some solitary Grove, betwixt Wood and Water, by a Brook-side, to meditate upon some delightsome and pleasant Subject, which shall affect them
most; *amabilis insanía* [a lovable madness], and *mentis gratissimus error* [a most agreeable delusion]: a most incomparable delight it is so to melancholize, to build castles in the air, to go smiling to themselves, acting an infinite variety of parts, which they suppose, and strongly imagine they represent, or that they see acted or done: *Blandae quidem ab initio* [agreeable indeed at the beginning], saith Lemnius, to conceive and meditate of such pleasant things, sometimes *Present, past or to come*, as Rhasis speaks.²⁷ So delightsome these toys are at first, they could spend whole days and nights without sleep, even whole years alone in such contemplations, and fantastical meditations, which are like unto dreams, and they will hardly be drawn from them, or willingly interrupt, so pleasant their vain conceits are, that they hinder their ordinary tasks and necessary business, they cannot address themselves to them, or almost to any study or employment, these fantastical and bewitching thoughts so covertly, so feelingly, so urgently, so continually set upon, creep in, insinuate, possess, overcome, distract, and detain them, they cannot I say go about their more necessary business, stave off or extricate themselves, but are ever musing, melancholizing, and carried along, as he (they say) that is led round about an Heath with a *Puck* in the night, they run earnestly on in this labyrinth of anxious and solicitous melancholy meditations, and cannot well or willingly refrain, or easily leave off, winding and unwinding themselves, as so many clocks, and still pleasing their humours, until at last the Scene is turned upon a sudden, by some bad object, and they being now habituated to such vain meditations and solitary places, can endure no company, can ruminate of nothing but harsh and distasteful subjects. Fear, sorrow, suspicion, *subrusticus pudor* [rather awkward shyness], discontent, cares, and weariness of life surprise them in a moment, and they can think of nothing else, continually suspecting, no sooner are their eyes open, but this infernal plague of Melancholy seizeth on them, and terrifies their souls, representing some dismal object to their minds, which now by no means, no labour, no persuasions they can avoid, *haeret lateri lethalis arundo* [the lethal arrow sticks in the side], they may not be rid of it, they cannot resist.²⁸

Here, then, are the workings of the melancholic mind in ‘solitary places’, inducing thoughts and meditations that are initially delightful, then become fantastical, dream-like, vain and bewitching, and finally, harsh, terrifying and dismal.
In Burton’s account, this psychological dynamic is prominent in forms of the condition that afflicted those with lifestyles or professions that were associated with seclusion – most famously, philosophers and scholars. Again, his view is built upon teachings that had been long established in medical circles. According to the influential ancient Greek physician Rufus of Ephesus (fl. c.100 CE), ‘no-one who devotes too much effort to thinking about a certain science can avoid ending up with melancholy’.29 Thus, whilst the melancholic humour was sometimes seen to be the physiological cause of extraordinary intellectual achievements, the solitary contemplative life was also viewed as intrinsically hazardous to one’s health.30 Indeed, it is no accident that the most famous formulation of the notion of melancholic ‘genius’, in the first book of the De vita libri tres (1489) of the Neoplatonist philosopher Marsilio Ficino, was presented within a medical treatise on the healthy regimen of scholars, whose physical idleness and unsociable lifestyle rendered them especially vulnerable to the melancholic disease.31 In Burton’s description of ‘overmuch study’ as the cause of melancholy, it is the ‘sedentary, solitary life’ of scholars that makes them ‘more subject to this malady than others’. Neglecting their physical and psychological health, their excessive devotion to mental activity leads them to lose their wits, ‘commonly meditating unto themselves’ in a lamentable and ridiculous fashion, the end result being that they become miserably subject to the world’s contempt.32

Solitude, demons and conscience in religious melancholy

There is also a spiritual psychology of melancholy prompted by solitude. Even as early Christian works in the contemptus mundi tradition had advocated the withdrawal from worldly disturbances and ascetic self-purification, the dangers of solitary life were the subject of sustained attention. From Evagrius of Pontus (sometimes called Evagrius ‘the Solitary’, c.345–99) to the Italian poet and scholar Francesco Petrarch (1304–74), the life of spiritual retreat and contemplation was said to be attended by a pathological shadow: the lethargic spiritual condition of acedia, the sin of sloth, which distracted the soul in solitude and was associated with demonic temptation.33 In the course of the sixteenth century, the traditional concern with acedia was absorbed and reworked in a growing body of religious literature designed to treat melancholy and despair.34 Most notably, in German Lutheran circles the individual’s experience of doubt, isolation and self-torment, which culminated in despair if the sufferer did not turn to Christ, was described as a kind of Satanic Anfechtung (spiritual ‘temptation’, ‘trial’ or
‘affliction’) – demons being attracted to the dark, melancholic humour, which was proverbially *balneum diaboli* (‘the devil’s bath’) – and was eventually identified as a spiritual form of the melancholic disease itself.\(^{35}\)

In England from the later sixteenth century onwards, these concerns were addressed in a proliferation of Protestant devotional manuals and a burgeoning literature of ‘spiritual physic’.\(^{36}\) For the authors of these works, private devotion, especially praying and reading in solitude, remained integral to the godly labour of constructing and cultivating a direct and sincere relationship with God.\(^{37}\) But they also regarded withdrawal as spiritually hazardous, since, after the example of the temptation of Christ in the desert (Mark 1: 12), being alone invited the assault of the Devil. In the popular devotional work *The Christians daily walk in holy security and peace* (1627) by the puritan Henry Scudder, a chapter titled ‘How to walk with God alone’ gives a series of admonitions to its godly readership. First, you should ‘*Affect not solitariness*; be not alone, except you have just cause, when you set yourself apart for holy duties’; second, ‘[w]hen you are alone, you must be very watchful, & stand upon your guard well armed, lest you shall fall into manifold temptations of the Devil’, for ‘*solitariness is Satans opportunity*’; third, ‘[t]ake special heed, lest when you be alone, you, yourself, conceive, devise, or plot any evil, to which your nature is then most apt’, and thereby ‘commit alone, by yourself, *contemplative wickedness*’ – a spiritual analogue of Burton’s imaginative ‘melancholizing’ – defined by Scudder as ‘feeding your fancy, and pleasing yourself, in Covetous, Adulterous, Revengeful, Ambitious, or other wicked thoughts’, acting ‘in your mind and fantasy, which either for fear, or shame, you dare not’.\(^{38}\) Finally, Scudder advises, in solitude you should avoid idleness, ensuring that ‘[w]hen you are alone . . . you ordinarily be well and fully exercised something that is *good*’, because ‘whenever Satan doth find you *idle* and out of employment in some or other of those works which God hath appointed, he will take that as an opportunity to garnish you for himself’.\(^{39}\)

The gravest threat posed by the Devil in solitude, according to these divines, was to induce atheistic despair and suicide. As the influential puritan divine William Perkins wrote in his *First part of The cases of conscience* (1604), ‘[i]f the distressed party, be much possessed with grief . . . he must not be left alone, but always attended with good company’, because ‘it is an usual practice of the Devil, to the vantage of the place & time, when a man is solitary and deprived of that help, [which] otherwise he might have in society with others . . . And in this regard, Solomon pronounces *a woe to him that is alone.*’ It is ‘when a man is in
great distress, and withal solitary’, Perkins warns, ‘that the Devil is ‘always readiest . . . to tempt him to despair, and the making away of himself’.40 Where medical physicians had written of the ways in which demons were attracted to melancholics, implanting their depraved imaginations with disturbing phantasms and driving them insane, spiritual physicians expatiated on the ways in which the Devil preyed on the idle and solitary, implanting ‘wicked thoughts’ in the ‘mind and fantasy’, and leading the believer to their own destruction.

The deep concern of English divines with the ways in which the solitary and downcast soul could be exploited by the Devil was encapsulated in works addressed to the spiritual consolation of the ‘afflicted conscience’. Traditionally theorised as the primary source of moral cognition in the soul, in Reformed theology the conscience was developed into a divinely implanted ‘judge’, or inner ‘witness’ of our sins, in the presence of God (coram Deo).41 For divines analysing and offering comfort for the pain and self-recrimination prompted by conscientious self-examination, the relationship between melancholy and despair became a matter of some urgency.42 Despite the superficial similarities between the two conditions, most saw it as a matter of importance to distinguish between them sharply, on the grounds that, whilst one was natural and physical, the other was fundamentally spiritual. According to Timothy Bright, chief physician to St Bartholomew’s Royal Hospital in London, and later the rector of two parishes in Yorkshire, those who thought melancholy and the ‘affliction of conscience’ were ‘coupled in one fellowship’ were seriously mistaken. In his Treatise of Melancholie (1586), Bright argues that melancholy arises from black bile and affects only the body and the mental faculties in the brain; the affliction of conscience, by contrast, arises from its apprehension of sin in the light of God’s Law, wrath and judgement, and strikes ‘the whole nature[,] soul and body’ together.43 Nevertheless, Bright, who is followed closely by Perkins and his many followers in the genre of conscience-literature, admits that ‘the melancholic person [is] more than any subject’ to the affliction of conscience.44 This is partly because melancholics are ‘not so apt for action’, and the Devil prays ‘upon our weakness alone’. But it is also because in their solitary contemplations melancholics are prone to linger upon potentially hazardous places in scripture, and to torture themselves by meditating ‘the doctrine of predestination . . . preposterously conceived’.45

Burton follows suit in presenting the workings of the Devil upon the solitary soul prominently in what he calls ‘religious melancholy’. In the subspecies identified as ‘religious melancholy in excess’, characterised principally by ‘superstition’, medical and spiritual concerns about
excessive thinking and *acedia* are combined. Drawing on the authority of Pieter van Foreest, the town physician of Delft who in his *Observationes* (1584) recorded several cases of theologians, priests and monks made melancholic by their unhealthy physical regimen, Burton notes that this is exacerbated by fasting: ‘*Nonnulli* (saith Peter Forestus) *ob longas inedias, studia & meditationes coelestes, de rebus sacrīs & religione semper agitant*, [some] by fasting overmuch, and divine meditations, are overcome’.46 When the body and mind had both been enervated by physical idleness, lack of nutrition and solitary thinking, therefore, they became easy prey to demonic interference: ‘fasting, contemplation, solitariness, are as it were certain rams by which the devil doth batter and work upon the strongest constitutions’. The end result is melancholic superstition, in the form of imaginative delusions: ‘[n]ever any strange illusions of devils amongst Hermits, Anchorites, never any visions, phantasms, apparitions, Enthusiasms, Prophets, any revelations, but immoderate fasting, bad diet, sickness, melancholy, solitariness, or some such things were the precedent causes, the forerunners or concomitants of them’.47

It is, however, in a subspecies of what Burton calls ‘religious melancholy in defect’ – despair – that the deleterious effects of solitude upon the soul are worked out most fully. Again, the initial cause of this condition is the diabolical exploitation of the melancholic humour. As the *balneum diaboli*, black bile is ‘a shoeing-horn, a bait to allure’ evil spirits, who induce the sufferer ‘to distrust, fear, grief, mistake, and amplify whatsoever they preposserously conceive, or falsly apprehend’. This leads to the sinful and melancholic deprivation of hope in salvation, so that ‘the heart is grieved, the conscience wounded, the mind eclipsed with black fumes arising from those perpetual terrors’.48 Moreover, although Burton notes that there is evidently ‘much difference’ between melancholy and ‘affliction of conscience’ for the reasons given by both Bright and Perkins, their underlying concern to resist the confusion of physical and spiritual disease is summarily dismissed with the qualification ‘yet melancholy alone again may be sometimes a sufficient cause of this terror of conscience’.49

This move permits the reintroduction of medical arguments and sources in Burton’s analysis of spiritual-psychological affliction. Hence, he writes, ‘[s]olitariness, much fasting, divine meditations, and contemplations of God’s judgements, most part accompany this melancholy, and are main causes’, a view confirmed by the Dutch physicians van Foreest and Lieven Lemmens (Lemnius).50 And so, Burton observes, just as solitary scholars risk their health with ‘continual meditations’ in their studies, so ‘[c]ontinual meditation of God’s judgements troubles
many’, and sets in train the downward spiral of self-reproach, self-torment and despair that characterise this form of religious melancholy. The last and greatest cause of this malady, Burton proclaims, ‘is our own conscience, sense of our sins, and God’s anger justly deserved, a guilty conscience for some foul offence formerly committed’. The conscience,

... which is a great ledger-book, wherein are written all our offences, a register to lay them up (which those Egyptians in their Hieroglyphics expressed by a mill, as well for the continuance, as for the torture of it), grinds our souls with the remembrance of some precedent sins, makes us reflect upon, accuse and condemn our own selves.

In this predicament, where the conscience becomes ‘a thousand witnesses to accuse us... to cry guilty... a Judge to condemn, still accusing, denouncing, torturing and molesting’, the melancholic mind turns on itself, evincing a pathological mode of self-relation in which one continually condemns oneself as unworthy before God, to the point of self-destruction.52

From a medical point of view, the remedies for this terrifying condition are simple. When Burton turns to the ‘Cure of Despair by Physic, good counsel, comforts, &c.’ (3.4.2.6) – the final subsection of his book, which was greatly expanded in the second edition ‘at the request of some friends’ – his recommendation from ‘Physic’ is that ‘[t]hey must not be left solitary, or to themselves, never idle, never out of company’.53 By contrast, the spiritual remedy is complex and elaborate, and is dramatised in the concluding part of the Anatomy in an extended dialogue between the author and the reader that is incorporated within the discussion of consolation.54 Here Burton stages a therapeutic encounter between a comforter and a sufferer, in which consolatory spiritual precepts drawn from contemporary conscience-literature are met by a resisting religious-melancholic mind. The conscience of the latter accuses and condemns with increasingly fantastical cruelty:

Thou art worse than a Pagan, Infidel, Jew, or Turk, for thou art an Apostate and more... thou art worse than Judas himself, or they that crucified Christ... Thou has given thy soul to the Devil... Thou never mad’st any conscience of lying, swearing, bearing false witness, murder, adultery, bribery, oppression, theft, drunkenness, idolatry, but hast ever done all duties for fear or punishment,
as they were most advantageous, and to thine own ends, and
committed all such notorious since, with an extraordinary de-
light, hating that thou shouldst love, and loving that thou shouldst hate.  

To combat the conscience’s voice of self-persecution, the consoling
author marshals testimonies and examples of divine compassion and
testimonies and examples of divine compassion and
mercy, emphasising both the universality of spiritual temptation and
the manner in which ‘evil custom, omission of holy exercises, ill com-
pany, idleness, solitary, melancholy, our depraved nature’ and the
Devil can be held properly responsible for the intrusion into the mind
of such ‘blasphemous thoughts’ and ‘wicked conceits’.  

Ultimately, though, as Burton’s book closes, it returns the reader to the perils of
withdrawal into solitude and inactivity, and it is the practical regimenal
therapy derived from the works of the physicians that is offered as the
most important remedy for the melancholic mind. ‘I can say no more’,
he writes, but ‘only take this for a corollary and conclusion, as thou
tenderest thine own welfare in this, and all other melancholy, thy good
health of body and mind, observe this short precept, give not way to sol-
itariness and idleness. Be not solitary, be not idle’.  

Conclusion

Whilst solitude had for centuries been portrayed as a beneficially pro-
ductive condition in various strands of classical philosophy and
Christian thought, providing a space of withdrawn tranquillity in which
the mind could engage in contemplation and meditation, it carried a
dark shadow in the form of melancholy. The solitary melancholic mind,
in Burton’s description, turns in on itself, and eventually against itself,
culminating in a pathological form of self-relation. ‘In morbo recolligit
se animus’, he writes, quoting Petrarch on the moral self-knowledge to
be gained from appreciation of one’s own mortality, ‘[i]n sickness the
mind reflects upon itself’. But as Burton also shows in his exploration
of the melancholic sickness, self-reflective ‘melancholizing’ in solitude
is ultimately painful and self-destructive, physically, psychologically
and spiritually.  

As we have seen, for Burton melancholic solitude was richly imbued
with meanings taken from medical, religious, philosophical and literary
sources, and indeed from some works in which the physical, psychologi-
cal and spiritual languages of melancholy and spiritual despair were
directly related and intertwined. Reading the Anatomy today, we might
wonder whether over the passage of time the gradual separation of these
languages, and the increasing specialisation of their modern descendants, puts us in a better position to think through the pathologies of solitude that now prevail.59

Notes


3 Burton, Anatomy, 14.


5 On receiving the engraving Burton was disgruntled that Le Blon had not followed his instructions to the letter (‘If’t be not as’st should be, / Blame the bad Cutter, and not me’): the bat has migrated to the depiction of zelotypia on the opposite panel.


7 The scholarship on the history of melancholy is vast, but for an excellent recent survey, see Matthew Bell, Melancholia: The Western Malady (Cambridge: Cambridge University Press, 2014).


9 Melancholic solitude has routinely featured in discussions both of the Anatomy and of the more general history of melancholy, but there has

10 For discussion of the authoritative sources, see Burton, *Anatomy*, 1.1.3.1–2, pp. 170–3; 3.2.1.2, p. 722.


13 Burton, *Anatomy*, 1.3.1.2, pp. 376–7, which records some contemporary questioning of this orthodoxy; the desire for solitude and related symptoms are explained as a by-product of fear and sorrow at 1.3.1.2, p. 386, and 1.3.3.1, pp. 408–9.


17 Burton, *Anatomy*, 1.3.2.1, p. 399; 1.3.2.3, p. 402; 1.3.2.4, p. 403.


19 In the Middle Ages, medical authors systematically incorporated ‘external’ factors in health and disease: the six categories of *res non naturales* (‘non-naturals’) – air, food and drink, sleep and waking, evacuation and repletion, motion and rest, and the passions of the mind – which influenced the constituents of the human organism (the *res naturales*), and thereby defined the scope of aetiology and intervention. See L. J. Rather, ‘The “Six Things Non Natural”: A Note on the Origins and Fate of a Doctrine and a Phrase’, *Clio Medica*, 3 (1968), 337–47.


21 Burton, *Anatomy*, 1.2.2.6, p. 242.

22 Burton, *Anatomy*, 1.2.2.6, p. 240, quoting Montalto, *Archipathologia*, IV.11, p. 254: ‘Reponitur a quibusdam inter melancholiae causas niammi otium; & re vera illud observatum a nobis est, magis esse huic affectioni obnoxios eos, qui plane otiosi sunt, quam illos, qui sese alicui peragendo munio cum moderatone applicare consueverunt’.

23 Burton, *Anatomy*, 1.2.2.6, p. 243. As Bamborough observes in the Clarendon commentary (IV, p. 287), Le Pois actually refers to ‘nimia solicitudine, moerore, & vigilijs praecedentibus’ (Nicolas Le Pois, *De
cognoscendis et curandis praecipue internis humani corporis morbis libri tres [Frankfurt: André Wechel, 1585], 171); Burton evidently misread ‘solicitudine’ for ‘solitudine’. Montalto implicitly gives solitude a causal role in his discussion of the cure of melancholy by recommending its avoidance (Archipathologia, IV.26, p. 311), but does not explicitly identify it as a cause. Girolamo Mercuriale identifies excessive leisure (‘nimium otium’) but not solitude as a cause in Medicina practica (Frankfurt: Johannes Theobald Schönwetter, 1601), I.10, p. 36. Burton refers again to the causal role of solitude in Anatomy, 1.3.1.4, pp. 395–6, and 1.3.2.4, p. 404.

24 For example in Giovanni Michele Savonarola, Practica maior (Venice: Vincenzo Valgrisi, 1560), VI.15, p. 185a, which notes that ‘nimia solitudo, tristitia, & huiusmodi’ cause the superabundance of the melancholic humour. Burton refers extensively to this work elsewhere in the Anatomy. See also al-Rāzī, Continens Rasis, fol. 8v: ‘Dico quod non invenitur peior res in hac egritudine quam esse in locis solitarijs. Et multoties vidi quod illi qui morantur soli assidue sentiunt inde nocumementum’.

25 Burton, Anatomy, 1.2.4.5, p. 339.

26 Again, this is misleading, since Le Pois is not referring to solitude here (De cognoscendis et curandis, 180).

27 References to Levinus Lemnius, De miraculis occultis naturae libri IIII (Antwerp: Guillaume Simon, 1564), fol. 86v: ‘Quisquis autem huic malo obnoxius est, acriter illi, summaque cura obsistat, atque obluctetur, nec ullo modo foveat imaginationes tacite obrepentes animo, blandas quidem initio atque amabiles, sed quae adeo invalescant, ut aegre excuti queant aut sopiri’ (‘Whoever is subject to this disease should resist and contend with it fiercely and with great care, and in no way cherish the imaginations that secretly creep into the mind, which are initially alluring and attractive, but grow so strong that they can scarcely be shaken off or quelled’); and al-Rāzī, Continens Rasis, fol. 7v: ‘premeditatio presentium: preteritorum: et futurorum’.

28 Burton, Anatomy, 1.2.2.6, pp. 244–5.

29 Rufus of Ephesus, On Melancholy, F 36, pp. 46–7. For a reworking of this view in later Arabic and medieval Latin medicine see Constantine the African, De melancholia, in Opera omnia, 2 vols (Basel: Heinrich Petri, 1536), I.280–98, at 283: ‘Rationalis [animae], sunt nimia cogitatio, ratio, memoria retinendi. Investigatio rerum incomprehensibilium, suspitio, spes, imaginatio, perfectum & imperfectum rei arbitrium. Quae omnia si profundissime, & spisse anima operetur, causa sunt quare in melancholiam illabatur.’


32 Burton, Anatomy, 1.2.3.15, pp. 299–302.


Nature and Care of the Whole Man: Francis Bacon and Some Late Renaissance Contexts’, Early Science and Medicine, 22 (2017), 130–56.

44 Bright, Treatise, 199; William Perkins, A Discourse of conscience, 86–7, and Perkins, The first part of the cases of conscience, 173–83. For Perkins as ‘the virtual inventor of [British] conscience-literature’, see Ryrie, Being Protestant, 37; and for later works of practical divinity developing his concern with melancholy and troubled conscience, see John Downam, The Christian Warfare (London: William Welby, 1612), 145–8; Nicholas Byfield, The signes, or An essay concerning the assurance of Gods love, and mans salvation (London: Jonas Man, 1614), 10–11; John Abernethy, A Christian and Heavenly Treatise: containing physicke for the soule: very necessary for all that would enjoy true soundnesse of Minde, and peace of Conscience (London: John Budge, 1615), 114–36, 347–8, 350, 365–6, 370, 376; Thomas Gataker, The joy of the just with the signes of such. A discourse tending to the comfort of the dejected and afflicted; and to the triall of sinceritie (London: Fulke Clifton, 1623), 160–1. For Bright’s direct influence, see, for instance, the unacknowledged borrowing from the Treatise (189) in Robert Bolton, Instructions for a right comforting afflicted consciences (London: Thomas Weaver, 1631), 88.

45 Bright, Treatise, 200–1, 224.


48 Burton, Anatomy, 3.4.2.2, pp. 1049–50.

49 Burton, Anatomy, 3.4.2.3, p. 1051.

50 Burton, Anatomy, 3.4.2.3, p. 1052. Burton’s immediate source for the idea that conscientious affliction can arise purely from black bile is the Enchiridion sive Manuale confessariorum et poenitentium (first Latin edition 1573), by the Spanish theologian and jurist Martín de Azpilcueta (Navarrus), which was popular amongst Catholic pastors dealing with cases of conscience. Azpilcueta may have been the (unspecified) target of Bright’s castigation of the ‘error of some’ who confused melancholy with affliction of conscience, by ‘account[ing] the cause’ of the latter to be ‘natural, melancholy, or madness’ (Treatise, 187–8).

51 Burton, Anatomy, 3.4.2.3, p. 1052.

52 Burton, Anatomy, 3.4.2.3, p. 1055.

53 Burton, Anatomy, 3.4.2.6, p. 1062. From its 3rd edition onwards, therefore, the book opened and closed ‘διαλογικῶς’. 

55 Burton, *Anatomy*, 3.4.2.6, pp. 1067–68.

56 Burton, *Anatomy*, 3.4.2.6, p. 1069.

57 Burton, *Anatomy*, 3.4.2.6, p. 1068.

58 Burton, *Anatomy*, 1.1.1.1, p. 138. This is actually an adaptation of Petrarch, *Secretum* 12.1 (‘ego per dies singulos in has cogitationes immergor precipeque noctibus, cum diurnis curis relaxatus animus se in se ipsum recolligit’), which describes mental self-reflection and meditation on death that occurs especially at night-time (Petrarca, *My Secret Book*, 25–6).


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