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[Aller au sommaire du numéro](#)

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Lund, Mary Ann.

Melancholy, Medicine and Religion in Early Modern England: Reading The Anatomy of Melancholy.

New York: Cambridge University Press, 2010. Pp. xii, 223. ISBN 978-0-521-19050-3 (hardcover) \$95.

Early modern ethical inquiry revives ancient relationships between vivid description and emotion, distemper and the imagination, rhetoric and cure. The *locus classicus*, absent from recent scholarship, is book ten of the *Republic*, in which Plato explores the promises and perils of imitation and passion, his views predicated on a treatment of grief (*lupê*, pain of body or mind). Will a reasonable man who suffers “feel no pain at all, or, since that is impossible, shall we say that he will in some sort be moderate in his grief [*lupên*]?” Moderating grief depends on reason, while “bare feeling itself” is an impediment to the *metriopatheia* that law and custom ‘persuade.’ Pain, *lupê*, forecloses deliberation, prevents cure: thus the soul should habituated “to devote itself at once to curing the hurt... banishing threnody with therapy” (603e–604e). Turning threnody into therapy is part of an orator’s vocation: in Cicero’s rendition, eloquence “is our instrument for... consoling the afflicted and assuaging the fears of the terrified, for curbing passion and quenching appetite and anger” (*De natura deorum*, 2.59). Here, in sharp relief, is the same ensemble of concerns that funds Burton’s imposing *cento*: emotion and treatment, regimen and rectitude, consolation and modes of cure.

For Mary Ann Lund, Burton offers and embraces “curative reading” as a panacea for various forms of melancholy, including his own. *Melancholy, Medicine, and Religion in Early Modern England: Reading The Anatomy of Melancholy* is very rich, attuned to the subtleties of Burton’s thought, attentive to his formidable dexterity as a *prosateur*, replete with fine ‘local’ readings as well as trenchant claims about the *Anatomy*’s overall purpose and context. It is a rewarding book.

Chapter 1 argues the *Anatomy* is a ‘gilded pill,’ designed to cure its multiple addressees. Burton’s remedial purpose is evidenced in multiple paratexts, all meant to shape, but not constrain, the book’s reception. In chapter 2, Lund makes a case for treating Burton’s style in concert with his theology: against dour depravity and double predestination, he emphasizes belief as the foundation for salvation, the relative freedom of the will, and “subtly modifies his text

to make it more positive and inclusive, motivating the reader to hope..." (65). Burton's style expresses his ecumenicity; his "refusal to particularise his reader and his pastoral concerns are intimately linked" (70). If style can be lenitive, texts might heal: in chapter 3, the *Anatomy* is treated as a "meeting point" for vernacular and Latin medical traditions, a text indebted to "major continental physicians" but meant for lay readers — whom he advises about regimen and "the therapeutic pleasures of reading."

In chapter 4, Lund argues that the relationship between medical and spiritual healing provides an answer to recent critical charges that the *Anatomy* is self-consuming, that it merely revels, satirically, in its own roiling contradictions. Rather, mooring style to his "therapeutic aim," offering "balanced phrases" devoted to "the moderation of the right mind," Burton endeavours to cure his readers as he cures himself. That Burton details his own suffering Lund takes as establishing "ministerial authority" in chapter 5, in which she offers an enlivening reading of early modern representations of Democritus as well as a spirited interpretation of human agency in relation to illness (are we to blame for our distemper?). Throughout, Burton is ever the moderate, relying, for example, on Melancthon for conceptions of the will's cooperation with grace in processes of conversion. In chapter 6, Lund acquaints us with the *Anatomy's* "Protestant rhetorical structures," which operate as ways of rescuing human agency from the maw of strict Calvinism.

Lund's closely argued monograph offers a new and engaging view of Burton as a textual healer who envisions his work as a charm that banishes melancholy. But her conclusion — that, while it occasionally courts danger, reading is a "therapeutic act which can benefit people of all ages and conditions" — rests entirely on internal evidence. She admits that she found "no trace... of readers who used the work to help treat their own or others' melancholy... or who found reading it a therapeutic process."

Lund's argument suffers, I think, because she largely ignores Burton's strong humanist inquiry: not only does Burton find his place within an ancient consolatory tradition revived by Petrarch (see George W. McClure's masterful *Sorrow and Consolation in Italian Humanism*), he tests, over and again, its central claims. Drawing on this tradition, like other humanists Burton suggests four main responses to prolonged emotional distress: counsel might be sought from a trusted friend or advisor; one passion might be used to 'master' another; diversion might assuage or occlude immoderate feeling; or reason, prudence, or

meditation might inure one against such turbulence. While a Stoic sage might be exempt from inordinate feeling, the other three responses were available to the intermittently wise. As forms of discipline and therapy, mollification and redress, these techniques were widely employed by physicians and rhetoricians, theologians and philosophers all over Europe.

But did they work? Already deep into the *Anatomy*, Burton, quoting Galen, contends that many “have been cured by good counsel and persuasion alone... a gentle speech is the true cure of a wounded soul.” What follows is a long list of citations substantiating the therapeutic value of discourse, including posting and reading letters. When such remedies fail, one should “drive out one passion with another,” terrify, even whip, a patient, or use a “feigned lie,” “artificial invention,” and deceit in order to heal. Here (and elsewhere) Burton tries his readers’ guile, interrogating their uneven attention, their incredulity. Although she does not make this argument, perhaps this is why Lund suggests, repeatedly, that Burton is “unique” or “unparalleled”: he probes and compares some of the central tenets of humanist thought about counsel and intervention, about immediate rhetorical effect.

Finally, Lund sometimes fails to see Burton’s rhetorical sophistication. She notes “rhetorical value” occasionally but is rather insensitive to the figures and techniques of rhetoric itself. For example, his ‘ministerial authority’ in chapter 5 is, in part, a shrewd adaptation of the ancient stricture that orators ought to embody the emotions they seek to convey. In chapter 3, too, Lund argues that Burton ‘conjures’ various experiences as present without mentioning *enargeia*, the ‘vividness,’ the ‘bringing-before-the-eyes,’ that any early modern schoolboy would recognize in the passage she interprets. And statements like “[h]is rhetoric reveals itself over... the whole book, to bring home to the reader certain ideas about melancholy” do very little to advance her argument.

Despite these shortcomings, *Melancholy, Medicine, and Religion in Early Modern England* is a sure, articulate, *lisible* book, and adds much to our understanding of the ways in which Burton envisioned and anticipated his variegated, even distressed, readership.

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