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## Is melancholy contagious? Interplays between the medieval notions of melancholy and lovesickness\*\*

**Abstract:** During the Latin Middle Ages, the melancholic state was described as a complex phenomenon that had both external and internal causes. Implying a set of concepts from the domains of natural philosophy, medicine, astronomy and even theology, it was seen as an affection of both the body and soul of the human being. Often enough, the main framework for explaining the affection of melancholy was confined to an internal system of corporal humoral imbalances, in which the black bile played the central role. Accordingly, the transmission of melancholy understood as illness from one individual to another, or its contagiousness, was almost an undiscussed problem. However, at the foundation of the modern concept of contagiousness lays the medieval concept of action and contact used in the etiological descriptions of different medieval illnesses. Melancholy (*melancholia*) and especially lovesickness (*amor heroes*), were two paralleling affections, often overlapping, which sometimes addressed the problem of their causes and manifestation in those terms. Focusing mainly on Constantinus Africanus' *Viaticum* and on Avicenna's *Canon of medicine*, this paper proposes to explore the conceptual interplay between melancholy and lovesickness, in order to establish the degree in which melancholy, through lovesickness, can be considered a contagious disease.

**Keywords:** melancholy, lovesickness, contagion, *amor heroes*, *melancholia*, Avicenna, Constantinus Africanus

### Introduction. The contagion problem

The concept of contagion has been in the focus of many studies which tried to explain its evolution throughout different stages of its

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historical unfolding<sup>1</sup>. In the traditional narrative, we can identify two different aspects that are often weaved together.

On the one hand, there are the historical realities of different illnesses and epidemics, that, at least since antiquity, made contagion, that is, the transmission of a disease from one entity to another, an observable phenomenon. We may think that the everyday encounters with the reality of the diseases, both human and animal, made people consider the transmissibility of an affection as a given, especially in the cases where a group or community spread was manifest. Throughout the time, different historical witnesses did not fail to record the manifestation of a disease within a group as a contagion and thus stress the danger of the proximity with a sick individual.<sup>2</sup>

On the other hand, however, attention must be paid to the theoretical framework employed in the explanations of contagion. A historical recording about a contagious disease, for example, plague or leprosy, may not necessarily include a theoretical explanation regarding why the spread may be considered as a contagion in virtue of its mechanics of transmission. Moreover, where the mechanics of transmission are hinted or offered by the ancient or medieval sources, they may substantially differ from those that pertain to our modern understanding of the contagion. In fact, our understanding of contagion is tributary to the 19<sup>th</sup> century findings in the science of bacteriology. As a number of important historians of sciences are pointing out<sup>3</sup>, with the discovery of bacteria by Pasteur and Koch, a shift took place regarding the ontology of the disease. Since the cause of a disease is now explainable through the existence of microorganisms, the disease becomes an external, independent and transmissible entity.

The ancient and medieval authors did not have at their disposal such an explanation that can render contagion as implying a transmission of a disease from one individual to another. Based on the Galenic theory of humors, the ancient and medieval medical explanations considered a disease as being the product of the internal corporal imbalance of the four humors: blood, phlegm, yellow bile or black bile. Thus, the conceptual framework of the humoral theory did not allow a commitment towards the existence of a disease as an external and independent entity. As many suggest, there is no clear distinction between "a disease entity and the individual carrying it" (Wujastyk, Conrad 2017, XIV, 188-189), since every disease is the product of an internal change. Although we can talk about external causes and influences, be they natural or supernatural, the external factor can only influence the internal system of bodily humors in order to cause an illness from within and not transmit it directly. Accordingly, the patient does not receive an external entity as a disease but as an influence that causes a

humoral imbalance. Ultimately, this influence is considered the cause of the disease. It is within this particular system that contagion was understood in medieval times.

The evolution of the terminology used to explain the contagion phenomena is also tributary to the humoral theory framework. Being formed from the prefix *con* (together) and the verb *tango, tangere* (to touch), the Latin word *contagio* or *contagium* expresses, at a first look, the act of being in touch, the notion of contact or contiguity. It was often used to explain how an influence can be transmitted through contact, mediated or not. One of the most cited sources for this acceptance is Isidore of Seville's *Libri Etymologiarum*, where contagion is directly linked to touching: "contagion (*contagium*) is from 'touching' (*contingere*), because it contaminates anyone it touches" (Barney, Lewis, Berghof 2006, 110)<sup>4</sup>. However, this acceptance does not make direct reference to the transfer of disease through physical touching. What Nutton points out in his historical inquiry on the concept of contagion, is that there is no transmission of a disease but a passing of "an emanation, an effluxion, a breath, a poison, a putrid effusion, an excrement, or a miasma" (Conrad, Wujastyk 2017, 151). What is transmitted is not a disease but an influence that impacts the internal equilibrium of a body and develops an illness from within. Theoretically speaking, this transmission took place in different ways. The contact or the physical proximity with a sick individual or its bodily products, the putrid or corrupted air used in the miasm theory and the transmission of influence through the gaze of an individual within the fascination or evil eye theory, were all theoretic models explaining the action of contagion (Conrad, Wujastyk 2017, 151-152). However, in the light of those remarks and before qualifying the concept of contagion in any specific sense, it must be noted that often it had almost a metaphorical meaning. As it will be shown, *contagium* refers generally to the transmission of an influence from the exterior to the interior of the body, and after the influence affects the humoral balance, it refers to "the progression within the body of some illness that had originated there" (Conrad, Wujastyk 2017, XI).

Since for the Middle Ages' medical considerations a disease was the product of a quantitatively and qualitatively humoral change, due to internal or external causes, in the etiological descriptions of the various affections, a great emphasis was put on the four humors. While blood, phlegm and yellow bile played an important role in the explanations of various diseases, the most interesting and intriguing pathologies are those generated by melancholy or black bile.

*Melancholia* is firstly one of the four humors, but when it accumulates in great amounts inside the body or when it suffers a qualitative change due to mixture with other humors or due to burning, it causes a

variety of affection, from small skin conditions to cancer or even leprosy. Most importantly, it affects both the spirit and the brain causing the disease properly called ‘*melancholia*’. Melancholy is usually described as a state of fear (*timor*), trembling (*tremor*), love for solitude (*dilectio solitudinis*) and sadness (*tristitia*) and comes with the corruption of estimative and rational faculties, resulting, depending on its types, in distortions of reality<sup>5</sup>. Understood as such, melancholy, more than other pathologic affections is confined to an internal mechanism of causation in which the concept of contagion understood as a transmission of a disease from one individual to other, plays almost no role. Despite the fact that the melancholic complexion of the body can be generated to a certain extent due to astral, environmental, hereditary, nutritional and habitual factors, melancholy is still conceived within an enclosed system of causation. However, in certain types of affections or illnesses that etiologically run in parallel with melancholy, the external influence and causation play a more prominent role. This is the case of *amor heroes* or lovesickness. Being considered a melancholic suffering or a disease that can develop into melancholy, it is an affection of the brain which causes the fixation of the mind on an external form, due to an act of, what we could call ‘idealization’, or faulty perception and cogitation of an image, which generates intense carnal desire<sup>6</sup>. Understood as such, in the theoretical interplay between melancholy and lovesickness, the problem of contagion can be addressed more pertinently.

The present paper proposes to explore the relation between melancholy and lovesickness in some relevant passages of the medical and philosophical tradition of the Middle Ages, in order to offer and account for the contagiousness of melancholic love.

In the first part, the work will explore some historical and theoretical aspects of the pathologies of melancholy and lovesickness.

The second part will establish the degree to which melancholy, through lovesickness, can be considered as having a contagious aspect through the works of Avicenna and Constantinus Africanus.

### **Melancholy and lovesickness**

The theoretical framework of the disease of melancholy can be tracked through a corpus of heterogeneous medical and philosophical works. Starting with works as *On the nature of man*, and *Airs, waters, places* of the Hippocratic Corpus, μέλαινα χολή is set, probably for the first time, as a cold and dry natural humor and associated with the stages of life and the natural cycle of seasons (Jouanna 2012, 228-231). In *Epidemics* and *Aphorisms*, it is described as a state connected with epilepsy, fear, sadness and madness. Starting from the Hippocratic Corpus, the triangle humor -

illness - temperaments began gradually and slowly to gain consistency (Jouanna 2012, 230-238). Then, Ps. Aristotle's *Problemata physica* – probably a summarized version of Theophrastus' *Peri melancholias* (van der Eijk 2005, 139) – highlighted the psychological character of melancholics and connected the illness with intellectual outstanding virtues. Moreover, through its examples, the ambivalent type of melancholy, hot and cold, and the understanding of the melancholic temperament as one of excellence, it introduces what we can call the type of heroic melancholic. The Hippocratic treatment of melancholy was continued through a series of works written by, for example, Aretaeus of Cappadocia, Rufus of Ephesus (1<sup>st</sup> century AD), Galen (2<sup>nd</sup> century AD), Oribasius (4<sup>th</sup> century), Paul of Aegina (7<sup>th</sup> century) and a number of texts which marked the partial assimilation of ancient medical learning from Greek to Latin<sup>7</sup>. Often enough, treatises dedicated solely to the problem of melancholy circulated independently<sup>8</sup>. However, inasmuch as the medieval treatment of melancholy is concerned, a turning point is marked in the 11<sup>th</sup> century medical school of Salerno, where the assimilation of Arabic medicine through Latin translations has started. One of the most important figures is Constantinus Africanus. His translations and adaptations contributed to a great extent to the rediscovery of melancholy. His translation of *Pantegni* (a work written by Haly Abbas), *Viaticum* (written by al-Jazzâr) and *De melancholia* (composed by Ishâq ibn 'Imrân) made possible the early assimilation of Arabic medicine<sup>9</sup>. To those works will be added, almost a century later, Avicenna's *Canon of Medicine*, translated by Gerard of Cremona. It is within this corpus of medical works, which stands at the foundation of the medieval understanding of melancholy, that notions of pathologic love were developed and transmitted.

In fact, more or less recent literature tried to offer a historiography of lovesickness or *amor heroes*<sup>10</sup>. While the classical Hippocratic corpus does not contain any direct treatment of what we call 'lovesickness', according to McNamara, outside this tradition, in the Ancient Greek literature, we can speak about "a disease metaphor"; Sappho, Aristophanes, Euripides, Sophocles and many more, offer through their protagonists instances of a disease caused by frustrated love and manifested among other physical and psychological symptoms by sadness, lust and maniacal behavior (McNamara 2008, 309-311). Inasmuch as the famous *Problemata* 30 is concerned, we can find no actual discussion of something similar to lovesickness. However, in its long analogy between the effects of wine and those of melancholy, especially that caused by hot black bile, lust, intense excitability and sexual desire are attributed to melancholics<sup>11</sup>.

Although the Post-Hippocratic tradition did not offer a systematic treatment of the disease of *eros*, it certainly managed to highlight the

parallelism between the symptomology of love and melancholy. As Toohey and others point out, the same Aretaeus, Galen, Oribasius, Caelius Aurelianus, and Paul of Aegina described the unrequited or frustrated love through the symptomology of melancholy: sadness, insomnia, relentlessness, weakening of the body and despondency (Toohey 1992, 267-269; Battista 2011, 249-250). However, one of the big differences between melancholy and the affection of love in their works, is that the first is primarily caused by a humoral imbalance, thus by an internal cause, while the second seems to have an external one, namely the separation between the lover and the object of its love (Altbauer-Rudnik 2012, 97). It is this particular aspect that will manifest itself in the medieval period and that will allow us to address the problem of contagion. However, it is not until the episode of translations into Latin of the medieval works from what can be called ‘the Arab tradition’, that lovesickness will gain a proper place and treatment in the classification of diseases. In fact, the writings of Al-Rāzī (Kitāb-al-hāwī - *Liber continens*), Al-Jazzar (Zād al-musāfir wa-qūt al-ḥādir – *Viaticum*) and Avicenna (Qānūn fi l-Ṭibb - *Canon medicinae*) are some of the works that properly introduced the notion of lovesickness in the register of medical illnesses in connection to melancholy. Individual chapters are dedicated to this problem, and ultimately, in the medieval tradition it begets, whole treatises<sup>12</sup> will be written to what will be called ‘*amor heroes*’, a concept linked in the later tradition with the courtly love<sup>13</sup>.

Parallels between the two natures of melancholy – depressive, corresponding to cold melancholy, and maniacal, corresponding to hot melancholy – are replicated in the malady of love. In fact, even without properly discussing the illness of *eros*, the melancholic state implies in its symptomology deviant sexual desires and conducts, especially in the case of burned melancholy and its maniacal resulted behavior. This is the case of Hildegard’s description of melancholic men and their sexual manifestations, in *Cause et cure*. Since their marrow is burning very hard, they are ruthless with women, they lack moderation and behave like animals: vipers, wolves, lions, bears and donkeys. They are void of any love or affection and their only purpose is their sexual satisfaction, which, if not obtained, they become insane. They despise women so much and are so vicious in their sexual frenzy that they could murder them in their carnal interaction<sup>14</sup>. This text written in the middle of 12<sup>th</sup> century, manages to explain clearly how the humor of melancholy with its associated pathology can influence the mechanics of desire. However, the first sources for the disease of lovesickness have appeared earlier, in the translations of Constantin the African. In what follows we will discuss the notion of lovesickness as addressed in *Viaticum* and the *Canon medicinae*.

## Lovesickness in *Viaticum* and *Canon of medicine*

In *Viaticum* I.20, lovesickness is treated under the chapter “*De amore qui et eros dicitur* -On love which is also called eros”. The manuscript tradition and the tradition of glosses on this chapter, as documented by Wack<sup>15</sup>, the editor and translator of this excerpt, show us how the term of *eros* mutated gradually through the interventions of Afflacijs, Gerardus Bituricensis, Egidius, Peter of Spain and Bona Fortuna, in *heros* and *heroes*. This change in terminology added a new level of meaning, since, it makes reference to the heroic or noble character of the condition or patient, to the heroic love or lover (Wack 1990, 46-47; 51-52;)<sup>16</sup>.

From the first line of the chapter, we can observe a vocabulary use that makes us consider the idea of contagion: “*Amor qui et eros dicitur morbus est cerebro contiguus* - The love that is also called "eros" is a disease touching the brain” (Wack 1990, 186, l. 2; 187). The notion of contiguousness or contact is present here to describe the fact that the brain is the primary affected organ of the illness. This affection is described as resulting in an intense carnal desire (*nimia concupiscentia*) and affliction of thoughts (*afflictio cogitationum*) (Wack 1990, 186, l. 3-4)<sup>17</sup>. The way in which the contact between the illness and the brain could be conceived can be explained through the causes of this illness.

Constantin identifies two causes for the illness of *eros*. On the one hand, there is an internal cause confined to the internal mechanics of humors. When a humoral imbalance takes place, such that an excess of humor is formed inside the body, there appears the natural need to expel it (Wack 1990, 188, l. 9-10, 189)<sup>18</sup>. Here our author cites Rufus of Ephesus and makes direct reference to the excess of black bile (*colera nigra*) and frenzy (*mania*) which can be evacuated through intercourse (Wack 1990, 188, 189)<sup>19</sup>. On the other hand, there can be an external cause for *eros*, namely, an external object which generates in the mind of the patient intensive thoughts and desires. *Viaticum* does not enter in great details about this fact. It only tells us that the cause of this external affection is the gaze or contemplation (*consideratio*) of beauty<sup>20</sup>. This beauty is expressed by Constantinus almost in a pleonastic manner as *pulchra formositas*, possibly referring to the beautiful appearance of something or someone. The idea of beautiful appearance or beautiful form is expressed a line later when lovesickness gets maniacal inflections. If the patient’s soul observes a form similar to its object of desire, it becomes mad (*insanit*) in order to obtain the pleasure stirred by that form. Although no contagion vocabulary is used here, it expresses pertinently the idea of thought contamination made by a form through the mediation of vision.

The most dangerous aspect of lovesickness is the excessive thought activity and the worries regarding the possession of their object of desire. This labor of the soul with physical bodily manifestations – hollow and agitated eyes, intense and irregular pulse and yellow skin color – can make the sufferers sink progressively into their thoughts (*in cogitationibus profundatur*), such that both the soul and the body become corrupted (Wack 1990, 188, l. 25-28). In fact, if the thoughts of the erotic lovers (*eriosis*) are not cured, they fall into melancholy (Wack 1990, 188, l. 28-30)<sup>21</sup>. Thus, melancholy is seen as the last stage of the progression of lovesickness. To avoid this end, wine, music, poetry, sleep, baths, good smelling and bright environments and good company are prescribed. The last point is also important for the idea of thought-contagion. If lovesickness can be generated by an external factor, a beautiful form, which is then thought intensively and takes over the desire and mind of the subject, thus contaminating it, the cure for lovesickness and, accordingly, the mind decontamination, can take place through the same external schema. Social interactions with friends or acquaintances outstanding in beauty, knowledge and customs, are pointed out two times, lines 35 and 56-61, and are ultimately considered the most potent (*perfectissimum*) treatment. Talking with others in pleasant surroundings about different subjects makes the erotic lover to take his mind off his unique thought, his object of desire, and suffer a shift in interest. This decontamination through a third party can be conceived as the reverse of thought-contagion and can be understood as a proto version of therapy through social interactions. In this way, the old question put in *Problemata* VII. 4, the section dedicated to sympathetic action, “Why is it that those who come into contact with certain diseases become affected by them, but no one ever becomes healthy through contact with health?” (Ps. Aristotle 1971, 886b4) can have a different response. Through the importance of social interaction in the treatment of lovesickness, one can become healthy due to the contact with the healthy thoughts of others.

When we speak about the Arabic concept of lovesickness, the word put usually to use in their medical texts is *'ishq*. As Wack and Couliano point out, this term signifies in Islamic culture divine love and is connected especially with the Sufi mysticism and the idea of a Platonic overlap between the desire for sensory and intelligible beauty (Couliano 1987, 21-22; Wack 1990, 37). However, as the former author concludes, the concept of *'ishq* may have penetrated the European Latin culture through Italy, through the translations of Constantinus Africanus, and Spain, due to works of Andalusian poetry. The later region of assimilation was later consolidated through the translation of the *Canon of medicine* made by Gerard of Cremona (Wack 1990, 38-39).

Concerning the Latin versions of the *Canon of medicine* and *Liber continens*, we can see that for the Arabic term *'ishq* the word *eros* is not properly used. In Avicenna's work, in the third book, treatise four, after discussing melancholy and what it seems to be a specific type of melancholic affliction, lycanthropy (*De cutubut*), lovesickness is considered under the chapter *De ilisci*. However, the work of Razi seems to connect the illness of lycanthropy with that of lovesickness under the title *De coturub vel heroes*, in the ninth chapter of the first book, dedicated to the diseases of nerves and head<sup>22</sup>. As we will see, between lovesickness, melancholy, and its advanced stage lycanthropy we can find a series of connections.

From the first lines of *De ilisci*, lovesickness is defined as a type of melancholy or as a disease similar to melancholy: "Hec egritudo est sollicitudo melancolica similis melancolie - This disease is a melancholic worry similar to melancholy" (Avicenna 1507, III, 4, 24, 190va, l. 1-3). The explanation of the cause for this illness takes us again to the idea of a thought-contagion process caused by an external object, usually a person. The beauty of a form, image or shape causes the stimulation of thoughts, and along with them comes the unfulfilled desire of possessing the object in question<sup>23</sup>. Being a type of melancholy, lovesickness parallels it to certain degrees in symptomology and treatment. However, the melancholic lover seems to suffer from an alteration of states and psychological instability depending on the emotional actualization of the desired object: "And his breathing is often cut off and changed and many uplifts take place and his mood changes to laughter and joy and to sadness and crying when he hears love songs and especially when he reminds himself of rejection or parting" (Avicenna 1507, 190va, l. 12-17)<sup>24</sup>.

Besides desperation, sadness, tiredness due to lack of sleeping, the deepening of the eyes and their drying and lack of tears or, on the contrary, the great size of the eyes and eyelids due to excessive weeping, it is especially the mood swinging and the pulse variation that are indicators for the affliction of love. In fact, these two elements, disposition and pulse, which variate according to the degree to which the beloved object is present in the mind or in front of the lover, are used in a sort of clever medical trickery (*ingenium*), in order to establish the particular object of desire. Although it is already considered a common knowledge shared in the medical textbooks since antiquity, Avicenna explains how a high increase of the pulse and the abrupt mood swing of the patient while uttering the name of the beloved person, can help in identifying it. After the name was established through a series of repeated enumerations, the exact identity can be discovered by repeating the same procedure regarding the place where he/she lives, appearance and other accidental features (Avicenna 1507, 190va, l. 23-41)<sup>25</sup>. The identification of the beloved person is important

since the first proper treatment for the illness is intercourse according to the way permitted by law and faith: “Amplius cum non invenitur cura nisi regimen coniunctionis inter eos secundum modum permissionis fidei et legis fiat” (Avicenna 1507, 190va, 41-43).

At this point, for Avicenna, lovesickness seems to be caused by the beauty of the form or appearance of an external object, in most cases, a person, which causes the fixation of thoughts and intense desire. The deepening of the cognitive processes on an object may be considered a process of idealization. Being as such, it does not depend solely on the qualities of the external object but also on the internal qualities of the subject which perceives and judges the external object. In other words, the manifestation of lovesickness depends on the way in which the sensitive and rational faculties of the soul function. This fact is stressed implicitly by Avicenna in the treatment section since the disposition of lovesickness can be obtained due to the burning of humors and thus treated with the same cures prescribed for *melancholia adusta* (Avicenna 1507, 190va, l. 53-55)<sup>26</sup>. It is the humor of burned melancholy the one which produces a great amount of heat, which elevates to the upper part of the head causing, depending on its composition, melancholy or mania, and which affects the proper cognitive functions of the brain. Avicenna ultimately affirms that the same treatment for maniacs, melancholics and for the patients who suffer from lycanthropy can be applied to erotic lovers since there is a common humoral cause of the disease (Avicenna 1507, 190vb, 33-38)<sup>27</sup>. However, regarding the treatment of lovesickness, the accent is not but here on the internal system of causes and thus on restoring the humoral balance, but on the external one, and thus on the breaking of the mental dependency between the lover and the beloved object. In this sense, two strategies are proposed.

The first strategy is that of inducing the forgetfulness of the beloved object by concentrating the thought on other things. Disputes, controversies and other activities which take time are prescribed to the erotic lover in order to take his mind off his love. It is prescribed even a second object of love and desire which will distract him from the first one, but which must be removed from him before the attachment grows too strong (Avicenna 1507, 190vb, l. 1-5)<sup>28</sup>.

The second strategy points out directly the fact that the act of thinking intensively about the beloved object is in fact an act of idealization. For the treatment of the lover, the *ars vetularum* is recommended. The role of the old women is the following: “And even the old women must urge them to blame what they love and to remind them the disposition of that affection and to tell them certain things about it from which dread will appear. And to tell them many criticisms about it [...] And of the things that will help them, one is for the old women to render the form of the

beloved object with fetid characteristics and to assimilate the parts of its face with horrible descriptions and to make this constantly and to be perseverant in this activity” (Avicenna 1507, 190vb, l. 12-20)<sup>29</sup>. Thus, the job of *vetula* is to destroy the idealized image of the beloved object which was formed in the mind of the lover by rendering it in a horrific manner. This process of gradual decontamination of the patient’s mind on the basis of an intervention made by a third person attests once again to the idea of a thought-contagion. Thus, melancholy, through lovesickness, is not confined only to an internal system of causation but also to an external one.

The combination of internal and external causes is properly seen in our understanding of lovesickness as an act of idealization, an interpretation which seems to be confirmed by the 13<sup>th</sup> and 14<sup>th</sup> century tradition of *Viaticum*, which has managed to integrate the text facilitated by Constantinus in a broader doctrinal context that include also Avicenna’s consideration. Here we can find more details about how the act of idealization takes place and what faculties of the soul are involved, aspects that are not specified by Constantinus or Avicenna in their chapters dedicated to lovesickness. For Gerard Bituricensis, the cause of lovesickness is an error in the estimative faculty which makes the patient apprehend accidents in an object, usually a person, that are not actually perceived and that probably do not exist (Wack 1990, 198)<sup>30</sup>. This fact makes the object the most noble, good and desirable. Then the entire process goes according to a waterfall principle: the estimative faculty commands the imagination to be fixed on that person and the imaginative faculty commands the faculty of desire to crave only for that person (Wack 1990, 198)<sup>31</sup>.

The same idealization process is referred to by Peter of Spain, by stating that *amor heroes* is primarily an affection of the estimative faculty but of the cognitive and imaginative one only through the mediation of the first. What happens in this affection is a defect of a judgment concerning forms or objects that are not actually perceived (*insensata*). This fact makes the person to consider a certain object the best and most beautiful when in reality is not. From the estimative faculty, the distorted information goes to the cognition and imaginative faculties which accentuate the fixation upon the object. Finally, cognition and imagination command the irascible and concupiscible faculties of the heart, which through nerves and members makes the individual move towards its object (Wack 1990, 216, l. 30-46)<sup>32</sup>.

Bona Fortuna, when commenting on the same passage from *Viaticum*, points out the same two possible causes of lovesickness, specifying that the main cause of the illness is an extrinsic one: “Auctor ponit duas causas, scilicet pulchritudinem mulieris et necessitatem expellendi superfluitatem. Sed ego dico quod est tamen una causa principalis, scilicet extrinsecum apprehensum quod putatur conveniens et

amicum, sicut forma alicuius mulieris que est ita fortiter apprehensa et ita firmiter a cogitatione amplexata quod placet ipsi patienti super omnia” (Wack 1990, 256, l. 30-37). While not ignoring the internal cause produced by the humoral abundance, Bona Fortuna is explicitly considering the attachment towards an exterior perceived form as the main cause for lovesickness. For him, it is the beauty of the woman’s form which affects the phantasy and the intellect and obscures the reason by judging the object as desirable and not primarily the humoral complexion which forces the brain to think in a certain distorted way (Wack 1990, 256, l. 40-44)<sup>33</sup>

## Conclusions

This paper tried to show the degree to which melancholy, through lovesickness, can be considered as having a contagious character. In the introductory part, we argued that the understanding of the medieval notion of contagion is tributary to the ontological status of the disease. Since within the medieval humoral theory the disease is not an independent reality from the subject which bears it, a proper notion of contagion cannot be developed. While the humoral theory is mainly confined to an internal system of disease generation, the external factors played a crucial role in the internal humoral equilibrium, from the very beginning of the theory. Thus, contagion can be generally understood in terms of external influences and affections which cause an internal effect, and from this point, as an internal progression of a disease. The second part showed that the illness of melancholy was generally and mainly understood as an illness caused by a qualitative or quantitative change of the black bile or melancholic humor. The main explanations regarding the cause of the disease are confined to an internal account of the humoral equilibrium. During those explanations, connections are made and parallel symptomologies are offered between melancholy and love. However, before the arrival of Constantine’s translations that properly introduces the illness of lovesickness in medieval Latin medicine, a difference was already remarked due to the importance of an external entity, the beloved object. The third part of the paper showed how in the works of *Viaticum* and *Canon medicinae*, lovesickness was conceived as an illness similar to melancholy, caused mainly by the beauty of an external form, which produces distortions of perception and cognition. This fact was explained by the 13<sup>th</sup> and 14<sup>th</sup> century tradition of *Viaticum* as an act of idealization: the external beauty of a form impacts the estimative faculty which creates an idealized version of the real object. The estimative faculty, mediated by sense-perception, imagination and phantasy, creates a mind dependency on the object, which manifest as an intense desire. This externalist explanation of the mechanics of lovesickness makes

us consider the notion of thought-contagion as an applicable model for this type of melancholic pathology. The melancholic worry of *amor heroes* is not completely explainable through the internal mechanics that we usually find in the accounts of melancholy. This fact can be argued through the different treatments prescribed by Avicenna and Constantinus Africanus. As a result of external contamination, the process of decontamination takes place mainly through external means and not through the internal restoration of the humoral balance. The art of old women, the interaction with friends or with people who excel in customs and wisdom, and the involvement in controversies and disputes, are all recommendations which imply a reverse process of thought-contagion, a thought-decontamination.

## Notes

<sup>1</sup> See for example: Conrad, Wujastyk (2017), Gibbs (2018), Varlik (2016), Langum (2016).

<sup>2</sup> One of the earliest recordings of a disease with a highly contagious character is Thucydides' account of the so-called 'Athenian plague'. For a short description see "Athens, Great Plague of (Plague of Thucydides)" in Kohn (2008, 22-23); for Thucydides' recording see Thucydides (1956, 341-357).

<sup>3</sup> See for example Vivian Nutton, "Did the Greeks Have a Word for It? Contagion and Contagion Theory in Classical Antiquity" in Conrad, Wujastyk (2017, 150).

<sup>4</sup> Isidorus Hispalensis (1911, IV, vi. 17): "Idem et contagium a contingendo, quia quemquem tetigerit, poluit".

<sup>5</sup> For a description of the melancholic symptomology, see Miteva (2021, 87-92).

<sup>6</sup> Wack (1990, p. 187): "The love that is called "eros" is a disease touching the brain. For it is a great longing with intense sexual desire and affliction of the thoughts"; Avicenna (1507, III, 4, 24, l. 1-7): "This disease is a melancholic disorder similar to melancholy, in which man has already induced itself an excitement of his thinking upon the beauty of some shape or form that are in him. Hence, it pushes him to the desire of that thing, which is not fulfilled." For the *Canon of medicine*, I used the text transcribed by Lenka Jiroušková from Ibn Sīnā (Avicenna), *Liber canonis Avicenne reuisus et ab omni errore mendaque purgatus summaque cum diligentia impressus* (Venice, 1507), within the *Arabic and Latin Corpus* project coordinated by prof. Dag Nikolaus Hasse. The text is available on: <https://www.arabic-latin-corpus.philosophie.uni-wuerzburg.de/index.xhtml>. All the translations from Avicenna are mine.

<sup>7</sup> On those texts see Jouanna (2012, 248-259).

<sup>8</sup> See one example of the reconstructed text Rufus of Ephesus (2008).

<sup>9</sup> For the importance of Constantinus Africanus see "32. Constantine the African: The Romance of Translating Arabic medicine" in Wallis (2010 135-139).

<sup>10</sup> Wack (1990); Leanne McNamara, "Hippocratic and Non-Hippocratic Approaches to Lovesickness" in Dean-Jones, Rosen (2008); Blackmore (2009, 640-646); Biesterfeldt, Gutas (1984, 21-55); Couliano (1987, 38-41); Michal Altbauer-Rudnik, "The Changing Faces of Love Torments: Continuity and Rupture in the Medical Diagnosis of Lovesickness in the Modern West", in Cohen, Toker, Consonni, Dror (2012, 85-106); Battista (2011, 247-261); Toohey (1992, 265-286); Duffin (2005, 37-78).

<sup>11</sup> Ps. Aristotle (1971, Problem 30, 953a-955b); see the translation of the relevant passage in Klibansky, Panofsky, Saxl (2019, 21-22): "It is for this reason that wine excites sexual desire, and Dionysus and Aphrodite are rightly said to belong together, and most

melancholy persons are lustful. For the sexual act is connected with the generation of air, as is shown by the fact that the virile organ quickly increases from a small size by inflation. Even before they are capable of emitting semen, boys approaching puberty already find a certain pleasure in rubbing their sexual organs from wantonness, the manifest reason being that the air escapes through the passage through which the fluid flows later on. Also, the effusion and impetus of the semen in sexual intercourse is dearly due to propulsion by air. Accordingly, those foods and liquids which fill the region of the sexual organs with air have an aphrodisiac effect. Thus, dark wine more than anything else makes men such as the melancholies are.”

<sup>12</sup> See for example, Arnaldus de Villanova, *Tractatus de amore heroico* in *Arnaldi de Villanova Opera medica omnia*, vol. 3, ed. Michael Rogers McVaugh, Luis García Ballester, Juan Antonio Paniagua, Edicions Universitat Barcelona, 1981.

<sup>13</sup> See, for example, Gerard of Berry in Wack (1990, 203): “Love that [is called] *heros*: Heroes are said to be noble men who, on account of riches and the softness of their lives, are more likely to suffer this disease”

<sup>14</sup> See Hildegardis Bingensis (2003, 110, l. 4 - 111, l. 18): “Alii autem viri sunt, quorum cerebrum pingue est et pellicula eiusdem cerebri et vene eius turbide, atque hausterum colorem faciei habent, ita quod etiam oculi eorum aliquantum ignei et viperei sunt, et duras et fortes venas habent, que nigrum et spissum sanguinem in se continent, et grossas et duras carnes habent atque grossa ossa, que modicam medullam in se tenent, que tamen tam fortiter ardet, quod cum mulieribus velut animalia et ut vipere incontinentes sunt. Et ventus, qui in lumbis eorum est, in tribus modis existit, ita quod igneus est et ventosus ac fumo melancolie permixtus, et ideo rectam dilectionem ad nullum habent; sed amari et avari et insipientes sunt et superflui in libidine ac sine moderatione cum mulieribus velut asini; unde si de hac libidine interdum cessaverint, facile insaniam capitis incurrunt, ita quod frenetici erunt. Et cum hanc libidinem in coniunctione mulierum exercent, insaniam capitis non patiuntur. Sed tamen amplexio, quam ad feminas sobrie deberent habere, tortuosa atque odiosa et mortifera est velut rapidorum luporum. Quidam autem ex istis propter fortes venas et propter medullam fortiter in se ardentem libenter cum feminis secundum humanam naturam sunt, sed tamen eas odio habent. Quidam autem femineum sexum devitare possunt, quia feminas non diligunt nec eas habere volunt, sed in cordibus suis tam acres sunt ut leones et mores ursorum habent; sed tamen utiles et prudentes sunt in operibus manuum suarum atque libenter operantur. Ventus autem delectationis, qui in duo tabernacula predictorum virorum cadit, tanta inmoderatione et tam repentino motu venit quemadmodum ventus, qui totam domum repente et fortiter movet et stirpem in tanta tyrannide erigit, quod eadem stirps, que in florem florere debebat, in acerbiterate vipereorum morum se intorquet et in huiusmodi malitia vel ut mortifera et occidens vipera in progenie sua malitiam habet, quia suggestio dyaboli in libidine virorum istorum ita furit, ut, si possent, feminam in coniunctione hac mortificarent quoniam nulla opera caritatis et amplexionis in eis sunt.” Some fragments translated in English from *Cause et cure* regarding melancholic love can be found in Radden (2000, 81-85).

<sup>15</sup> Wack (1990) offers us an edition and an English translation of the chapter dedicated to lovesickness, along with four medieval commentaries.

<sup>16</sup> On the parallelism between Gerard of Berry and Andreas Capellanus regarding the definition of lovesickness and its noble character, see Wack (1990, 61-62).

<sup>17</sup> “Est autem magnum desiderium cum nimia concupiscentia et afflictione cogitationum”.

<sup>18</sup> “Aliquando huius amoris necessitas nimia est nature necessitas in multa humorum superfluitate expellenda - Sometimes the cause of this love is an intense natural need to expel a great excess of humors” (Wack 1990, 186, l. 3-4)

<sup>19</sup> “Unde Rufus Coitus, inquit, valere videtur quibus nigra colera et mania dominantur - Whence Rufus says: ‘Intercourse is seen to benefit those in whom black bile and frenzy reign’” (Wack 1990, 188, 189).

<sup>20</sup> Wack (1990 188, l. 13-16): “Aliquando etiam eros causa pulchra est formositas considerata. Quam si in sibi consimili forma conspiciat, quasi insanit anima in ea ad voluptatem explendam adipiscendam.”, p. 189: “Sometimes the cause of eros is also the contemplation of beauty. For if the soul observes a form similar to itself it goes mad, as it were, over it in order to achieve the fulfillment of its pleasure.”

<sup>21</sup> “Unde si non eriosis, succuratur ut cogitatio eorum auferatur et anima leviatur, in passionem melancolicam necesse est incidant” (Wack 1990, 188, l. 28-30)

<sup>22</sup> *Continens Rasis*, ed. Octavianus Scottus, 1529, 18vb, ii: “Et dixit quod patientes coturub vel hereos incedunt de nocte tanquam canes et eorum facies sunt croceae propter vigiliis et eorum corpora dessicantur et continue sitiunt et hoc accidit eis post laborem.”

<sup>23</sup> Avicenna (1507 190va, l. 3-7): “homo sibi iam induxit incitationem cogitationis sue super pulchritudine quarundam formarum et figurarum que insunt ei. Deinde adiuvat ipsum ad illud desiderium eius et non consequitur”

<sup>24</sup> “Et est spiritus eius plurime interfectionis et reversionis et fit multe elevationis et alteratur dispositio ipsius ad risum et letitiam et ad tristitiam et fletum cum amoris cantilenas audit; et precipue cum fit rememoratio repudii et elongationis” (Avicenna 1507, 190va, l. 12-17).

<sup>25</sup> “et eius quidem pulsus et dispositio ipsius alterantur cum fit rememoratio eius quod diligitur proprie; et cum obviat ei subito, et possibile est ex hoc significare quis sit ille qui diligitur non confitetur ipsum. Cogitatio autem eius quod diligitur est una viarum cure ipsius et ingenium in hoc est ut nomina plura nominetur iterando multotiens et sit manus super pulsus ipsius. Cumque propter illud diversificatur diversitate magna et fit similis interfecto deinde iteratur et experitur illud multotiens scitur quod illud est nomen eius quod diligitur. Deinde similiter rememorentur figura et mansio et illud in quo valet et artes et genus et regiones et comparetur ad nomen eius quod diligitur unumquodque eorum. Et servetur pulsus ita ut cum alteratur apud rememorationem unius rei multotiens aggregentur inde proprietates eius quod diligitur ex nomine et ex eo in quo prevalet et cognoscitur illud. Nos enim iam experti fuimus illud et invenimus iuvamentum in faciendo moram in illo.” (Avicenna 1507, 190va, l. 23-41)

<sup>26</sup> “Considera an eius dispositio pervenerit ad adustionem humoris per signa que noti et evacua.” (Avicenna 1507, 190va, l. 53-55)

<sup>27</sup> “Et fortasse necessarium erit ut isti regantur regimine habentium melancoliam et maniam et alcutubut et ut evacuentur humores eorum predicti cum hieris magnis et humectentur cum eo quod dictum est ex humectationibus et illud est cum permutantur cum morbus suis et sanitate corporum suorum ad similitudinem ipsorum” (Avicenna 1507, 190vb, 33-38).

<sup>28</sup> “et sit casus eorum in disceptationibus ipsorum et occupationibus et controversiis et universaliter in rebus negociosis. Illud enim facit eos fortasse oblivisci delectationis eorum; aut ingenietur ut ipsi diligant aliud ab eo quod diligunt. Quod fit ex eis que lex permittit” (Avicenna 1507, 190vb, l. 1-5).

<sup>29</sup> “Et etiam vetule ad eum incitentur ut vituperent illud quod diligunt ipsi et rememorentur eius dispositiones et narrent eis res aliquas de ipso ex quibus horrorem incurrat. Et narrent ei de ipso vituperationes multas [...] Et ex eis que ad illos iuvant est ut narrent iste vetule forma eius quod diligitur cum similitudinibus fetidis et assimilentur membra faciei eius cum narrationibus horribilibus et assiduent illud et perseverent in ipso” (Avicenna 1507, 190vb, l. 12-20).

<sup>30</sup> “Causa ergo huius passionis est error virtutis estimative que inducitur per intentiones sensatas ad apprehendenda accidentia insensata que forte non sunt in persona.” (Wack 1990, 198).

<sup>31</sup> “Estimativa ergo, que est nobilior iudex inter apprehensiones ex parte anime sensibilis, imperat imaginationi ut defixum habeat intuitum in tali persona. Ymaginativa uero concupiscibili, unde concupiscibilis hoc solum concupiscit, quia sicut concupiscibilis ymaginative obedit, ita ymaginativa estimative, ad cuius imperium cetera inclinantur ad personam quam estimativa iudicat esse convenientem, licet non si.” (Wack 1990, 198).

<sup>32</sup> “Dicendum quod amor hereos est passio virtutis estimative, quia morbus est passio illius virtutis cui infert nocumentum primo et per se et immediate. Sed amor hereos primo et immediate infert nocumentum virtuti estimative, cum in amore hereos sit defectus iudicii de formis vel rebus insensatis, cuiusmodi sunt amicitia et inimicitia et sic de aliis. Et virtuti estimative sit apprehendere formam insensatam, quod sic intelligitur. In amore hereos estimat virtus estimativa aliquam mulierem an aliquam aliam rem esse meliorem vel pulchriorem omnibus aliis cum non sit ita, et tunc imperat virtuti cogitative ut profundet se in formam illius rei. Et sic in amore hereos est profundacio cogitationis. Et tunc virtus ymaginativa ymaginatur illam rem, et eam <mandat> virtuti irascibili et concupiscibili, que sunt virtutes motive inperantes in corde existentes. Et tunc huiusmodi virtutes inperantes inperant virtuti motive que est in nervis ut moveant membra ad prosecutionem illius rei” (Wack 1990, 198).

<sup>33</sup> “Hoc autem quod ego dico est causa principalis. Hoc enim est quod movet fantasiam vel intellectum. Ista autem movent rationem et obvolvunt ita quod non discernit sed ducitur tamen super cogitationem quasi iam habeat determinatum iudicium ad unam partem.” (Wack 1990, 256, l. 40-44).

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