

Sorrow without Cause

Periodizing Melancholia and Depression

Borage and Hellebore fill two scenes
 Sovereign plants to purge the veins
 Of melancholy, and cheer the heart
 Of those black fumes which make it smart . . .

—ROBERT BURTON, *The Anatomy of Melancholy*

If we did not know that it was Orestes and had not noticed that he had a sword in his hand, then we would say that the male seated in the center of the representation in figure 1 was bored. That is the usual first reaction to the painting of Orestes by the Eumenides Painter on this fourth-century B.C.E. red-figure Apulian vase from the Louvre.¹

It is the faces. Start with Orestes. Look at his heavy, half-closed eyes and at the dissatisfied, tired, even unhappy expression on his face.² Notice the slight drooping forward of his head. Look, too, at the pensive and indecisive way that his right index finger seems to scratch at his chin, and notice how his body is slumped slightly in lassitude (and is supported, almost, by his left hand). Compare the other expressions, those on the faces of Apollo and Artemis (to Orestes' left). Apollo's head droops at an angle comparable to that of Orestes; his eyes seem half-closed (with the same tired line beneath the eye as has Orestes). Most striking of all, his mouth is turned down in precisely the same doleful manner as is that of Orestes. Exactly the same points could be made of the expression of Apollo's sister, Artemis, as she strides onto the scene carrying her hunting weapons. Her mouth mirrors those of Apollo and Orestes. Her head droops slightly.

Boredom is out of the question. The rite being enacted in this picture would hardly allow that emotion. The rite is one of religious purification. It is explained to us by Aeschylus in the *Eumenides* at verses 42–43 and 448–52. There we learn that before the scene depicted on this pot takes place, Orestes has fled



FIG. 1. "The Purification of Orestes" (first quarter of the fourth century B.C.E.). Attributed to the Eumenides Painter. Detail of a red-figure bell krater from Apulia. 48.5 cm. Inv: CP 710. (Photo: Hervé Lewandowski. Copyright Réunion des Musées Nationaux / Art Resource, N.Y.)

Argos. There he had killed his mother, Clytaemnestra, and her lover, Aegisthus, for their parts in the murder of his father, Agamemnon. Orestes had fled north to Apollo's shrine at Delphi, where the god would attempt to purify him of matricide. This is what we are about to witness, and this is how we should understand the scene. The blood of the piglet (once its throat has been cut, perhaps by the sword Orestes holds drawn) is intended to wash away the pollution of the matricide. Once this has been accomplished, the Furies, who rest traditionally asleep to Orestes' right, will stop their hounding.

Look at these Furies. Three of them are visible in this reproduction. One sleeps in what is almost a deathlike pose.³ The Fury supporting her, however, is awake and, most unexpectedly, exhibits a facial expression which closely resembles that of Orestes, Apollo, and Artemis.⁴ There is the same angle of droop of the head, the same half-closed eyes, and the same downturn of the mouth. The posture of the Fury in the bottom left of the picture is also note-

worthy.⁵ Observe that her right arm seems to support her head. It is positioned in a mode to match that of Orestes. Her face, almost fully turned to us, does not allow an easy registering of her emotional state. The posture of the arm suggests, however, that this Fury is subject to an emotion which matches those of Orestes, Apollo, and Artemis.⁶

What, then, is the emotion depicted on the faces of these individuals? Just as surely as it is not boredom, it is not a serious solemnity designed for a religious occasion. It is far too oppressive and oppressed for this. Depression or, to put it more formally, melancholia seems a better diagnosis. But it is a melancholia or depression of a seemingly unusual type. Nowadays we tend to associate this state with a general slowing down of bodily and mental processes, with what is usually termed a psychomotor retardation. It is treated accordingly with chemical stimulants (Koukopoulos and Koukopoulos 1999). That understanding can hardly be what is called for here.

Orestes' face and much of his posture exhibit a patina of motor retardation. But there are clear signs of mental activity—of agitation. There is the sword in his right hand: that Orestes intends it for some form of violent use is apparent by the apprehensive index finger on his right hand. That the sword points in the general direction of the Furies suggests that it is intended for use against them,⁷ rather than as a symbol of his act of matricide (Shapiro 1994; Sommerstein 1989; Podlecki 1989), as a symbol of suicidal thoughts (see Euripides *Iphigenia in Tauris* 974), or simply as a means for slitting the piglet's throat. It was probably wrong, furthermore, to describe Orestes' general posture as one suggesting lassitude. In the upper torso and stomach regions is a tautness, a tension, that contrasts with the doleful, slow facial set. The tension—even contradiction—between bodily posture and facial expression is evident elsewhere in this remarkable picture.

As I have already indicated, Artemis's face projects melancholy and lassitude. Her face contrasts, however, with the vigor of her body. She is striding toward Orestes—or at least toward Apollo. Not only is her right foot poised to swing firmly forward, but her haste has flattened her raiment against her legs and lower belly. Her garment billows backward in the draft created by her haste. The contrast between her hunting weapons and her facial expression is also startling. As for Apollo, the motion implied by the position of his left foot is far less hasteful, but it does speak of motion, movement, and perhaps an agitation belied by facial features. The Furies, too, capture this duality, this agitated melancholy, in the most alarming of manners. The two seated Furies are at rest. One sleeps. But we know (from Aeschylus and other sources) that these Furies will soon stir to create their mayhem and agitation. Their melancholy is offset by that of which we know they are capable. One final observation on this

theme of agitation and fear needs to be made. The gleaming ball that decorates the picture just above and to the left of the piglet (which in its shape seems to mirror that of the navel stone behind Orestes) creates, with its swirling patterns (best viewed in color), the most unsettling of effects. It seems almost to mirror the conflict so animating this picture—between vigor and calm, between agitation and melancholy, between fear and stillness.

The question needs to be put again: what emotion is given form by these individuals, especially Orestes, on this pot? It is best described as an agitated form of melancholy, as an agitated depression. It is a state in which motor retardation, at least in the case of Orestes and the Furies, seems to betray considerable inner agitation and turmoil. The simultaneity of these apparently contrasting emotions requires emphasis here, for the condition should not be likened to bipolar depression, where mania *alternates* with depression. In the Eumenides Painter's rendition, the mania—or flight of thought, or anxiety—represents the internal state. Externally, the victim, Orestes, appears to suffer from extreme motor retardation.⁸

Assistance with the conceptualization of Orestes' psychological state may well be had by comparing a graphic (and moving) photograph (fig. 2) of one of the patients of one of the great figures of the diagnosis and treatment of mania and depression, Emil Kraepelin. Kraepelin (1921, 106) designates this person as suffering from "manic stupor," a condition not unlike "depression with flight of ideas." In such cases, "the patients are usually quite inaccessible, do not trouble themselves about their surroundings, give no answer, at most speak in a low voice straight in front . . . occasionally [there are] isolated *delusions* of changing content and utterance . . . they [may] become lively, give utterance to loud and violent abuse, make a pert, telling remark amidst almost unrestrained laughter, jump out of bed, throw food around the room . . ." Kraepelin seems to diagnose in such cases a contemporaneity, rather than an alternation of mania and stupor. So, in the photograph of Kraepelin's patient, corporeal rigidity and a downcast facial expression barely mask an inner agitation that is apparent in the tension in the shoulders and hands, in the hostility of expression, and in the bizarre headdress of twigs and torn-off leaves.⁹ The parallels to the combination of oppression and tension in the Eumenides Painter's Orestes is striking.¹⁰

One final point will assume more significance as we proceed. The scene represented on this red-figure vase painting is a famous one within a very famous mythological sequence. For this reason its depiction is quite that which would be expected. The scene is important in another, less expected way. The purification represents the point at which we (and the painter) might expect Orestes to be cured of his melancholia and insanity. These have been caused by the



FIG. 2. Emil Kraepelin's patient exhibiting stuporous mania (ca. 1890s). (Reprinted from Emil Kraepelin, *Manic-Depressive Insanity and Paranoia*, trans. R. Mary Barclay and ed. George M. Robertson [Edinburgh: Livingstone, 1921], 107.)

guilt attached to his crime of matricide. The purification, like psychopharmacological therapy, will remove these.

Orestes is mad. That is the verdict of most ancient writers. They no doubt reflect the same tradition that underlies the agitated melancholy inspiring the depiction of this red-figure vase from the Louvre. Orestes' madness is given several names. Varro (first century B.C.E.) wrote a tract about him that termed the condition *insania*, a violent form of madness (Aulus Gellius 13.4.1). Some commentators suggest that Orestes was the victim of melancholia. This is the verdict of Cicero writing in the *Tusculans* (3.5) in approximately the same period, and by implication, it is that of Persius working a century later. Whether

the verdict is that Orestes is insane or melancholic, however, the symptoms most stressed by these writers focus on Orestes' violence, on his delusory and angry fits, and on his extreme agitation. This is a psychological state mirrored by the violence, anger, and agitation of the Furies themselves. It is as if the Furies corporealize the inner agitation of Orestes. In these figures, depression is not at issue.

It is fascinating that the ambivalence, the unexpectedness, and the sophistication of the representation of the madness of Orestes on the Eumenides Painter's vase does not have its reflection within the contemporary Greek literary tradition. I suppose that it is simpler to represent Orestes' complex madness visually than it is in words. This thinning deserves illustration, for contemporary verbal representations of Orestes' madness involve a simplification of his mental state. This is nowhere more visible than in Euripides' remarkable and melodramatic play the *Orestes*, which was composed about fifty years before the Louvre pot. It dramatizes many of the events associated with this purification.¹¹ These take place before Orestes has taken flight to Delphi, where the purification will take place.

A comparison of the Eumenides Painter's depiction of Orestes and Euripides' literary portrait of Orestes is instructive. It demonstrates the literary and discursive tradition's indifference toward (or we could say, its difficulties with) this emotion. In the remainder of this chapter, I intend to trace the long course that it took for this literary tradition to "catch up" with the insights exemplified by the Eumenides Painter's Orestes. Not until this happens does this condition seem comfortably to assume its place within what we might call the popular imagination.

Euripides' play begins with Orestes mad and being nursed by his sister, Electra. They are still in Argos, the scene of the matricide. The Argives, hostile to the crime, look set to condemn the brother and sister to death. Menelaus, Orestes' uncle who is returning from Troy to Sparta with Helen, is of no help. So mad Orestes and Electra, urged on by Orestes' grim friend Pylades, plan to kill Helen and to seize Menelaus's daughter Hermione as a hostage. Helen is mysteriously whisked away. They look set to slaughter Hermione unless Menelaus steps in to save their lives from the Argives. Then appears the god Apollo to impose a settlement: Orestes will be brought to trial at Athens and, after being freed, will marry Hermione and become regent of Argos. The purification is not mentioned.

Euripides' *Orestes* provides a sobering illustration of the inability or unwillingness of the literary tradition to represent melancholia in a truly complex manner. In Euripides' melodrama, although the sequence of the emotion of madness is vividly detailed, the illness has little of the ambivalence of the Eu-

menides Painter's depiction. Orestes' illness is "bipolar" in Euripides' play, in the sense that, according to Electra, it seems to oscillate between the poles of mad insanity and clearheadedness. So, speaking of the illness, she tells Orestes—and us too (vv. 253–54):

Alas, brother, your gaze is disordered
And suddenly you become wild, when just now you were sane.¹²

A more detailed description of Orestes' madness is provided in verses 34–45, where we learn more about his periods of comparative sanity.

Since then, wasted by his wild illness,
This wretched Orestes, collapsed on his bed,
Lies still, yet his mother's blood drives him on
With its Furies. I hesitate to call the goddesses
Kindly Ones. They drive him out of his wits with fear.
This is the sixth day since, of murder,
Our dead mother's body has been purified by fire.
In this time he's taken no food to his mouth.
Nor has he washed. Beneath his blanket,
Hidden away, whenever his body is freed of the illness,
He recovers his wits and weeps. Then from bed
He leaps up quickly, like a colt freed from the yoke.

There is no evidence here of manic behavior alternating with profound depression and psychomotor retardation. Rather, a periodic delusory vision startles Orestes from his wits with fear (vv. 36–38), and in a manic fashion, he leaps up in reaction and rushes about like “a colt freed from the yoke” (v. 45).¹³ Fear produces the violent reaction. The passing of this terrifying vision seems to leave Orestes in a completely exhausted state (vv. 35, 43), so much so that he loses his desire for food (v. 41) and for maintaining personal hygiene (v. 42). This exhausted state in between the fits ought not necessarily to be linked with a polar depression. Exhaustion may resemble depression, but it is not at all the same thing.¹⁴ Even Orestes’ weeping (v. 44) may be more innocent than it sounds (i.e., no symptom of an enervating sorrow): it might as well result from humiliation and frustration. This sequence and display of emotions has led at least one critic (Pigeaud 1981, 413) to diagnose Orestes’ condition as epileptic. Certainly the violence of his fits might be confused with this, and certainly his exhaustion after the attack may resemble that of an epileptic.¹⁵ Whether his condition is epilepsy, madness, or melancholy matters little. What is important is that this condition is not bipolar.

The play offers many other descriptions of Orestes' sickness (termed a

nosos at vv. 34, 43, 211, 232, and elsewhere). These seem to relate to three discrete phases of his illness—the fit itself, the period immediately after the fit, and a later period when Orestes has somewhat recovered. Orestes' condition is brought about by the gods (v. 31) and is best characterized as a mad fit or frenzy: at verses 227–28 it is a *nosos manias*, a “mad illness”; at verse 37 (and *passim*) it is a *mania*, a “frenzy.” It can be a *lyssa*, a “mad rage” (vv. 224, 793, 325–26; at v. 845 it is a *theomanēs lyssa*, a “mad rage brought on by the gods”) or even the type of crazed frenzy that can be brought on by a gadfly bite (v. 791). These various descriptions best characterize the fit itself (vv. 44–45, 135, 227–28, 253–54), which can cause Orestes to rave, pant, and gasp (vv. 227–29) and to become prone to acts of violence (v. 268 ff.). These fits, as we have seen, are brought on by a delusion that is god-sent.¹⁶ Orestes imagines that he is actually seeing the Furies (others cannot see them) and that his sister Electra is a Fury. His delusion leads to ludicrous and melodramatic acts of violence (v. 268 ff.).

What happens after the fits? Euripides’ play is quite detailed on this matter too. Orestes’ hair is damp or matted (vv. 223–25, 387), he has foam in his eyes and on his lips (v. 220), and he tends to remain dirty and unwashed (vv. 42, 226). He is amnesiac (vv. 215 f., 277 f.). At times like this his exhaustion is such that he barely seems to breathe (v. 84), his vision becomes blurred (v. 224), and he loses his appetite (vv. 34, 41, 189) and wastes away (v. 34). His desire for movement is severely limited (vv. 42–43), and he seems close to death (vv. 200, 336) or even corpselike (vv. 82–83, 200). Sleep provides the only relief (vv. 211–15).

The fits cause lingering problems for Orestes. His recovery may appear to be fairly complete (or to be forgotten?) by the end of the play, when he attacks Helen and abducts Hermione. Orestes remains, however, prey to a persistent exhaustion (vv. 91, 228, 800), to a weakness (vv. 800, 888), and to a sense of helplessness (v. 235). He shows signs of listlessness (v. 232), grief (v. 398), and regret (v. 402). He even warns Pylades to be careful not to catch his illness by contagion (v. 793). At verse 415, he is warned by Menelaus against suicide (an option he rejects outright). But, and we must recognize this, Orestes becomes clearheaded and well enough by the end of the play to be able to hatch and carry out extravagant schemes against Helen and her daughter.

Violent, delusory fits, followed by utter physical and mental exhaustion, followed by a slow recovery to a relatively normal level of activity—this is the sequence, the narrative sequence, pursued by Euripides for Orestes. If we were to ask what single activity is common to Orestes in most phases of the play, it is violence and anger. The fits manifest themselves in this manner. Orestes’ apparently sane conduct at the end of the play could also be characterized thus.

To compare the Apulian red-figure Orestes from the Louvre and Euripides' Orestes is to compare two radically different figures. One is solemn, melancholy, and subject to an agitated depression; the other is violent, angry, and, when not totally exhausted, prone to crazed and dangerous fits. The difference between the two could be described as one between action (Euripides' Orestes) and affect (the Eumenides Painter's Orestes). Euripides aims to convey the results of an extreme mental state as it effects other individuals and their community, while the Apulian red-figure vase aims to convey an emotional state or psychological mood. In the most general of senses, Euripides' version concerns itself with activity, the body, complicity, the mark, a lack of control, and the male. The Eumenides Painter's Orestes concerns itself with passivity, the mind (and inferiority), estrangement, the private, the sign, control, and the female.

Both characters, paradoxically, represent the melancholic. Euripides' character does so by the assertion of Cicero in the *Tusculans*. The Eumenides Painter's Orestes does so by the very assertion of our own eyes and common sense. What links both figures is that they are prey to an extreme agitation and an awful fear (even terror) that play havoc with their lives. But the agitation and fear of Euripides' Orestes and his violent melancholia is driven from without—from the gods and the Furies. The fearful agitation of the Eumenides Painter's Orestes is driven from within—the Furies cannot have caused this, because they share the same facial expression. This agitation provides the real link between these two characters and their melancholia. Perhaps the two apparently incompatible visions of Orestes may represent two poles of a constant experience.

Why does each author choose to highlight a specific mode of melancholy—the one typified by depression and apparent inactivity, the other by violent fits? The answer resides in the aspect of Orestes' symptoms that an author, a genre, a tradition, or an era may choose, or may have the ability, to highlight. Euripides' tradition, by focusing on the outer, visible results that Orestes' illness brings to the community, must highlight its violence.¹⁷ The locus of attention must become the fits, because it is these that will cause so much trouble for the Argive community. The exhausted, seemingly depressive phase of Orestes' illness is of little relevance, for during this period Orestes' insanity is of scant importance for his community. It is little wonder, therefore, that, while the exhausted phase is exploited for its picturesque and melodramatic contribution to the play, its exact nature becomes blurred and is subservient to the more dynamic, violent phase. In modern terms, we would, and I must stress this, diagnose Orestes as a manic-depressive type. Yet the ancient tradition, because of its concern with action and with the outer, can only underplay the puzzling,

little understood, depressed phase of Orestes' illness. The Eumenides Painter's Orestes, however, chooses mood and the inner. The decorum of the vase and of the heroic would hardly allow the depiction of fits, of matted hair, of foam on the lips and in the eyes, of a contorted visage. A hero huddled under his blanket would be visually dreary, not to say bizarre. Decorum and an interest in affect, therefore, privileges depression. If you doubt this, consider how less striking the representation on this pot would have been without the psychological component, without its emphasis on affect.

There is another, important factor that conditions the characterization of the Euripidean Orestes: Euripides is writing narrative. This (with its words in writing) entails and implies a sequentialization of the descriptions of Orestes' psychic conditions. Narrative, whether it is telling a story or describing a sickness, follows a *sequence* of events. The narrative of the story of Euripides' play follows a simple pattern: alienation for Orestes from the city of Argos; a crisis resulting in his being condemned to death and, as a reaction, in the assaults on Helen and Hermione; then reintegration through Apollo's imposed solution. The narrative of Orestes' illness follows, storylike, a comparable route. The illness is brought on by an initial "alienating" offense (matricide), is followed by crisis (the violent fits), and is completed by reintegration (of sorts: the lulls of complete exhaustion following the fits). Unlike the Eumenides Painter's version, the violence of the fits does not exist simultaneously with the low-spirited reaction of the periods subsequent to the fits.

It is much easier to render things sequentially when using words, especially when writing in a medium where wordage is limited.¹⁸ It is certainly easier to *understand* things that are rendered sequentially, and words themselves (literacy itself) rely for their effect on the sequential exposition of a particular phenomenon. There is no doubt, too, that *conceptualization* (verbalization, that is) of a particular experience can be more difficult than the *visualization* of the same experience. The result of narrative, words, and sequentialization is a thinning, a type of a failure to represent the complexity of certain inner experiences. I think that this is true in the case of Euripides' version of the emotion of insanity, at least as it relates to Orestes. Perhaps from a desire to make the insanity comprehensible and communicable, or perhaps from too great an enthusiasm for melodrama in this instance, Euripides sequentializes and so flattens the complexity. This tendency persists in many of the outstanding descriptions of melancholy and depression in the ancient world. Perhaps this sequentialization is why a depiction of the complex emotion of the Eumenides Painter's Orestes comes so late in ancient literature.

There may be another reason for Euripides' thinning of Orestes' emotion. It is easiest to understand melancholia when it has a cause. That of Orestes has

an obvious one, the killing of his mother. The divine punishment that followed in the form of his delusion (i.e., the pursuit of the Furies) provides, simply, an enactment of the extreme grief that will beset the matricide. Euripides understood this causation and has Orestes state, of the origin of his illness, that it came from the Furies, or the “Frenzies, avengers for my mother’s death” (v. 400). In two very famous lines of the play, Euripides goes one step further and seems to allude, as cause for Orestes’ violent melancholy, to something that resembles “conscience” (*synesis*) or at least “understanding” (vv. 395–96; Menelaus questions, Orestes replies).

“What is it you suffer? What disease is destroying you?”

“It is conscience/understanding [*synesis*]—that I know I’ve done terrible things.”

Whatever the term *synesis* is actually intended to convey, it does illustrate that, as far as Euripides and Orestes are concerned, the manic illness has a precise cause.

The situation is reversed in the case of the Eumenides Painter’s Orestes. The viewer may choose to interpret, and to provide an explanation for, Orestes’ downheartedness. The picture may *imply* that the Furies, the embodiment of the psychic punishment due to the matricide, corporealize and cause Orestes’ illness; that the purificatory ceremony depicted by the vase is aimed at removing Orestes’ matricidal guilt and that it will, it is hoped, allay the hostility of the Furies; that this will remove the delusions which cause Orestes’ manic fits; that the ceremony aims to counteract the cause of Orestes’ *nosos*. But the picture does not *tell* us any of this, not in a way that the sequential rendering of Euripides’ play can. It cannot be sufficiently emphasized that the picture itself provides no explanation, no etiology for Orestes’ state of mind. It depicts for us a slice of time. It aims not at explanation but at the conveying of affect. That is the initial and the lasting impression it creates. It presents to us a vision of sorrow without cause.



There are three traditions relating to melancholia. There is that of the despondent, dejected, and, we would say, depressed individual, such as the Eumenides Painter’s Orestes. (I mean those described outside the scientific literature.) There existed a popular tradition viewing melancholia as a condition that made individuals behave like the Euripidean Orestes. There also existed, independently of these, a medical tradition that ascribed melancholia to those individuals who exhibited despondency, fear, delusion, and a persistent, debilitating

sorrow¹⁹ that was without a clear cause. (I will discuss this medical tradition in the next section of this chapter.) We will find that, eventually, the first and the third of these traditions intersect. The despondent individual of popular literature came to be described in a manner that reflected the terminology of the doctors. It is at this point that there seems to emerge in nonscientific literature that most modern of characters, the individual suffering persistent sorrow without cause. This condition could best be described as a type of existential melancholia. There are hints of this first state of mind in Apollonius of Rhodes's epic on the Argonauts, in Cicero's *Tusculans*, and in Horace, but its heyday does not come until the time of Seneca. Depressive melancholy was welcomed gradually into nonscientific literature. With Seneca we sense a pervasive feeling of depressive melancholy. This emotional register emerges, furthermore, at precisely the same time as the doctors begin more vigorously to discuss depressive melancholy.

But before proceeding to outline this emotion, I need to mention one more preliminary matter. “Depression,” as a concept and as an illness, is often said best to be associated with industrialized societies and nation-states. It is sometimes argued that depression belongs to the modern world, that it is built upon such psychological registers as alienation, helplessness, anomie, and reification. It is a passive, “depressive” (what other word can I use?) condition, one firmly based on the economic and labor conditions that have evolved since the Industrial Revolution and, before that, the Enlightenment.²⁰ Ruth Padel's splendid *Whom Gods Destroy* (1995) has added fuel to this fire. Her analysis of madness in classical Greek literature stresses its violence.²¹ Melancholics, preeminently mad, are a very angry cohort. According to Padel, they remained that way, in the literary sphere at any rate, until the Enlightenment; only since the early eighteenth century have they become “depressive.”²²

In the pages that follow, I will challenge this understanding. Such a challenge is a crucial part of my argument. Despite a postmodern interest in fragmented personality (cf. Wiles 1997, 6), depression is a condition that in so many ways is at the heart of modern self-perception and self-characterization. It is so easily seen as being uniquely modern, as a product of modern socio-cultural pressures. Certainly much of the recent work in cultural history and cultural studies conspires to place such an affective register within a very recent temporal band. This is to misrepresent. As the Eumenides Painter's Orestes demonstrates, depressive melancholia existed from early in antiquity. It emerges as a literary entity late within classical antiquity. This chapter will show when and how, but not why.



Let us begin not with representations of melancholy but with the concept itself. The earliest medical uses of the term *melancholia* eschew psychological characterization. By the late fourth century B.C.E., however, the term begins, in medical circles, to be associated with the depressive. Nonmedical usage, though, associates the term with violence and anger. The distinction seems to mirror precisely that gulf between the Eumenides Painter's (depressive) Orestes and the Euripidean (violent and angry) Orestes.

The earliest medical descriptions of melancholia are found scattered among the texts of the Hippocratic corpus. In its first and infrequent appearances, melancholia seems to be linked with a physiological condition rather than with a psychological type; in its first appearances, that is, melancholia has none of the psychological implications and resonances that it possesses for us moderns. Melancholia referred to the presence within the human body of the substance termed black bile (or Greek *melaina cholé*). Black bile, occupying scant place in the speculation of the earliest Greek medical texts (Flashar 1966, 21 ff.), is a normal physical constituent of the human physiology (like blood or bone or hair), rather than an illness (but note Flashar 1966, 22). Gradually, as humoral medicine took hold, a typical physiology for the preponderance of black bile came into being (a melancholic physiology), and even more gradually, there came into being a matching psychology for the preponderance of black bile (a "melancholic" temperament) (Flashar 1966, 24 ff.). Such typicalities become apparent when black bile, or melancholy, comes to be the dominating humoral component within the human body. Such a picture is apparent, for example, in the Hippocratic text *On The Nature of Man* (usually dated to approximately 400 B.C.E.; see Flashar 1966, 39). Here black bile, rather than being just another corporeal component of the human body (like flesh or bone), comes to play a key role in human health. Although black bile characterizes, in *On The Nature of Man*, primarily the physiology of specific human beings (cf. Flashar 1966, 39 ff.; Pigeaud 1981, 123),²³ its temperamental implications become quickly apparent.

According to *On the Nature of Man* 3–7, there were four humors (blood, yellow bile, black bile, and phlegm) with which were associated four different sorts of physiology. Physiological disorder could be pinned down to the preponderance of one or another of these humors within a particular individual (Flashar 1966, 39 ff.). I suppose it is inevitable that temperament may to some degree come to be classified accordingly. It is easy to guess how this may have happened. The four humors and their related physiological types gained their particular characters by being associated with a season (spring, summer, autumn, and winter) and with a set of opposites (blood with warm and moist, yellow bile with warm and dry, black bile with cold and dry, phlegm with cold and

moist).²⁴ Good health was the product of a proper mix (*eucrasia*) of these humors, while bad health was the product of an ill mix (*dyscrasia*). I suppose that in the part-practical, part-speculative minds of these earlier medical practitioners, it was an easy step from such physiological generalities to temperament. So, in this view, the individual in whom black bile preponderates will be associated with coldness and dryness, with autumn, and with blackness (a color that always had its psychological basis; see Flashar 1966, 37).²⁵ Autumn can signify age (the years between twenty-five and forty-five) as easily as a season (it signifies both in the Hippocratic treatise *On the Nature of Man*). Physiological typicalities thus haltingly give rise to psychological or temperamental typicalities. The individual in whom the black bile predominates comes increasingly to be seen as “melancholic,” a temperament that was, if we follow the implications of *On the Nature of Man*, essentially depressive.

During the fourth century B.C.E., there seems to have developed a shift in the conception of melancholia. Melancholia seems to have taken on an almost pathological significance, as well as implying a particular type of depressive temperament.²⁶ Melancholia became a disease as well as a character trait and was produced by an excess of black bile. This was typified by coldness and dryness and was dangerously common in autumn.²⁷ This conception seems to have based itself on popular traditions, which associated melancholia with madness and mania (the Euripidean tradition signifies both) and on the speculation of those Hippocratic texts that linked melancholia with depressive illnesses (rather than temperaments), such as exhibiting an “aversion to food, despondency, sleeplessness, irritability, restlessness.” The same writers also note that “fear or depression that is prolonged means melancholia.”²⁸ Typical of this tradition may be *Problema* 30.1, written in the late fourth century B.C.E. In this epochal essay, composed by either Aristotle or his pupil Theophrastus, there developed a concept of melancholia that became influential for millennia.²⁹ *Problema* 30.1 (for the text and translation see Klibansky, Panofsky, and Saxl 1964, 18–29) addresses this problem: why is there a correlation between political, philosophical, and artistic ability and a temperament that is inclined to melancholia?³⁰ The author of the *Problema* answers that those gifted in these areas have a permanent excess of black bile in their nature; these abilities are linked, that is, to a pathological constitution whose characteristics are driven by an excess of black bile. Thus those who display these abilities are subject to the various illnesses associated with black bile’s superfluity.

The vital aspect of the formulation of black bile and its workings provided in *Problema* 30.1 are constituted in three ways. First, a superfluity of black bile (melancholia) is envisaged to be a key contributor to human excellence generally. The *Problema* ushers in what is an almost romantic conception of black

bile and its affective influence (Flashar 1966, 62). Second, and what matters particularly for this discussion, the author of the *Problema* also believes that an excess of the humor black bile can cause severe depression. Third, and paradoxically, this humor can cause mania. How does this apparently dual (or bipolar) nature of black bile come about? The author of the *Problema* conceives of black bile as a mixture of hot and cold. Melancholics fall into two broad groups, those in whom the black bile becomes very hot and those in whom the black bile becomes very cold. Put coarsely, this means that where the black bile is hot, one would expect what we term the *manic phase* of melancholia;³¹ where the black bile is cold, one would expect the *depressed phase*. The melancholia of the *Problema* is, to use modern terms, bipolar, although this bipolarity need not be found in the individual.³² The *Problema*, therefore, provides a remarkable solution to the puzzle provided by the two Orestes with whom this chapter began. Both are melancholic, it has been noted, but both seem to reside at the opposite ends of an experiential spectrum. What can link these two ends is black bile (*melaina cholé*) and whether it is cold (the Eumenides Painter's Orestes) or hot (the Euripidean Orestes).

There is something drearily oversystematic and overclever about the formulation of *Problema* 30.1. It is as if the author of this essay faced the problem of the apparent identity, yet difference, of characters such as the two Orestes, then posited a simple humoral link between the two. The variable in the link is temperature. What especially unsettles in the formulation of the *Problema* is the vigor with which this writer embraces sequentialization, narrative, and metaphor as solutions for what is little more than a semantic puzzle. At any rate, the sequentialization can best be emphasized by quoting the *Problema*.

[B]lack bile, being cold by nature . . . can induce paralysis or torpor or depression or anxiety . . . but if it is overheated it produces cheerfulness, bursting into song, and ecstasies and the eruption of sores and the like . . . those who possess much hot bile are elated and brilliant or erotic or easily moved to anger and desire . . . If it [sc., black bile] is unduly cold . . . it produces irrational despondency . . . those who become despondent as the heat in them dies down are inclined to hang themselves . . . Most of those men in whom the heat is extinguished suddenly make away with themselves unexpectedly, to the astonishment of all, since they have given no previous sign of any such intention.

The sequence is very easy to explain and to understand. Either by nature or circumstances, we guess, an individual's excess of black bile may overheat. This heat, if you are given to trusting simple metaphors (compare the English "boiling with rage" or "burning with fury"), produces the anger. But note that the

preponderant bile must be black, for when cooled, it must have characteristics capable of producing depression. Black bile is the only one able to do this. (Again metaphor is crucial. Most cultures and languages link downheartedness with “black.”) Cool, surely, hot bile must, so leaving an excess of the now depressive material. The *Problema*’s notion of suicide is linked with this cooling process. It is less inspired than predictable (remember Menelaus’s warning to the melancholic Orestes in *Orestes* 415: “Don’t speak of death. That is not clever”), and it serves to accommodate a popular prejudice (which I will address in chapter 5) that depression easily leads to suicide.³³

This sequence produces a very appealing and easily recognizable narrative pattern. Where Euripides followed a narrative mode of alienation, crisis, and reconciliation, the author of the *Problema* opts for the enormously exciting, melodramatic, and sequential pattern of bipolar *alternation*: the hero’s violent, manic crisis is followed not by exhaustion but by a deep and despairing depression. The narrative model must have been Ajax from Sophocles’ play of the same name.³⁴

The interpretation offered to us by *Problema* 30.1 homogenizes the experiences of the two Orestes. It does this, no doubt, to provide a systematized understanding of their comparably linked conditions. We are justified in suspecting that such homogenization thins lived experience and belies experiential variety. (The glamorization of melancholia by linking it with genius is in itself a meretricious formulation.)³⁵ This desiccation of experiential complexity is nowhere more apparent than when we contrast the bipolar narrative of the *Problema* with the complex and ambivalent representation of agitated depression in the Eumenides Painter’s Orestes.

A measure of the oversystematizing nature of the *Problema* can be drawn from a comparison of subsequent medical discussions of melancholia. Whether humoral (i.e., based on the four humors of Hippocratic medicine) or not, their main focus does not reflect the bipolarity of the *Problema*. Rather, it is usually on the depressive side of the illness, with, naturally, an apparent and occasional awareness of the agitation that depression may often mask. For example, Rufus of Ephesus, a Greek doctor who worked during the second century of our era and who is held by some to have been a key figure in the formulation of future notions of melancholia (ranking in antiquity as third in importance as a medical writer after Galen and Hippocrates),³⁶ composed a treatise on melancholy.³⁷ Although he does stress the potential for mania in melancholia, his main emphasis is on its depressive aspects. Rufus firmly believes that the source of the trouble is an excess of black bile (collecting in the region of the hypochondria). For him, melancholics were often gloomy, sad, and fearful. The chief signs of their illness were fear, doubting, and a single

delusional idea. Interestingly Rufus may have linked too much intellectual activity with melancholia. This notion modifies the glamorizing stance of *Problema* 30.1.³⁸

Even where the humoral basis for medicine was abandoned, melancholia was still a depressive illness, and the speculation of the *Problema* can be seen as out of step. The Roman author Celsus (active during the first century C.E.) provides an account of melancholia (for a translation see Spencer 1935–38) that, while not relying upon a theory that saw health as the product of a balance between four humors, maintains that melancholia is the product of an excess of black bile. He epitomizes the condition thus: “but if despondency [*tristitia*] is prolonged with long-standing fear and wakefulness, the disease of black bile supervenes” (2.7.19–20; cf. 3.18.17). He does not appear to have associated mania with melancholia in the manner of *Problema* 30.1. Celsus, furthermore, appears to have been little concerned with the etiology of the disease. His interest was in its treatment.³⁹ The same point could be made of Soranus of Ephesus,⁴⁰ who worked in Alexandria during the Trajanic and Hadrianic periods and whose writings on melancholia survive in the Latin compendium of Caelius Aurelianus. He neither associates melancholia primarily with mania nor accepts a humoralist basis for its etiology. He believed that the disease was so named because the patient vomits black bile.⁴¹ Soranus characterized a melancholic as exhibiting “mental anguish and distress, dejection, silence, animosity towards members of the household, sometimes a desire to live and at other times a longing for death, suspicion . . . that a plot is being hatched against him, weeping without reason, meaningless muttering and . . . occasional joviality” (trans. Jackson [1986, 34], quoting Drabkin [1950, 561]).

Aretaeus of Cappadocia may have a floruit between 50 and 150 C.E.⁴² He has recently been recognized as a key figure in the history of the understanding of melancholia (Koukopoulos and Koukopoulos 1999; Marneros and Angst 2000 [cf. Angst and Marneros 2001; Marneros 2001a, 2001b]). He provides one of the most noteworthy, but exceptional, challenges for the pattern that I am arguing about. Aretaeus, while focusing primarily on the depressive side of melancholia and while appearing to have accepted the role attributed to black bile in the causation of melancholia, does seem to have understood melancholia as part of a bipolar condition. So, like the writer of the *Problema*, he allows a manic side to melancholia and attributes this to the changeability of the disease. As Marneros and Angst (2000) note: “Aretaeus was very careful in his description of diseases . . . In his “On the Aetiology and Symptomatology of Chronic Diseases” and “The Treatment of Chronic Diseases” he described . . . mental disorders. [He] . . . addresses melancholia . . . [and] . . . mania.” Marneros (1999) convincingly notes the manner by which Aretaeus

links melancholia and mania together as a single experiential continuum (e.g., he quotes Aretaeus as stating, “in most of them [sc., melancholics] the sadness became better after a various length of time and changed into happiness; the patients then developed mania”).⁴³ Marneros and Angst (Marneros and Angst 2000) summarize Aretaeus’s position on melancholia as follows (note also their criticism of Ackernknecht 1959 and Fisher-Homberger 1968):⁴⁴

- a. Melancholia and mania have the same etiology, namely, disturbances of the function of the brain and some other organs.
- b. Mania is a worsening of melancholia.
- c. Mania is the phenomenological counterpart of melancholia.
- d. His concepts of melancholia and mania were broader than the modern concepts: depression, psychotic depression, schizoaffective disorders, mixed states, schizophrenia with affective symptomatology, and some organic psychoses were involved.
- e. He differentiated between melancholia, which is a biologically caused disease, and reactive depression, a psychologically caused state.

If Aretaeus raises doubts as to the universality among the *medici* (medical doctors) for seeing melancholia as depressive, Galen should set this to rest. Galen, as is well known, followed the Hippocratic system and seems to have formalized many of the aspects of the *medici*’s beliefs.⁴⁵ He was a humoralist and paired the four humors with the dyadic qualities mentioned earlier; illness was a result of an imbalance of the humors. He characterized individuals according to the dominance of one or another of the humors: the sanguine, choleric, melancholic, and phlegmatic personalities matched blood, yellow bile, black bile, and phlegm. In his scheme of things, there were three types of melancholia:⁴⁶ the first is primarily a disease of the brain; in the second, the entire mass of the blood is infected, with a resultant darkening of the skin; in the third—melancholic hypochondria—the disease was located in the upper abdominal area (the hypochondria) and resulted in indigestion and flatulence (this is also Rufus’s preferred mode of melancholy). Here is Galen’s description of the manifestations of melancholy (trans. Jackson [1986, 42], quoting Siegel [1976, 93]).

Therefore, it seems correct that *Hippocrates* classified all their symptoms into two groups: fear and despondency. Because of this despondency patients hate everyone whom they see, are constantly sullen and terrified, like children or uneducated adults in deepest darkness. As external darkness renders almost all

persons fearful, with the exception of a few naturally audacious ones or those who were specially trained, thus the colour of the black humour induces fear when its darkness throws a shadow over the area of thought [in the brain].

Galen may play variations on the formulation of the *Problema*. The change that he makes, however, relates to bipolarity: melancholia is essentially a depressive illness (Siegel 1976, 93).



Depression may have been synonymous with melancholia for most medical practitioners, but that, as I have indicated, was not the case for the literary and popular imagination. Popular imagining seems to have viewed the melancholic as a kind of Euripidean Orestes. It is this tradition that the systematizing author of the *Problema* was attempting to accommodate when he spoke of the mania produced by the overheating of the black bile. This tradition associated madness and violence, that is, mania with melancholia. A popular consistency in the interpretation of melancholia as mania stretches from the fifth century B.C.E. until at least the second century C.E.⁴⁷ Such an interpretation runs increasingly in the face of contemporary medical theory. In the fifth and fourth centuries B.C.E., for example, popular melancholia stood at the antipodes to medical opinions (and thus to popular twentieth-century opinion). It was violent and angry, mad, not the depressive condition of the Hippocratic texts. So we find the verb *melancholan* (a derivative of *melancholia*) meaning simply “to be mad,” rather than “to be melancholy.” It is “a coarse synonym for *mainomai*,” a verb that implies rage and anger as well as madness (Padel 1995, 48). An instance of this use occurs in Aristophanes’ *Birds* (staged in 414 B.C.E.), where the verb *melancholan*⁴⁸ is “spoken by a ‘fool’ bird salesman” (Padel 1995, 48) and indicates, precisely, madness and anger.⁴⁹ Later, during the fourth century, we hear in Menander’s *Epitrepontes* 878 ff.:⁵⁰

This fellow is going mad [*/hypomaineth'*], by Apollo, he is mad
[*/mainetai*],

He has truly gone mad [*/memanêt'*], he is mad [*/mainetai*], by the
gods.

The master, Charisius, I mean. The black
Bile [*/cholé melaina*] has struck him, or something like that.
What else would you guess has happened to him?

This popular interpretation of melancholia as mania had a long life indeed (Padel 1995, 48 ff.; cf. Flashar 1966). As late as 44 B.C.E., we find Cicero linking melancholia with mania. His views deserve quoting in full. At *Tusculan*

Disputations 3.5, Cicero is discussing the various terms used in Latin and Greek for insanity and, in passing, offers a definition for melancholia.

Now I cannot readily give the origin of the Greek term *mania*; the meaning it actually implies is marked with better discrimination by us than by the Greeks, for we make the distinction between “unsoundness of mind” [*insania*], which from its association with folly [*stultitia*] has a wider connotation, and “frenzy” [*furor*]. The Greeks wish to make the distinction but fall short of success in the term they employ: what we call frenzy [*furor*] they call melancholia, just as if the truth were that the mind is influenced by black bile [*atra bili*] only, and not in many instances, by the stronger power of wrath or fear or pain, in the sense in which we speak of the frenzy of Athamas, Alcmaeon, Ajax, and Orestes.

What matters is the correlation between the Greek term *melancholia* and the Roman term *furor*. For Cicero, the Greek word means either frenzy (*furor* embraces both anger and violence) or the sort of folly (*stultitia*) that he associates with *insania*. It is notable that Cicero does not associate melancholia with *tristitia* (“despondency” or “depression”). The definition offered by the *Problema* and those offered by later *medici*, as we have seen, paid very serious attention to the importance of depression in melancholia. Was Cicero ignorant of the medical discussions? The characterization of Athamas, Alcmaeon, Ajax, and Orestes as *melandolici*—or in Roman terminology, *furiosi*—is indicative. These were characters whose melancholia was preeminently violent.⁵¹ It appears that Cicero preferred the popular, commonsense interpretation of melancholy.

It is surely this popular conception that exerts its influence on the bipolar *Problema*. Here the illustrative stress is essentially on manic melancholia, on the tradition epitomized by the Euripidean Orestes. As I have stated earlier, there can be little doubt that Orestes and, especially, Ajax were manic-depressives.⁵² Yet the literary tradition at this phase of antiquity, because of its concern with action and its results and thus with the outer, cannot easily conceptualize or describe such inner experiences of the depressive phase of bipolar melancholia. Perhaps we should go back three centuries from Cicero and reevaluate the melancholic characterizations of the *Problema*. Heracles provides a good starting point. This is what the *Problema* has to say of him (trans. Klibansky, Panofsky, and Saxl 1964, 18).

Why is it that all those who have become prominent in philosophy or politics or poetry or the arts are clearly melancholics, and some of them to such an extent as to be affected by diseases caused by the black bile? An example from heroic mythology is Heracles. For he apparently had this constitution, and

therefore epileptic afflictions were called after him “the sacred disease” by the ancients. His mad fit in the incident with the children points to this, as well as the eruption of sores which happened before his disappearance on Mt. Oeta; for this is with many people a symptom of black bile.

To understand what the *Problema* is getting at, we need to turn to Euripides’ play *Heracles* (it matters little that melancholy is accorded apparently scant importance in Euripides’ version).⁵³ Although it was composed well in advance of the *Problema* (up to a century), it provides an accurate indication, if not of the medical basis of what the pseudo-Aristotle must have meant, at least of the symptomatology upon which his deductions were based.

In this play, Heracles’ family (his wife, Megara, and his three sons) are facing death at the hands of the Theban regent, the usurper Lycus. Heracles is absent and cannot protect them. He is performing his labor in the underworld of bringing back the dog Cerberus to the daylight. Heracles does return to Thebes in the nick of time, however. It is at this point that his tragedy begins to unfold. As he performed, in company with his family, propitiatory sacrifices to Zeus, his old enemy Hera, Zeus’s wife, drove him mad. In his delusion he mistook his wife and family for members of the clan of his adversary Eurystheus. He slaughtered them in his mad frenzy. Hera’s revenge was complete only when Heracles, now bound for self-protection to a pillar, woke to sanity to face the awful consequences of his madness.

Is this frenzy evidence of melancholia? The *Problema* certainly thought so. This must be based upon the vivid symptoms of the Euripidean madness itself (see vv. 930–1008, 867–70): Heracles exhibits rolling and bloodshot eyes, foam at the lips, and, along with his terrible violence, an utter delusion. Theodorou (1993, 34) has usefully listed the symptoms exhibited by Heracles in Euripides’ play. The following occur during his attack:

1. silence (v. 930)
2. head thrown back, tossing (v. 867)
3. rolling of the eyes (vv. 868, 932)
4. heavy, irregular, and hot breathing (v. 869)
5. bloodshot eyes (v. 933)
6. foaming (v. 934)
7. making loud animal sounds (v. 870)
8. wild, insane laughter (v. 935)

Theodorou also notes that after the attack, Heracles “is confused (cf. 1094 ff.) and amnesiac (1105–8), his breathing still hot and irregular (1092 f.)”. It is

striking that much of this description has parallels in the melancholic behavior of Euripides' *Orestes*. To suggest, as many commentators would, that Euripides' portrait of Heracles is "conventionalized and indistinguishable from the frenzy occasioned by physical pain" is to misread the tradition and, above all, to ignore the reality of the delusion.⁵⁴ This is melancholy in the popular (non-medical) sense as it is exploited in Euripides' *Orestes*. The melancholia of Euripides' Heracles that the *Problema* attributes to the same hero is synonymous with a madness that exhibits itself as anger, violence, and destruction—in other words, mania. There is nothing in either Heracles of the Hippocratic depressive illness, even when he awakes to discover that he has murdered his wife and children (that is mere exhaustion). His madness has its literary origin in the manic phase of melancholia attributed by the *Problema* to the exhalations of hot black bile. Heracles' melancholy, thus, is of a very specific kind that, outside the *Problema*, does not receive widespread description in the medical tradition.⁵⁵ But it is quite standard in the popular tradition associated with melancholia. Were we to look at later versions of the legend, such as that by Seneca, we would find two things: (1) that later writers understood his condition as melancholy; (2) that things have not greatly changed from Euripides.⁵⁶ Virgil was certainly aware of the tradition of *Hercules melancholicus*. In *Aeneid* 8.219–20, Virgil attributes manic melancholy to the hero: "here in truth did burn with the madness /*furor*/ of melancholy /*atrum fel*/ the pain of Hercules" (Hercules is setting angrily off in pursuit of Cacus). That, at any rate, is how the *atrum fel* ("melancholy" or "black bile") is usually interpreted.

The *Problema* provides other examples of melancholy that reflect this same popular Orestean tradition. They are worth examining as further evidence of this tradition. Given the extraordinary influence that the *Problema* has exerted in Western thought, it deserves further attention. My point, and this is a novel one, is that the bipolarity of the *Problema* is a chimera. Close examination of its illustrative heroes indicates that it is mania, not depression, that characterizes them. They remain, therefore, examples of the popular tradition that I have associated with Euripides' *Orestes*.

Lysander (d. 395 B.C.E.), the Spartan general who sealed Athens's fate in the Peloponnesian War (431–404 B.C.E.), backs up this claim. The discussion of the pseudo-Aristotelian *Problema* tags him as melancholic. The following delineation occurs at the end of the passage cited earlier concerning Heracles (trans. Klibansky, Panofsky, and Saxl 1964, 18).

His [Heracles'] mad fit in the incident with the children points to this [his melancholia], as well as the eruption of sores which happened before his disappearance on Mount Oeta; for this is with many people a symptom of the

black bile. Lysander the Lacedaemonian too suffered from such sores before his death.

Nearly five hundred years after the *Problema*, Plutarch (ca. 50–120 C.E.), in the most useful source for Lysander's life, repeats the claim that the Laconian general was a melancholic.⁵⁷ First, he states (*Lysander* 2),

And Aristotle, when he sets forth that great natures, like those of Socrates and Plato and Heracles, have a tendency to melancholy, writes also that Lysander, not immediately, but when well on in years, was a prey to melancholy.

Later, and without absolute consistency, Plutarch adds (*Lysander* 28),

Since he was now of an altogether harsh disposition, owing to the melancholy that persisted into his old age, he stirred up the ephors and persuaded them to fit out an expedition against the Thebans [in which, in 395 B.C.E., he perished].

At no point, however, does Plutarch mention the sores, nor does he catalog other symptoms typically associated with the illness. How is Plutarch's notion of Lysandrian melancholy to be understood? The second of the two passages is quite precise. Plutarch states of Lysander that he was *chalepos ón orgén dia tén melancholian* (literally, “being harsh as regards his anger because of his melancholy”). The melancholy manifests itself, in other words, as *orgé*, or anger. For Plutarch, therefore, melancholy seems to be inextricably associated with violent anger (or mania). It is striking that Lysander is subject to this emotion in more than one place in Plutarch's life.⁵⁸ How did melancholia bring about Lysander's *orgé*? The black bile must have overheated and set the general's mind afire. Plutarch, it seems to me, provides a gloss on the *Problema*. His narrative suggests that Lysander may be sited, therefore, firmly within the tradition exemplified by Euripides' *Orestes*.

The *Problema* continues to discuss two further victims of the exhalations of hot bile, Ajax and Bellerophon.⁵⁹ We might do well to survey these too. The *Problema* states (trans. Klibansky, Panofsky, and Saxl 1964, 18 f.):

There are also the stories of Ajax and Bellerophon: the one went completely out of his mind, while the other sought out desert places for his habitation; wherefore Homer says [*Iliad* 6.200–203]:

And since of all the gods he was hated
Verily over the Aleian plain he would wander
Eating his own heart out [*hon thumon katedón*], avoiding the pathway
of mortals.

Let us look at Bellerophon first. His is a fascinating case for the light that it casts upon the preferences of the *Problema* and for popular Euripidean attitudes toward melancholia.

Bellerophon's wandering and the grief associated with it were brought on by the enmity of the gods. The Homeric scholia linked with this passage suggest that the divine hostility manifested itself in the killing of Bellerophon's children, Isandros and Laodamia (see too Clerici 1996, 330 n. 124). Bellerophon's grief, therefore, was the manifestation of his state of mourning for the children. Such an understanding is reinforced—should we doubt it—by Cicero in *Tusculans* 3.63. Immediately after quoting *Iliad* 6.201–2, Cicero mentions Niobe and Hecuba. They, too, mourned excessively because of the loss of children. In Niobe's case the loss of children was the product of divine enmity. There is an unstated parallel, then, between Bellerophon and Niobe.

The author of the *Problema* reflects a tradition that saw Bellerophon's grief as being so severe as to cross the bounds from acceptable grief into melancholy. Over six hundred years later, Rutilius Namatianus, in his travel poem *De reditu suo* (1.439 ff.), reflects this tradition. He states that Bellerophon was melancholic. But in what way was he melancholic? Rutilius is a little more detailed on this matter than either Homer or the *Problema*. I quote the passage that relates to Bellerophon (we will see it again in the discussion of acedia in chapter 4).

In our crossing of the ocean Capraria reared up next.

The island is polluted by a plenitude of men who flee the light. 440

They call themselves *monachi* [monks], using the Greek term,

Because they want to live alone, without a witness

.....

Perhaps they seek their cells [*ergastula*] as punishment for their actions.

Perhaps their mournful guts [*tristia viscera*] are swollen with black gall [*nigro felle*].

Homer attributed the condition of a superfluity of the bile [*bilis*]

To Bellerophon's anxieties [*Bellerophonteis sollicitudinibus*]. 450

For, after the blows of cruel sorrow, the human race

Is said to have displeased the young man.

There can be little doubt that Rutilius saw Bellerophon's condition, like that of the monks, as driven by a deep depression, a *tristitia*, a depression that could be attributed to *nigrum fel*, to black bile, the cause of melancholia. There is no question here of mania, or violence, or fits. Rutilius's Bellerophon more resembles the Eumenides Painter's Orestes. Had we any further doubt

on this matter, we could turn to the discussion of *Iliad* 6.200–203 provided by (pseudo-)Galen (*Introductio seu medicus* 14.740.16).

The cause of melancholy is black bile, a colder and gloomy humor. Therefore such people [sc., melancholics] are gloomy and downcast. They are suspicious of everything and rejoice in solitude, as did Bellerophon, as Homer explains.

Galen's Bellerophon is melancholic in the depressive sense. There is no reason why this should not have been the case for Homer's Bellerophon as well.

The *Problema*, erroneously, interprets Bellerophon as exhibiting melancholia, a form of bipolar melancholy, of anger and depression. The author of the *Problema* muddles. Bellerophon shows no bipolarity. He shows no mania, only depression. He ill fits, therefore, a context that demands bipolarity but in fact illustrates the deleterious effects of melancholic mania. One can see why. Nearly all of this writer's illustrations are manic, angry, or violent individuals. It appears, then, that his main intention is to link firmly, through the notion of bipolarity, the two traditions of the popular and medical. It is as if he has determined that depressive melancholics are outstanding and that he would like to extend the mode of understanding to the manic as well. The *Problema*'s real interest, then, is in manic behavior, and it invents an intellectual system to anchor this popular type to the medical form. We have been fooled ever since.

This reference to Bellerophon allows us to draw some conclusions of a more general nature. The first is this. Depressive melancholy, as the Eu-menides Painter's Orestes demonstrates and as Bellerophon himself demonstrates, was always on the cards. So, too, must have been bipolar depression. Orestes, Heracles, and Lysander may exemplify it. Yet the nonmedical literary tradition exhibits little interest in depression. As we have just seen with Bellerophon, a writer such as that of the *Problema* attempts to “regularize” depressive melancholia by systematizing it within his bipolar grid. Depression, I might also add, is no cultural construct. It is a persistent cultural entity that, not unexpectedly, certain eras find difficult to accommodate conceptually. In Greek of the period we have been discussing, the literary focus is on the surface of things, on the manifest, and on how the individual relates to the community. There is little interest in affect. Current “discourse,” in the Foucauldian sense, shapes not reality but how reality is constructed within literary texts.⁶⁰

The author of the *Problema* seems to believe that the Sophoclean character Ajax, the protagonist of the play of the same name (dating from pre-441 B.C.E.) gives a very clear indication of “bipolar” melancholy. Let me, as a final illustration, recapitulate the story of Ajax and of Sophocles' play. Ajax, we learn in this play, had been denied the dead Achilles' arms by the Greek leaders at Troy,

despite his universally being acknowledged as the leading living warrior. The arms were given instead by Agamemnon and Achilles to the canny Odysseus. Enraged at his defeat and full of a desire for vengeance, Ajax set out at night to kill Agamemnon, Menelaus, and Odysseus. He would have murdered them had Athena not deluded him into mistaking some plundered cattle for his quarries. Ajax, in his delusion, whipped and tortured the cattle, believing them to be his human opponents. After his eventual return to sanity, the ignominy and the humiliation of his actions drove Ajax to plan and carry through a shamed and solitary suicide. (I will come back to Ajax in chapter 5.)

Why did Ajax do it? Sophocles no doubt has his ideas, but the opinions of the *Problema* are what matter here.⁶¹ Fortunately the *Problema* does provide some useful information on the apparently bipolar nature of melancholy. I have quoted the relevant passage already, but for the sake of clarity, I repeat its substance here (trans. Klibansky, Panofsky, and Saxl 1964, 23 ff.).

[B]lack bile, being cold by nature, . . . can induce paralysis or torpor or depression or anxiety . . . but if it is overheated it produces . . . [individuals who are] easily moved to anger and desire . . . those who become despondent as the heat in them [sc., of the black bile] dies down are inclined to hang themselves . . . Most of those men in whom the heat is extinguished suddenly make away with themselves unexpectedly, to the astonishment of all, since they have given no previous sign of any such intention.

How can this interpretation be applied to Ajax? If, following the *Problema*, it is correct to view Ajax as melancholic, then his initial fit of madness (Sophocles *Ajax* 91–133) must be interpreted as the result of the overheating of the naturally cold black bile. Thus he becomes “easily moved to anger.” After the act of frenzy and the mistaken slaughter of the cattle, Ajax’s putatively atrabilious temperament begins quickly to cool. The result of this sudden extinguishing is a profound despondency (*Ajax* 645 ff.), which leads him to take his life, “to the astonishment of all, since [he has] given no previous sign of any such intention.” It seems likely that this is how the *Problema* might have interpreted Ajax’s actions as they are recorded for us by Sophocles and others.

As a rider to this, I would like to refer to one recent and well-known interpretation of Ajax’s characterization in Sophocles’ play, a psychological analysis based upon modern criteria. Collinge,⁶² with implicit approval by Stanford (1963, 237), argues first “that Sophocles was more truly medical, more seriously and instinctively a devotee of the craft than any other literary figure of the fifth and fourth centuries except (if we can call him literary) Aristotle.”⁶³ Collinge and Stanford continue to list the frequency of medical terms in Sophocles’ *Ajax* and, further, to argue that Sophocles’ play has detailed most

of the symptoms of what would now be termed manic depression. Stanford (1963, 237) summarizes as follows:

Sophocles has produced most of the symptoms of the manic-depressive syndrome in his portrait of Ajax: first (in the depressive phase) sadness, “psychomotor retardation in the forms of difficulty of thinking . . . and of sitting in the same position for a long time . . . fleeting delusions of persecution . . . and of mockery . . . The manic phase shows the opposite qualities: elation . . . brutal violence . . . persistent hallucinations . . . delusions of grandeur . . . irritability if thwarted or opposed . . . Collinge . . . concludes: “Sophocles has, maybe instinctively or because he has observed people’s behaviour with a clinical eye, put a traditional phenomenon, Ajax mad, into the correct and consistent framework of a well-observed psychosis.”

In a sense, Collinge has brought the *Problema* up to date. But, we may well ask, with how much justification? There can be little doubt that Ajax’s mentality as it is described during the assault on the cattle is rendered in a manner that makes him seem very like Euripides’ Orestes and Heracles. There is all of the sudden violence (vv. 218–20) and anger; there is the delusion (vv. 91–133). The attack Ajax suffers is said to be an illness, a *nosos* (vv. 271, 452, and *passim*) or a *mania* (vv. 216, 257–61, 292 ff.), and is linked with mad violence, *lyssa* (v. 452). While suffering this, Ajax can be said to be “out of his wits” [*aphrôn*] (cf. v. 355).

Subsequent to this attack, however, Ajax does not exhibit signs of deep depression. He is exhausted, almost dumb (v. 323), disgusted with himself, ashamed, and bewildered. He does not eat (v. 323), though it cannot be long since he has. These are all the expected reactions of someone who has fallen victim to such a manic attack as has Ajax. As we have seen in the cases of Orestes and Heracles, they do not amount to depression. Ajax’s suicide is sometimes said to be evidence of depression. There is little in the play (as opposed to the life situation it exploits) to indicate that this is the case. The more common critical mode of reaction to the suicide of Ajax is one of admiration (cf. vv. 479–80) and to state, with Stanford (1963, 290), that it is a measure of Ajax’s heroic character. His suicide becomes, as I will argue more generally in chapter 6, a mode of self-authentication.

The treatment of Ajax by the *Problema* is in many ways as instructive as is that of Bellerophon, who, essentially depressive, was rendered manic. This displays the basic bias of the *Problema*, which was to make the manic strangely respectable by association with the depressive. If the chance was missed with Bellerophon, in Ajax’s case it was quite different. There was no question of him being essentially manic, but bipolarity rendered him depressive as well. As

we have just seen, this entails a considerable misrepresentation of the tradition.

The (as I have said, meretricious) attempt of the *Problema* to unite the medical and the popular traditions of melancholia is intriguing. The text has no sense of or feeling for the depressive. History did not allow it this insight. Its attempts to include this are fraught with the same problems we encountered in Euripides' *Orestes*: narrative privileged and affectivity thinned.⁶⁴

If I have dwelt overlong on the *Problema*, it is because of the enormous influence that this text has exerted in Western literature. It is vital to understand, however, that this canonical text is quite deceptive and in fact masks the reality of the ancient understanding of melancholy. Despite the homogenizing attempts of *Problema* 30.1, the distinction between depressive and manic melancholia persisted. One tradition (that of the Eumenides Painter) was essentially medical, the other (that of Euripides' *Orestes*) popular. By and large, as the *Problema* overwhelmingly demonstrates, the popular interest was in the manic form.⁶⁵ Depressive melancholia was periodically acknowledged, but its time had not come. This simple, though astounding, fact has been little understood. The discursive tradition, then, with which depressive melancholy had to contend was one taken up with the outer, the surface, the mark, and the body as it is perceived in society. The passivity of depressive melancholia—for this period a mere epiphenomenon of mania⁶⁶—has little to offer such a tradition.



Depressive melancholics (those resembling the Eumenides Painter's *Orestes*) were depicted in ancient literature. It would be astounding if they were not. Yet the frequency with which they appear is not marked, nor are their appearances to be noted in all eras. This stands to reason. Much of ancient literature focuses on social or physical matters (the polis, the state, the universe itself, individual *aretē* or *virtus*). Nor was there, in all periods, a literary valuation of that self-consciousness and inwardness required for depressive conditions to come into textual prominence.⁶⁷ Genre itself could conspire against the depiction of the inner experience: there is no doubt that the Athenian stage was not the ideal place for the dramatization of neurotic symptomatology. Nor was there the sort of conceptual armament that medical thought increasingly offered. As I attempt to trace the appearances of depressive melancholia in popular literature, I will note how, at first, it is registered but not conceptualized. As time passes, the importance of the emotion gradually becomes apparent. It seems that as the mind, or at least the inward life, becomes separated from the body, there follows an increased consciousness of a restless, depressive mentality. Conceptualization of this emotion is the result of the eventual importa-

tion of medical descriptors into the popular or “literary” rendering of the depressed individual. The importation of medical terminology produces a verbal representation that finally matches the sophistication of the Eumenides Painter’s Orestes. With the importation of this vocabulary, we begin to witness the “popular” depiction of depressive melancholy—of sorrow without cause.

Times and traditions do change. Jason, the Hellenistic hero of the poem on the voyage of the *Argo* by Apollonius of Rhodes (born ca. 295 B.C.E.), provides one of the earliest and most instructive examples of just how. The romantic hero of Apollonius’s neo-epic the *Argonautica* (on which see Toohey 1992c) is not characterized by ancient writers as a melancholic. His problems were not attributed to the heavy and lugubrious effects of the black bile. Some modern writers, however, have accused him of a propensity for melancholia.⁶⁸ There can be little wonder at this, for Jason’s strength of purpose and his usual reaction to adversity during his expedition to gain the Golden Fleece is often emotional, even tearful.⁶⁹ At any rate, his “melancholia” contrasts markedly with the type to which Heracles, Lysander, or Ajax were said to be prone.⁷⁰ Jason’s melancholia is depressive, not manic. This propensity distinguishes him from his companion voyagers, the Argonauts, and at the same time makes him one of the more singular protagonists of ancient epic.

Does Jason exhibit any of the symptoms normally associated with the illness? Soranus of Ephesus, though postdating Apollonius Rhodius by nearly four hundred years, produced a description of melancholia—typical of the tradition—that may assist in an analysis of Jason. Soranus characterized a melancholic as exhibiting “mental anguish and distress, dejection, silence, animosity towards members of the household, sometimes a desire to live and at other times a longing for death, suspicion . . . that a plot is being hatched against him, weeping without reason, meaningless muttering and . . . occasional joviality” (trans. Jackson [1950, 561]).

There are character traits in Jason that, if they do not indicate outright melancholy, may have made Soranus raise an eyebrow. There is in many speeches in the *Argonautica* an insistence on the mental anguish and distress that Jason suffers. At *Argonautica* 1.460–61 Jason is depicted brooding over the enormity of the impending tasks (he is *améchanos* and *katéphioônti eoikós*, “hapless” and “downcast”).⁷¹ At 2.410, after Phineus’s painful predictions, Jason is *améchaneón kakoiéti* [utterly resourceless because of his woeful circumstances]. At 2.622–23 Jason extravagantly states, to Tiphys, that he is grieving and that he is “distraught in wretched and helpless ruin”; a few lines later he is “wrapped in excessive fear and cares unbearable” (2.627–28). Soon afterward (2.631–33) Jason protests to Tiphys that rather than sleeping, he groans throughout the night, worrying for the future. Shortly after the death

of Tiphys, Jason is again reduced to a state of helplessness (at 2.885 he is *amēchaneón*, and at 2.888 he and his companions are “vexed at heart” [*as-chaloōsin*]).⁷² On their home voyage, Jason and the Argonauts are forcibly beached on the Libyan coast. Jason’s reaction is despair (*aniazonti*, 4.1347). Then nymphs appear to provide assistance. Apollonius describes his hero’s reaction to their appearance as not merely amazed but “distraught” or “grief-stricken” [*atyzomenon*] (4.1316–18) and stricken by utter helplessness (*amēchanié*, 4.1318). The whole passage (4.1313–18) runs as follows:

1315

[The nymphs] gathered beside Jason,
And with their hands gently drew the mantle from his head.
But he turned his eyes away in the other direction
Out of awe for these deities; for he alone could see them,
And, to him in his grief-stricken state [*atyzomenon*], they spoke soothing
words:
“Poor wretch, why so stricken by absolute helplessness?”⁷³

Such anxieties and dejections, while uncommon in any Homeric hero but a mourning one,⁷⁴ are in Jason’s case excessive, even for a Hellenistic hero. Jason’s passivity, pliability, helplessness, and grief are as remarkable as they are unexpected in a warrior. His attitude, were we to attempt to envisage it expressed live on a human face, might well match that of the Eumenides Painter’s Orestes or that of Kraepelin’s stuporous maniac. Do such character traits point to a depressive nature?⁷⁵ They undoubtedly do, but not to one that we could judge so in the strictly medical sense. At this point, at least, Jason’s problems are attitudinal and are comprehensible given the situations in which he finds himself. Yet his reactions are not those one would expect of a Homeric hero.⁷⁶

There are other qualities in Jason at which Soranus might have balked and that might lead us back to the Eumenides Painter. There were Jason’s silences. At 1.1286–1289, after the disappearance of Heracles, Jason’s reaction is remarkable.

But Jason, amazed and utterly helpless [*amēchaniési atychtheis*],
Said never a word, one way or the other, but sat there
Bowed under his heavy load of ruin, in silence,
Eating out his heart [*thymon edón*].

Jason’s silence, stillness, and dejection are as remarkable as they are unpredictable—in what we assume is a heroic man of action. Of especial noteworthiness in this context is the description of Jason “eating out his heart.” This is the same description (but in Greek with the prefix *kata* dropped) given by Homer to the depressive Bellerophon and singled out as applicable to a de-

pressive melancholic by *Problema* 30.1 and, most significantly, Galen (*Introductio seu medicus* 14.741.6, cited earlier in this chapter) in their discussions of Bellerophon. If ever we needed confirmation of Jason's status as a melancholic, this is provided by the relative uncommon phrase *thymon edón*, "eating out his heart." This phrase indicates definitively that in the eyes of some ancients, even if they lived after him, his attitudes were to be associated with those suffering from a medical form of melancholia.

Jason is silent elsewhere. For example, after Aeetes assigns Jason his tasks (3.422–25), the reaction is comparable.⁷⁷ Jason is also given to tears. He weeps at 1.534–35 as he leaves his homeland and at 4.1703–4 when he and his companions are trapped in darkness on the Cretan sea. Notice, furthermore, that Jason is seldom jovial. Rare instances occur at 1.1104 (when Mopsus interprets a favorable omen for him), at 3.1148 (after meeting Medea and declaring his love), and at 4.93 (again in reaction to Medea). Soranus would have had few reservations in diagnosing that Jason was, strictly speaking, classifiable as a melancholic. Galen, if his notes on Bellerophon are anything to go by, would have felt the same way.

It is the very absence of a clear-cut concept of melancholia which so fascinates in descriptions of emotional states resembling those that we would associate with depression and melancholia. Jason is clearly of a melancholic disposition, and he is evidently depressed. A Greek doctor such as Galen would have had no hesitation in diagnosing him as such. Yet it is evident that while Apollonius may be able to "see" his dour hero for what he is, he lacks the psychological vocabulary (something that only the doctors could provide) to say what he is. Jason's depression, however, is extraordinarily interesting in another way. It is quite clear that Jason has good grounds for feeling miserable—things seldom go his way, at least not without considerable help from others. His persistently depressive response to adversity suggests a disposition that is prone to melancholia. We might say that—whether or not he is certifiable as a melancholic—he has the signs of an individual who is prone to sorrow without cause.

There are, not surprisingly, few texts in ancient literature that focus on psychological states like those exhibited by Apollonius's tearful hero Jason.⁷⁸ There are even fewer that concentrate on abnormal psychological dispositions. One comes with considerable excitement, therefore, to Cicero's *Tusculan Disputations*, a text composed in 44 B.C.E., in the year before Cicero's death. The *Tusculan Disputations*, taking their name from Cicero's villa at Tusculum, are written in the form of dialogues, but with a rather more continuous exposition than actual dialogue. This is Cicero in lecturing mode. The lecturer's target is those types of aberrant psychological register that may render one incapable of

living the happy life (*vivere beate*). So, in the first of the five books of the *Tusculans*, Cicero discusses fear of death. Such an emotion, if it becomes all-pervasive, may render one absolutely incapable of living happily. In the second book, Cicero advises his general reader on the need for endurance of pain, while in the third, of especial importance for this discussion of psychological aberrance, he instructs on the control of such distressing emotions as grief, jealousy, lament, and mourning. In the fourth book, he continues to examine distressful mental conditions: immoderate delight, lust, and fear, all conditions that, like those of book 3, may be controlled by the exercise of will. The final book argues that for the conduct of a happy life, inner virtue is a prerequisite.

It is the third book that is of importance for this discussion.⁷⁹ Here, as I have indicated, Cicero provides for us a detailed discussion of psychological distress, something he terms *aegritudo animi*. What does he mean by this phrase (which I have translated as “psychological distress”)? To answer this it may help to look through some of the key elements of the argument of *Tusculans* 3. This will help us home in on precisely what Cicero means. Cicero begins with the propositions that the wise man is susceptible to psychological distress but that such distress is disorder of the soul and, therefore, an unsoundness of mind (3.7). (His conclusion will be that psychological distress is not natural but voluntary and is due to mistaken opinion [3.81–84]; we can therefore control it by the exercise of moral, philosophical fortitude.) There is in our nature weakness, Cicero asserts, which philosophy must remove (3.12, 13) and from which the wise man (the one who is steeped in philosophy) is thus free (3.15, 20, 21). The cause of psychological distress and all other psychological disorders (there are three others: immoderate delight, desire, and fear; psychological distress is worst [3.26, 27]) is opinion and judgment—anticipation of distress, we might paraphrase, or an overvaluation of its virulence. Psychological distress cannot be relieved by diverting one’s attention (3.32, 33), for distress comes from the unexpected (3.28–31, 52–54). Time may bring alleviation, Cicero points out, but reflection and reason are the true remedies (3.55–59). The cause of psychological distress lies, as he has stated, in opinion and judgment (3.61). This may even lead people to think it right to feel distress (3.62–65). Distress can be got rid of, Cicero asserts (3.66). It is useless. Those who suffer most bear it most easily (3.67). Wise men are not distressed at their shortcomings (3.68, 69). Distress must not be yielded to as natural (3.70–74).

What does Cicero mean by this condition that he describes as *aegritudo animi*? He states that it encompasses almost any form of emotion where “psychological distress of the soul [*aegritudo animi*] closely resembles the conditions of bodies not in a healthy state,” adding, “thus that distress in the soul [*aegritudo animi*] has a name that in meaning is not distinct from the meaning

of pain” (3.23). Cicero attempts therefore to bring a medical formulation and description to this psychological state. This, as I have repeatedly emphasized, points to the beginnings of the confluence of the two ways of viewing sorrow without cause, as despondency and as medical melancholia. Elsewhere Cicero backs off, noting that *aegritudo animi* “is nothing else than the idea and conviction of an instant and pressing great evil,” but adding that “a life spent honorably and brilliantly affords a solace so complete that either no touch of [psychological] distress approaches those who have lived such a life, or else the prick of pain in the soul is only superficial” (3.61). But perhaps the clearest definition is provided by Cicero at *Tusculans* 3.83: “there is one principle in all forms of distress [*aegritudo*]; their names are many. For envy is a form of distress [*aegritudo*], and rivalry, and jealousy and compassion and trouble, lament, mourning, attacks of suffering, wailing, agitation, grief, vexation, torment, and despondency [*desperare*]. All these the Stoics define, and the terms I have given are used for each manifestation of distress [*aegritudo*.]” Two aspects of his description are striking. The first is that, as we may judge from the rest of *Tusculans* 3, these various forms of *aegritudo animi* have an easily identifiable etiology—opposition in one’s endeavors or in love, the death of a friend, disappointment, pain, and so on.⁸⁰ These conditions are not necessarily persistent, nor are they necessarily debilitating. They all have, furthermore, identifiable causes. Melancholia has no need of such simplistic causes. The second aspect is that many of the descriptive terms used for *aegritudo animi* could as easily be used for depressive melancholia (so “attacks of suffering, wailing, agitation, grief, vexation, torment, and despondency” *flamentari, sollicitari, dolere, in molestia esse, adflictari, desperare*).⁸¹ What should we conclude from all of this? Cicero’s “psychological distress” is not depressive melancholia. But it does exhibit some of the hallmarks.

What so fascinates in Cicero’s discussion is what is not said. When one reads of *aegritudo animi*, when one reads Cicero’s sensitive comments on *maeror* and *luctus* (“grief” and “mourning”), one easily assumes that it is depression that is being referred to—*angoscia esistenziale*, as Emanuele Narducci (in Clerici 1996, 32) puts it.⁸² The best evidence we have for associating Cicero’s *aegritudo animi* with a depressive disposition is the stress laid upon mourning within *Tusculans* 3: the link between mourning and melancholia has been made canonical by Freud.⁸³ There are, furthermore, other places in Cicero’s work where mourning and melancholia seem to be confused.⁸⁴ So it is that one wrongly assumes Cicero is pointing toward depressive melancholy (the emotion, at any rate, of which the doctors were conscious). Cicero does not at any point refer to this condition. Why? I suppose it is because he did not want to: he may have viewed depression as trivial by comparison with those other states he had examined.⁸⁵

But things are surely more complex than this. Part of the reason must also be that Cicero has no verbal or conceptual register for noting the existence of depressive melancholy (melancholia, as he tells us at *Tusculans* 3.5, is a violent disease, a mania). For that we can only blame history. It had not yet undergone the circumstances necessary for the problematization of the emotion.

There are unexpected spin-offs from Apollonius's and Cicero's silences. The absence of terminology for depressive melancholy in their works may help us to periodize the unfolding of depressive melancholia within ancient culture. It is quite clear from Cicero's *Tusculans* that the time had not quite come for the conceptual or textual "discovery" of this condition in nonscientific literature. Yet the lineaments of the emotion are present—a metaphorical vocabulary, a metaphorical symptomatology. All that is needed is for Cicero to determine that *luctus*, *maeror*, or *tristitia* need have no clearly identifiable etiology. Cicero was not just the product of his conceptual era. His thinking, like that of Seneca and other Stoics, was dogged by a pernicious desire to seek the easy etiology and the easy cure for psychological distress. Willpower and moral behavior become the cause and the cure. Cicero would have seen Orestes' *synesis* as bad conscience. This is a most unfortunate—indeed a most childish—way to judge madness.⁸⁶

The unambiguous signs of the discovery of existential melancholy did not take place until the next century. But things did not stand still in the meantime. Horace, less afraid than Cicero of trivial emotions, several times alluded to a condition that resembles depressive melancholia.⁸⁷ I will have more to say on this topic in my discussion of boredom in chapter 3. For now it may suffice to point toward *Epistles* 1.8. In this poem, Horace initially alludes to a restless dissatisfaction that has him oscillating inconstantly between a variety of preferences and experiences. So *Epistles* 1.8.11–12 have Horace describing himself as follows:

What harms me I follow; I run from what I believe helps.
At Rome I, fickle [*ventosus*], love Tibur and at Tibur Rome.

The root of Horace's problem is psychological. In verses 9–10 of the poem, he describes himself as locked into a perverse frame of mind.

I offend faithful doctors and become angry at friends,
Because they are anxious to get me away from this melancholy
[*veterus*].

I have translated *veterus* as "melancholy." The term in Latin is linked with the word for "aged" (*vetus*) and is no doubt suggestive of the sluggishness and torpor that can be associated with old age.⁸⁸ That this may approximate a form of depressive psychology is probable, if not immediately apparent.⁸⁹ What is

important is that the emotion has been complicated and expanded to the point that it has become almost existential. Medical melancholia, however, is not at issue.⁹⁰



What is wrong with Persius?⁹¹ In his magnificent *Satires* 3 he seems to suffer a strange psychological illness, an unexpected compound of a lethargy and an anger. The illness is not unequivocally named. Perhaps it was too obvious to require naming. Or, more likely, such psychic illnesses (then as now) defy easy designation. It is my contention that what is wrong with Persius is what is wrong with the Eumenides Painter's Orestes.⁹² Persius, the author of six difficult satires composed during Nero's reign, marks a new phase in the ancient history of melancholia.⁹³ In Persius's *Satires* 3 the medical tradition moves into popular literature. Jason's *améchanie* and Horace's *veterinus* receive a clinical name.

Direct symptoms of Persius's illness (called such at vv. 83 and 88) fall under two headings, of lethargy and of anger.⁹⁴ (The parallels between the paradigms offered by the Eumenides Painter's Orestes and the Euripidean Orestes should be apparent at once.) There are a cluster of related or analogized images. Lethargy—even sleepiness (note Persius's yawning at vv. 3 and 54–55)—is linked with ideas of looseness (vv. 58, 85), of cold, and of liquid, of flowing away and dilution, even moistness (vv. 14, 20). It is also linked with paleness (vv. 43, 85, 94, 96) and emaciation (v. 85). Anger is expressed directly or through a series of interlinked images: of heat (v. 108), burning (v. 3), cooking (vv. 6, 22) and boiling (vv. 37, 116); of swelling (vv. 8, 9, 27), and of fatness and being crammed full (v. 12 and *passim*); of blackness (v. 13) and poison (v. 37). The condition suffered by Persius seems to involve, thus, a swelling with anger (vv. 12, 13, 85, 116–17) and a dissipation of this into lethargy. The condition can be characterized in different places as exhibiting all of these analogized symptoms. While Persius's emotional state can involve an oscillation between the two states (an apparent bipolarity), it also presents itself as a nearly simultaneous compound of the two conditions.

The author of the poem seems to have decided that what Persius suffers from is a type of madness. His actions are those of a person who is *non sanus* (so he is in v. 118, the very last line of the poem). References to insanity occur elsewhere (vv. 5, 20, 32, 81) or are implied.⁹⁵ To judge by the references to medical figures in the poem (v. 80 ff.), it is a form of insanity that would have been understood by a doctor (v. 118). This combination of lethargy and anger (in succession or alternating) can imply both *insania* and melancholy. What is remarkable here is that Persius all but gives the complex illness a name. This is

unparalleled in nonmedical literature (and perhaps within—Aretaeus is the main exception). This naming happens three times in the poem. In one instance, Persius's friend admonishes him thus (vv. 117–18):

You say and do what even
Orestes would swear are the actions of a madman.

Orestes, as an expert in the matter, certifies the madness of Persius. In part this was because Orestes' *insania* was typified by anger (by *furor*). But Orestes, as we have seen again and again in this chapter, was a victim of melancholia. Roman authors such as Cicero, with whom Persius would have been thoroughly familiar, were clear on the matter.⁹⁶ This melancholic tone or strain is highlighted in the lines of the poem immediately preceding those just quoted. The friend attempts here to demonstrate to Persius the extent of his venality. So, when faced with the prospect of gain, this normally healthy man exhibits the bipolar symptoms of a melancholia (an extreme oscillation between anger and fear). These might have been drawn straight from the pages of Aretaeus or the pseudo-Aristotelian *Problema* (30.1). So at *Satires* 3.115–18 we read:

You shiver, when white fear [*timor albus*] has shaken up corn ears all over your limbs.

Now, as if a torch has been brought near, your blood boils and with anger

Your eyes flash, and you say and do what even
Mad Orestes would swear are the actions of a madman.

The description and imagery, indicating an alternation between the extremes of psychic “heat” and “cold,” are best interpreted by reference to Aretaeus’s or the *Problema*’s melancholic alternation between depression (cold) and mania (heat).

A second instance in which Persius's illness acquires a name occurs in verse 8. Its context goes as follows:

One of the companions speaks. Is it true? "Quickly, let
Someone come here. Is there no one?" The black bile is swelling.
"I'm splitting"—you'd say that all the herds of Arcadia were braying.
Now there's a book and a parchment, two-toned and trimmed,
In his hand, and paper, and a jointed pen. 10
Then we complain, that the thick ink sticks to the pen,
That the black ink is ruined when water is mixed in.
We complain because the pen makes two washy drops.
Poor man, and poorer each day. Has it come
To this? 15

It is not just the irresolution that makes this passage so important for the history of the depiction of melancholy. It is that Persius seems to envisage his addressee as a real depressive melancholic. What is most striking in Persius's portrait is that he is so precise in his designation of the condition of his addressee. In verse 8 of the poem, it is said of the sufferer: *turgescit vitrea bilis* [his glasslike bile swells]. One convincing gloss for this passage interprets *vitrea bilis* as an imitation, via Horace's *Odes* 3.13.1 (*splendidior vitro*), of Horace's *Satires* 2.3.141, which contains the expression *splendida bilis* (Harvey 1981, 80). Horace's expression has been convincingly explicated by Kiessling-Heinze as *melaina cholē* (the black bile that provides the term *melancholy*). If this understanding of the echoes inherent in *vitrea bilis* is correct, then it indicates that Persius is unequivocally suffering from a medical form of melancholia (see too Squillante 1995, 26). That is why I have translated this line as “the black bile is swelling.”

Other aspects of this passage assist in reaching this conclusion. These extend beyond the medical. The imagery of the pen and its black ink (“l'encre de la mélancholie,”) is striking. The blackness and stickiness (above all the blackness, but also the stickiness, which hints at constipation) project an image that is infused with that of depressive melancholia and that, given its application to writing, seems to characterize the act of literary composition itself. There is also the imagery of swelling and splitting. This picks up the analogies made for the author's anger and even, as I have described it, his agitation and flight of ideas. The combination of depression and anger echoes the central polarity of the poem, between lethargy and anger.

Persius's illness exhibits an affective ambivalence that matches that of the Eumenides Painter's Orestes. He seems to combine the latent agitation of Orestes (this “splitting” and anger) with the apparent despondency (evident above all in the metaphor of black ink and earlier in the yawning). (The anger [*furor* or *mania*] matches that, it also deserves stating, of the Euripidean Orestes.) The image of Persius catches, furthermore, the bipolarity of fear and anger mentioned at the close of the poem.

A third “naming” of Persius's illness occurs in verse 63 of this satire, when hellebore is suggested as a cure for those whose skin swells.

When the diseased skin swells already, you would see
People demanding hellebore in vain.

The illness requiring cure here is usually said to be dropsy. This is because of the swelling alluded to in the next line. In this poem, however, swelling has been associated with anger (see the references to swelling at vv. 8, 9, 27, and 39). This swelling is a collateral condition of the author's lethargy.⁹⁷ Elsewhere

in my discussion of the poem, I have associated swelling and lethargy with melancholia and bipolarity. I see no reason not to do so here. Hellebore is termed in Latin *elleborum* or *veratrum*. It existed in a white form, *elleborum album* or *veratrum album*, and a black form, *elleborum orientale* or *veratrum orientale*. Popular usage does not seem to have distinguished these.⁹⁸ White or black, it is a powerful emetic and was a useful treatment for anything involving the retention of fluid (such as dropsy) or the stool (constipation—this condition picks up all the imagery in the poem of being crammed) or bile (such as melancholia). It did this by purging the body of hard-to-budge fluids.⁹⁹ So hellebore was the standard emetic treatment for melancholy (cf. Celsus 3.18.17 and the epigraph to the present chapter). That the addressee should call for such an emetic treatment points to his suffering from melancholia (see Gildersleeve 1979, 132).¹⁰⁰ It reemphasizes the remarkable union in this poem between the lay and the medical traditions.

Support for this contention also comes from an unexpected quarter. In *Satires* 3.88–107, Persius's interlocutor imagines an individual who, already seriously ill and under treatment from a doctor, takes the first opportunity to be again out and about, to frequent the houses of the wealthy, to bathe, and to drink. The overindulgence while the man is ill brings on his death. This vivid passage offers an allegory linking the behavior of this ill man and those spiritual degenerates who, like Persius, would ignore philosophy. The passage runs as follows (the translation is adapted from Conington 1893):

“Examine me. There’s a strange palpitation in my chest. My throat is
Bad, and foul breath is rising from it. Please, examine me.”

Suppose a patient were to say this to his physician, and were to be
told to rest,

90

And then when the third night found the current of his veins steady,
Were to ask from a great house for some mellow Surrentine for his
moderately thirsty bottle

before bathing. “Sir, you look pale,” “O, it’s of no consequence.”

“You had better attend to it, though,

Whatever it is; your skin is getting quietly bloated and quite yellow.” 95

“I tell you, you’re paler than I am; don’t come the guardian over me;
I’ve buried *him* long ago, and now I’ve got you in my way.” “Go on,
I’m dumb.”

So our hero goes to his bath, with his stomach distended with eating
and looking white,

And a vapour of sulphurous properties slowly oozing from his throat;
But a shivering comes on while he drinks, and makes him drop his hot
tumbler

100

From his fingers; his teeth are exposed and chatter;
 The rich dainties dribble back again from his dropping jaws.
 So it's trumpets and tapers; and, laid out
 On a high bed and daubed with gluey balm,
 He turns up his heels stark and stiff towards the door; 105
 And citizens of twenty-four hours' standing in their caps of liberty
 carry him to the grave.

Aspects of the symptoms of this ill man continue the pattern of imagery evident in the poem thus far: the ill man is pale (v. 94), and his skin is swollen (*turgidus*, v. 98; *cutis aegra tumebit*, v. 63). His lips are slackened (*laxis labris*, v. 102) in the way that Persius's jaw is (*laxumque caput*, v. 58). The man's symptoms match to some degree those of Persius. But of most significance is that the ill man has a remission of his sickness on the third day of its course, then on the fourth day a relapse. His death on that day exhibits symptoms of fever (vv. 101–2).

What is wrong with this individual? The best guess is that he is suffering a four-day fever, that is, quartan fever (Conington 1893, 68; Gildersleeve 1979, 138). Quartan fever would account for the symptoms, the third-day remission when the patient goes out on the town, and the fourth-day relapse—hence the name “quartan” fever (see Celsus 3.3 on some of these details).¹⁰¹

Quartan fever is relevant for the context of this poem in two ways. First, and this is something that I will illustrate at greater length in the next chapter but that I must firmly emphasize here, quartan fever is associated with melancholy (see the Hippocratic treatise *On the Nature of Man* 15).¹⁰² Second, quartan fever, the illness probably in question here, exhibits the alternation between hot and cold that Persius suffers (see vv. 108–9 for this alternation in the case of this illness) and that the melancholic Orestes seems to have.

Other passages within Persius's poem reinforce these conclusions. Not only is the addressee aimless, but he also displays a seeming psychomotor retardation and despondency that matches that of the Eumenides Painter's Orestes. In the following passage (*Satires* 3.58–62) the addressee's aimlessness and despondency (so the lolling and yawning) is emphasized.

Are you still snoring—with your head lolling on a drooping neck?
 He's yawning off yesterday with his jaws dangling all over the place.
 Is there anything that you aim at, against which you direct your bow? 60
 Or are you chasing crows with the first missiles you can get hold of,
 Content where your feet lead and living for the moment.

What intrigues in Persius's depiction of his melancholic state is that his portrait more or less explicitly names the condition from which his addressee

suffers. Depressive melancholia, of an essentially existential sort, now is labeled using the terms of medicine. So we could take Persius's portrait as representing the end point of a progression that we have begun with Jason. Jason suffered from a depressive condition for which Apollonius's conceptual apparatus lacked a proper term. With Cicero and with Horace the progression toward interiority becomes more intense. Cicero does not seem to conceive that *aegritudo animi* could actually lack a proper etiology, let alone the simplistic cure of willpower. Horace is more sophisticated. But vocabulary again lets him down. To designate symptoms and to name the condition, he is forced to use metaphor. While Seneca's depiction of this depressive condition is undoubtedly the most detailed in terms of symptomatology, he still lacks a clear name. It is left to Persius to make the remarkably modern, almost too familiar union between depression and melancholy.

What is equally striking in this diagnosis provided by Persius is that its essentially bipolar analysis of melancholia occurs at approximately the same time as does that of Aretaeus of Cappadocia (whose views I have already outlined). It appears that in this period a new mode of interpreting human psychology was taking root.



It is possible to draw some conclusions from all of this material. I have examined three ways of looking at melancholia: that of the despondent, dejected, depressed individual typified by the Eumenides Painter's Orestes; the popular mode, which, like Euripides in his *Orestes*, saw the condition as essentially manic; and a medical tradition that saw melancholia as an essentially depressive and debilitating illness. As we have just observed, late in antiquity the first and third conditions intersected. The concepts of medicine animated the Eumenides Painter's tradition to produce what might best be termed an existential melancholia. This can best be seen, as the first and last sections of this chapter demonstrated, in the remarkable portrait of the existential melancholy provided by Persius's *Satires 3*. For the sake of clarity, we should repace the major conclusions from the various sections of this chapter.

The earliest views of melancholia link it simply to a physiology conditioned by the predominance of black bile, one of the four humors. This physiology, however, soon became associated with temperament or psychology. It seems that, during the fourth century, this new melancholic temperament and pathology were distinguished. While a melancholy temperament may have involved nothing more than a certain sluggishness, a temporary or even persistent overabundance of black bile could produce a pathological condition characterized

by despondency, fear, and delusion. Things changed irrevocably at the end of the fourth century with the appearance of the pseudo-Aristotelian *Problema* (30.1). The *Problema* associates melancholia with exceptional people. It also allows that melancholy can display itself as either mania or depression, depending on whether the bile has heated or cooled. Much subsequent medical thought turned its back on the manic side of melancholy (with the noteworthy exception of Aretaeus). Whether subsequent medical writers were humorists or not, they associated melancholy with depression—it was a disease exhibiting despondency, fear, and delusion.

The popular view of melancholia is, with few exceptions, remarkably consistent. Whether it is Euripides, Cicero, Menander, or Plutarch, they saw melancholia as a preeminently violent and angry condition. To judge from Aristophanes and Cicero, this was the way Greeks, at any rate, used the word *melancholia*. If pressed to offer a physiological basis for this interpretation, I suppose they might have had recourse to the lore of the *Problema*, on the basis of which they could have attributed the mania to an overheating of the black bile.

The bifurcation between medical and lay perceptions seems to have deprived the literary individual of a word to describe sorrow without cause. But this is not to say that there was no consciousness of the condition.¹⁰³ It has been suggested that Jason, for example, and the addressee of Persius's *Satires* 3 exhibit a despondency so pervasive as rightly to be termed melancholy. Apollonius's Jason suffered from a depressive condition that is not named: Apollonius's conceptual apparatus lacked a proper term. With Cicero and with Horace the progression toward a depressive inferiority becomes more intense. Cicero does not seem to conceive that *aegritudo animi* could actually lack a proper etiology, let alone the simplistic cure of willpower. Horace is more sophisticated. But vocabulary again lets him down. To designate symptoms and to name the condition, he is forced to use metaphor.

There are, as I have indicated, unexpected spin-offs from Apollonius's and Cicero's silences. The absence of terminology for depression and melancholy in their works may help us to periodize the unfolding of depressive melancholia within ancient culture. It is quite clear from Cicero's *Tusculans* that the time had not come for the conceptual or textual “discovery” of this condition. And yet the lineaments of the emotion are present—a metaphorical vocabulary, a metaphorical symptomatology. All that is needed is for Cicero to determine that *luctus*, *maeror*, or *tristitia* need have no clearly identifiable etiology to become sorrow without cause. What fascinates in Persius's epochal depiction of his melancholia is that his portrait more or less explicitly names the condition from which he suffers. (Depressive—or existential—melancholia in a literary

text is now labeled using the terms of medicine.) Persius's portrait is very important in another way. His melancholia exhibits "mixed" symptoms. His depressive symptoms are over- and underlaid with traces of mania. His is an agitated melancholy that has a striking parallel in the remarkable painting of Orestes held in the Louvre. It also has a remarkable textual parallel in the diagnosis of melancholia that is provided by Aretaeus of Cappadocia.

The periodization that I am attempting to highlight should be apparent. The major change—admittedly the end point of a gradual progression—takes place during the first century of our era. This major change is the emergence—or better, the conceptualization in popular literature—of a form of depressive melancholy and, in Persius's case, of mixed-state melancholy. (It is significant that the beginning point of the process of discovery is in the Alexandrian period.) That melancholy to which I am referring is identifiably modern. It is the type of emotion so often claimed as having been invented with the Enlightenment.

The change that I have attempted to highlight may be characterized through a simple set of contrasts. We witness in this evolutionary shift a movement from activity to passivity, from body to mind (and interiority), from complicity to estrangement, from public to private, from the mark to the sign, and, paradoxically and above all, from lack of control to control. This last shift deserves emphasis, for our depressive melancholic observes a type of control in his or her private relations that the manic figure finds impossible. Thus the final change (and this is something that will become more clear as we progress) is that depressive melancholia, pointing to an increased interiority, is accompanied by a greater self-consciousness, or, to put it another way, self-awareness.



Inevitably one asks why these changes occurred. The reasons for the shift in perception are beyond the scope of this inquiry. Obvious causes are, from the literary and generic point of view, an increased interest in psychological or empathetic narrative and a focus directed more on motives than on actions; from the point of view of society, there is an increase in urbanization and, with this (in some centers at any rate), a societal situation in which the traditional ruling and intellectual elites were excluded from political decision making (there must follow inevitably a heightened sense of powerlessness).¹⁰⁴ But these pressures can provide only a partial answer, for medical literature exhibits some concern, at any rate, for depressive melancholia from early on—certainly from before the urbanization of the third century B.C.E. and the first century C.E. What one can say with confidence is that disturbing conditions

such as melancholia appear most to flourish in eras and in social matrices where individual, private freedoms are encouraged but where public freedom (I mean the freedom to participate in the ruling of the polis or of the state) is firmly—even vigorously—curtailed.

The extent to which this effects public mentality and its private expression throughout various literary and scientific genres is difficult to pin down. What we may say is that there is, first in the early Hellenistic period and then later under the early Roman Empire, both in the literature and in the life experience rendered, an increasing problematization of will (or volition) or of control. Fueled as much by philosophies like Stoicism as by social conditions in which individuals were conscious of limited political freedoms, this concern is inevitably accompanied by an inward-lookingness, by an “inferiority,” which seems to fuel concern for the boundaries of self and of self-consciousness. I am not saying that this problematization engenders the sorts of conditions in which sorrow without cause can take root. Rather, it seems to highlight and perhaps to foster the constellation of affective conditions of which melancholia forms such a critical part.

There are, finally, a number of immediate payoffs that this focus on melancholia can provide. The first is that it offers us some idea of the early history of an illness that still is at the very heart of the psychiatric and psychological enterprise. It indicates, furthermore, the experiential sameness of the illness through time. So it underlines the mistake made by those who would locate the origins of this illness in the Enlightenment. The second point relates to the periodization of mania and depression. One’s instinct—affirmed by the great German psychiatrist Kraepelin—that earlier societies privilege mania while later ones privilege depression is borne out in the literature of Greco-Roman antiquity.¹⁰⁵ A registering of complex mixed states, though evident in art, comes late. As Orestes and Persius demonstrate, this was understood, if not necessarily conceptualized, in all periods.¹⁰⁶ There is, it seems, a lag between the conceptualization apparent in various media. Visual art had the tools to represent melancholia of the depressive (and of the mixed) sort far earlier than did written media. (This probably holds true for the representations of many other emotions in ancient literature.) Related to this is my third point: above all, ancient literary texts understood melancholia as a manic or violent illness; depression was most commonly registered as a mere epiphomenon. Contexts in which depression are highlighted, therefore, are particularly deserving of attention. My final points relate to the presentation of self-consciousness—of an awareness of oneself as a sentient being, separate from those about, whose “identity” is predicated on such a self-awareness—in ancient literature. This is intimately related to the emergence of depressive melancholia. This stands to

reason, because the ailment highlights the interior, psychic, spiritual state of the sufferer—their interiority, as it might be termed. Linked to this is a fascinating type—even genre—within ancient writing, which might be termed “the literature of the self.”¹⁰⁷ Above all, this comprises those texts that highlight the emergence of depressive melancholia as a subject requiring careful attention.