

The potential influence of religious conflict on the incidence of psychosomatic disorders in the 17th century. Robert Burton's *The anatomy of melancholy*

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ABSTRACT

Introduction. In the 17th century there was a growing interest in the notion of melancholy. The purpose of our study is to answer the question of whether this phenomenon could have been caused by the specific religious and political events that constitute the historical background of that period.

Development. We analysed the Robert Burton treatise *The anatomy of melancholy*, which was published in 1621, paying particular attention to the chapter "Religious melancholy," which refers to the trends and religious attitudes of that time. Due to the lack of epidemiological studies conducted in the 17th century, we applied the hermeneutic method to interpret the work. We attempt to describe the phenomenon of Burton melancholy using the language of modern medicine, and to identify the reasons for the increasing interest in melancholy in the 17th century.

Conclusions. Burton defined melancholy as a disease of the body triggered by mental disorders. He determined its causes based on Galen's concept of humours, which was prevalent in 17th century medicine. We are of the opinion that the Burtonian term "melancholy" could refer to disorders currently known as psychosomatic illnesses. An analysis of the various attitudes and religious conflicts of the 17th century described in the chapter "Religious melancholy" points to their role in the pathogenesis of melancholy. Robert Burton lived in times of religious transformation. The crisis of traditional religiosity could negatively influence individuals' lives, leading to psychosomatic disorders.

KEYWORDS

Conversion disorders, psychosomatic disorders, Robert Burton, *The Anatomy of Melancholy*

Introduction

Psychosomatic disorders belong to the group of "neurotic disorders connected with stress and somatoform disorders," assigned numbers F40-F48 in the ICD-10. Somatisation is a defence against the lack of mental balance, mainly caused by mood disorders. A specific type of illnesses of this nature are known as conversion disorders.¹ This term describes the type of

unconscious behaviour in which an individual presents somatic symptoms in situations involving the need to make a decision or face a difficult life problem.² Such a presentation is a defence mechanism, an escape from undertaking actions that require responsibility and can bring adverse and unpredictable consequences.³

The causes of these disorders may be explained by genetic predispositions, but their intensification can be the result

of individual family situations or the influence of various environmental, social, and cultural factors. Therefore, we can observe the diverse dynamics of their occurrence, which depends on the historical period, associated with specific political conflicts or imposed cultural and behavioural norms. In this context, psychosomatic disorders become a manifestation of conflict between what the individual wants to do and what he or she is allowed to do.⁴ The terms neurotic, functional, psychosomatic, conversion, dissociative, and hysterical disorders were in use at the same time and referred to the same group of illnesses. This can be explained by the wide spectrum of clinical somatic symptoms.⁵

However, the repeatability of certain phenomena is found in certain sociocultural conditions.⁶ The descriptions of diseases currently associated with conversion disorders were already known in ancient Egypt and Greece, and were called hysteria by Hippocrates.² In the fifth century BC, Hippocrates described abnormal reactions in widowed women, which manifested as dyspnoea and suffocation. He tried to explain this with the idea of the “wandering womb,” which would compress other organs (the Greek word “hysteron” means uterus). In the Middle Ages, eating disorders were described in ascetics; these were recommended as a way of life leading to salvation. In the same period, we can also find the description of collective hysteria in female congregations, which was described as “possession by the devil.”⁷ The definitive rise of psychosomatic disorders, more often referred to as hysteria, is observed in the second half of the 19th century, when they reached the magnitude of an epidemic. It was then that Jean Martin Charcot (1825-1893), by means of research in the field of psychiatry and internal medicine, founded the French Clinical Neurology School.⁷ The term “conversion disorders” was first used by Sigmund Freud, who described the transformation (or conversion) of mental conflict into somatic symptoms.² The cause of the epidemic of hysteria in the 19th century is attributed to the cultural demands of the *Belle Époque*, which were restrictive for women. This hypothesis is confirmed by a decisive decline in morbidity and in interest in this disease during the outbreak of World War I and the changing social norms. The fact of the emergence and disappearance of various forms of psychosomatic disorders in several historical periods indicates the significant role of culturally conditioned factors in the pathomechanism of these disorders. In the Renaissance, we observe increasing

interest in the problem of melancholy. Numerous works were written both by physicians and by laymen on this subject. There are many works worth mention here, such as Timothy Bright's *Treatise of melancholy* (1586), Thomas Wright's *Passions of the mind* (1601), and Thomas Adams' *Diseases of the soul: a discourse divine, moral and physical* (1616). The most interesting seems to be the 1621 treatise by Robert Burton of Oxford, *The anatomy of melancholy*; the text was very popular and was published several times during Burton's lifetime.

Sir William Osler, an excellent physician regarded as “the father of modern medicine,” mentioned *The anatomy of melancholy* in the 20th century, calling it the greatest treatise written by a layman.⁸ The purpose of our study was to determine whether Robert Burton's work concerns psychosomatic disturbances, and what influence political, cultural, and social events exerted on their aetiopathogenesis.

Development

The author and the work

This article thoroughly analyses Robert Burton's treatise *The anatomy of melancholy*, with particular attention paid to the chapter entitled “Religious melancholy.” The treatise was published in 1621 and was corrected and reissued four times, the last time being after the author's death in 1651. The author was an Anglican clergyman who worked in Oxford, where in solitude and isolation from the community, he wrote the nearly 900-page *The anatomy of melancholy*: “A mere spectator of other men's fortunes and adventures, and how they act their parts, which methinks are diversely presented unto me, as from a common theatre or scene.”⁹ He probably suffered from depression, and the book was intended to help him understand the nature of his ailment: “... to ease my mind by writing; for I had gravidum cor, foetum caput, a kind of imposthume in my head, which I was very desirous to be unladen of.”⁹ *The anatomy of melancholy* consists of three parts: the first is dedicated to the nature, symptoms, and causes of melancholy; the second discusses treatment; and the third addresses love and religious melancholy. The author does not write in the first person, hiding his personality behind the character of the philosopher Democritus Junior. The unique structure of the treatise deserves special attention: the book is composed of numerous considerations which constitute a compilation of more than 1200 quotations

from other, prominent contemporary and historical figures from science and literature.⁸

Religious melancholy

“Religious melancholy” is discussed in the third part of the treatise, as well as “love melancholy.” This is due to the fact that religion constituted a kind of love directed toward God. Burton echoed Melanchthon’s words: “We are enjoined to love God with all our heart, and all our soul: for to that end were we born, to love this object.”⁹ Contemporary attitudes towards faith were called an “infinite ocean of incredible madness and folly.”⁹ This religious chaos led to melancholy:

That it more besots and infatuates men, than any other above named whatsoever, does more harm, works more disquietness to mankind, and has more crucified the souls of mortal men (such hath been the devil’s craft) than wars, plagues, sicknesses, dearth, famine, and all the rest.⁹

Because of the lack of epidemiological studies on mental illnesses in the 17th century, we used the hermeneutic method to identify the described disorders with the use of contemporary medical terminology. We also related these disorders to historic events in Burton’s time that may have influenced the occurrence of and interest in melancholy. These issues are described in the chapter “Religious melancholy,” which refers to the religious conflicts that prevailed in the 17th century.

Humoural theory: melancholy treated as a psychosomatic disorder

Robert Burton was not a physician by profession, but his work seems to be a medical compendium or a guidebook, including the professional terminology of late-Renaissance medicine.⁸ In the 17th century, when *The anatomy of melancholy* was written, medicine was governed by humoural principles. The first outlines of humoural medicine were created in the Knidos medical school in the fourth century BC, and continued to shape medicine over the following centuries, almost until the end of the 17th century. Humoural theory was developed in the ancient school of Kos, where the most famous student was Hippocrates (460-370 BC). The medical views of Hippocrates and his students stemmed more from philosophical thought than from observation or experiment.⁷

The theory held that human body was filled with four basic substances, called humours, which were in balance when a person was healthy. Humoural theory concerned four body fluids, the regulators of vital functions: blood (*sanguis*), bile (*cholus*), black bile (*melas cholus*), and mucus (*phlegma*). The coexistence of these four liquids in certain proportions determined health or illness. Hippocrates’ theory was further developed by the eminent Roman physician Galen (130-200 AD). According to Galen, the humours that shaped the human organism were made up of the basic elements (fire, earth, air, and water), with the correct proportions of cold, warmth, humidity, and dryness. These primary elements entered the body through food processed in the stomach, then entered the blood. The functions of black bile were not precisely defined; it was probably thought to regulate the effects of the remaining hot liquids, or could have been their metabolic product.

Although the role of black bile in the body was not established, much was written about the negative effects of its excess. First of all, it disturbed the proper relationship between the soul and the body. Because the elements were under the influence of certain seasons and planets, the humorous liquids that constituted the human body and the human being himself were, according to the theory, parts of the surrounding nature and space. Galen created an eclectic theory in which medical knowledge was mixed with astrology. According to this theory, a predominance of one of the humours shaped a specific personality, the temperament of man. Melancholic tendencies were the result of an excess accumulation of black bile in the spleen. Melancholy, associated with the planet Saturn, was as dry and cold as the earth. It progressed in the autumn and in adulthood. According to the theory described above, the excess of black bile was the main cause of melancholy. The psyche and the body remained in mutual interaction and depended on each other:

Fracastorius, in his second book of intellect, calls those melancholy, whom abundance of that same depraved humour of black cholera hath so misaffected, that they become mad thence, and dote in most things, or in all, belonging to election, will, or other manifest operations of the understanding.⁹

Confusion disorders related to black bile quantity were perceived beyond the human being: “The principal agent and procurer of this mischief is the devil”⁹; “His ordinary engine by which he produceth this effect, is the

melancholy humour itself, which is balneum diaboli, the devil's bath."⁹

Burton suggests that the lack of proportion between imagination (*imaginatio*) and reason (*ratio*) leads to melancholy: "when some one principal faculty of the mind, as imagination, or reason, is corrupted, as all melancholy persons have."⁹ Regarding symptoms, he states that "Fear and sorrow are the true characters and inseparable companions of most melancholy."⁹ Sadness appeared without a definite cause and could not be explained or justified.⁹ Melancholy also affected the functioning of the body, which was given a specific appearance, and disturbed the libido and the functioning of the digestive system. Burton distinguished two basic types of melancholy: natural melancholy derived from the excess of black bile, and unnatural melancholy caused by disturbances of humours other than black bile. We may therefore come across a sanguine melancholic, who would be abnormally happy.¹⁰ In the subsection "Definition of melancholy, name, difference," the author points out that fear and sadness do not appear in all its genres, as there are some exceptions: "... for to some it is most pleasant, as to such as laugh most part; some are bold again, and free from all manner of fear and grief, as hereafter shall be declared."⁹

Religious melancholy: external causal factors

Burton divided people affected by religious melancholy into two groups: "... I will reduce them to a twofold division, according to those two extremes of excess and defect, impiety and superstition, idolatry and atheism."⁹ The first group consisted of the pagans, Muslims, Jews, heretics, schismatics, and prophets "with those rude idiots, and infinite swarms of people that are seduced by them."⁹ Superstition became their way of interpreting faith, and intimidated followers. Burton attributed superstition not only to non-Christian beliefs but also to some Christian religions, calling it "religion's ape, religion's bastard, religion's shadow, false glass."⁹ Its formation was attributed to the actions of the devil, whose agents were thought to be politicians, priests, heretics, statesmen: "... they make religion mere policy, a cloak, a human invention."⁹ This was the method to obtain control of societies: "The fear of some divine and supreme powers, keeps men in obedience, makes the people do their duties: they play upon their consciences; which was practised of old in Egypt by their priests."⁹ The intercessors came up with a variety of penalties, but also

indulgences for having committed different offenses or sins to induce fear and horror. In order to manipulate the people, false tales of miracles are used, and natural phenomena were attributed supernatural causes. They are explained by divine punishment. Superstition led to melancholy: "If you shall at any time see (saith Guianerius) a religious person over-superstitious, too solitary, or much given to fasting, that man will certainly be melancholy, thou mayst boldly say it, he will be so."⁹ The symptom of superstition was the fear of sin, which led to condemnation, as well as hatred of the followers of other beliefs: "... no greater discord than that which proceeds from religion."⁹

The second group of religious melancholics were those of little or no faith:

In that other extreme or defect of this love of God, knowledge, faith, fear, hope, &c. are such as err both in doctrine and manners, Sadducees, Herodians, libertines, politicians: all manner of atheists, epicures, infidels, that are secure, in a reprobate sense, fear not God at all, and such are too distrustful and timorous, as desperate persons be."⁹

He quotes the words of Melanchthon, who "calls it monstrosam melancholiam, monstrous melancholy; or venenatam melancholiam, poisoned melancholy."⁹ The lack of faith of the "infidels" explained the fact that misery affected both zealous believers and non-believers: "Are these signs and works of God's providence, to let one man be deaf, another dumb? A poor honest fellow lives in disgrace, woe and want, wretched he is; when as a wicked caitiff abounds in superfluity of wealth, keeps whores, parasites, and what he will himself."⁹ So they considered "all religion a fiction, opposite to reason and philosophy."⁹ Such sceptical thought affected many people, but man was not competent to embrace the mind and Supreme Being of God: "We call things changeable that are beside reason and expectation."⁹ Burton strongly condemned atheism and derided ancient pagan religions, Islam, and Judaism. As a clergyman of the Anglican Church, he was extremely critical of the Catholic Church, which he accused of maintaining superstitious beliefs out of greed and desire for profit. He supported Protestantism, often quoting Luther and Melanchthon. Nevertheless, he criticised overzealous pastors:

But the greatest harm of all proceeds from those thundering ministers, a most frequent cause they are of this malady: 'and do more harm in the church' (saith Erasmus) 'than they that flatter; great danger on both sides, the one lulls them asleep in carnal security, the other drives them to despair.'⁹

The Protestant doctrine of predestination spoke for melancholy.¹⁷ Only God knew why we were created and how our lives would develop: towards either eternity or condemnation. Therefore, we lived blindly, in constant uncertainty about our future salvation.

Historical events and social background of Robert Burton's times

Since the 12th century, there had been growing criticism of the Catholic church, calling for its renewal. In the 14th and 15th centuries, there was great corruption in the church.⁴ This was also the period of the appearance of an alternative religious movement: the Hussites, the false prophets. In 1517, Martin Luther nailed his theses to the door of the All Saints' Church in Wittenberg. In 1534, Henry VIII Tudor announced the independence of the Church of England from Rome, making himself the head of the Anglican Church. The Reformation was spreading across Europe, and the Catholic Church responded with the Counter-Reformation after the Council of Trent (1545-1563). The internal reform was to be accompanied by the restoration by absolute inquisition of the papacy's former influence. Religious intolerance was the rule at that time.¹² In 1618, the Thirty Years' War began; under the slogan of protecting religious freedom, this would be the struggle of states for the primacy of power in Europe, causing at the same time the desolation of lands and huge human loss. Religious disputes and the fight between Catholics and Protestants for spiritual leadership also took place in England.¹³

Conclusions

Melancholy is usually associated with a mild form of depressive disorder dominated by feelings of sadness and resignation. One should remember that the distinction of psychiatry and neurology as separate medical specialties occurred only at the turn of the 19th and 20th century.⁷ It was at this time that attempts were made to systematise diseases and their treatment.⁷ In earlier centuries, mental illnesses were divided into the manic and the melancholic. These were the major concepts including different categories of disorders. Therefore, a better understanding of Burton's melancholy should be closer to psychosomatic disorders than depressive disorders. This hypothesis is justified by the discussion over the mutual influence between soul and body, which Burton presents in the introduction to the work. Specific types of cases can be associated not only with depression, but also

with manic disorders or conversion disorders. A good example is described in the chapter "Hypochondriacal melancholy."⁹

The definition of Burton's melancholy is based on the premises of the humoural theory of medicine which was valid in antiquity and the Middle Ages. The conception of melancholy as an evil activity derives from the Middle Ages. The origin of diseases was then attributed to divine punishment or possession by the devil. Nevertheless, *The anatomy of melancholy* is characterised by a rational attempt to define and classify the symptoms and causes of melancholy, as found in later generations, bringing it closer to modern medicine textbooks. In 1628, William Harvey published a description of the circulatory system. This opens up a new stage in medicine, suggesting experimental research as the basis for acquiring medical knowledge.⁷

The interest in the mental state referred to as melancholy had already appeared in earlier centuries. According to Aristotle (384-322 BC), and later Marsilio Ficino (1433-1499), melancholic tendencies were characteristic of brilliant personalities with particular artistic predispositions.^{8,11,14} Burton's opinion of melancholy in *Anatomy* is different than that of Ficino, who considers it as a gift for chosen individuals. Burton was of the opinion that melancholy was more or less connected with the life of every individual, but being destructive, required treatment. However, *The anatomy of melancholy* is still considered to be an expression of acceptance of melancholy as a common occurrence.¹⁵ The 17th-century English physician Richard Napier identified melancholy as a madness which could be observed among 20% of his patients.⁸ Thomas Sydenham (1624-1689) was of the opinion that one-sixth of all physicians' cases were hysterics.¹⁶ But in the eighteenth century, social attitudes towards mental disorders changed. Aetiological factors were no longer associated with supernatural, astrological forces, which resulted in the introduction of pharmacological treatment or isolation of mentally disturbed patients.⁸

The chapter entitled "Religious melancholy" presents different attitudes towards religions that can lead to disorders defined as melancholy. The author himself believed that in his day he could observe an epidemic of melancholy. Therefore, *The anatomy of melancholy* can be treated as an answer to the anxieties of the 17th century.¹⁰ Burton's times were described as an era of

turbulent religious conflict that made individuals declare their attitudes towards faith and require declarations of specific affiliation and manifestation. This caused many people to remain in conflict between their beliefs and the outlines of existing religions. In Burton's time people were not expected to show deep exploration and discussion in the sphere of faith, but rather quick, unequivocal declarations. It seems that "Religious Melancholy" justifies Michel Foucault's theory that the image of illness is conditioned by external, natural, cultural, and political factors. Diseases are not timeless categories, and the search for modern disease entities in the descriptions of past diseases is a mistake of ahistoricism.¹⁸ *The anatomy of melancholy* is a unique masterpiece in English literature. It is an encyclopaedia, a medical compendium, a guidebook, and a collection of quotations, but also has unique artistic qualities. Writing the treatise was a form of therapy for the author; reading it also constitutes a form of therapy today.

Conflicts of interest

The authors have no conflicts of interest to declare.

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