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Acedia
Madness and the Epidemiology of Individuality

> . . . pittie the estate of such as grone under the burthen of that heavy crosse, wherein no reason is able to minister consolation, nor the burthen whereof the angels themselves have ability to sustain.
>
> —T. BRIGHT, *A Treatise of Melancholie*

Herbert Basedow was a medical officer who worked among the Aboriginals of central, western, and northwestern Australia toward the end of the nineteenth century. He was also an amateur anthropologist and linguist. He recorded many firsthand descriptions of Australia Aboriginal behavior and customs in the years before their traditional way of life had been chaotically disrupted by imposition of external social demands. The photograph in figure 4, of the Aboriginal pointing the bone, is drawn from one of his long out-of-print books.[1] The Aboriginal is practicing a form of "long-distance sorcery,"[2] a psychic killing known simply as "boning."[3] The following passage describes the process of boning, as well as the effects it produces.[4] It is drawn from Basedow's book *The Australian Aboriginal* (1929, 175–79).

> It is quite as customary among all Australian tribes to bring about the downfall of a rival or enemy by the magic influence of suggestion. This is the wonderfully potent method of "pointing" death at a man, who may or may not be present. The process is usually referred to as "pointing the bone," or simply "boning" . . . Most of the tribes are in possession of different shaped sticks and bones, with which the death pointing is done. These are usually about three or four inches long, pointed at one or both ends, and containing a small bleb of resin at one end, to which a piece of human hair-string is attached. When the instrument is bone it is usually a piece of the dead man's skeleton . . . When a man has been condemned to death, the person or per-

> sons, who are to administer the fatal charm, are nominated. The "pointing" apparatus are produced, and with them the men take up a kneeling position a little distance from the camp. Facing the doomed man's habitation, they lift the bone, or stick, to shoulder height and point it at the victim . . . There is [however] a great number of different methods employed in administering the fatal charm of the pointing-stick, all of which, however, are after much the same principle. A common practice amongst the Aluridja is for the man, about to use the stick, to leave the camp and seclude himself behind a tree or other obstacle. He squats upon the heel of one foot which he has tucked under his body. He points the bone or stick straight at the man who is to die, or, it may be, merely in the direction he imagines he would strike him. Whilst administering the curse, he holds the object in the hand of his outstretched right arm . . . A man who discovers that he is boned is, indeed, a pitiable sight. He stands aghast, with his eyes staring at the treacherous pointer, and with his hands lifted as though to ward off the lethal medium, which he imagines is pouring into his body . . . His cheeks blanch and his eyes become glassy, and the expression of his face becomes horribly distorted, like that of one stricken with palsy. He attempts to shriek, but usually the sound chokes in his throat, and all one might see is froth at his mouth. His body begins to tremble and the muscles twitch involuntarily. He sways backwards and falls to the ground, and for a short time appears to be in a swoon; but soon after he begins to writhe as if in a mortal agony, and, covering his face with his hands, begins to moan. After a while he becomes more composed and crawls to his wurley. From this time onwards he sickens and frets, refusing to eat, and keeping aloof from the daily affairs of the tribe. Unless help is forthcoming in the shape of a counter-charm, administered by the hands of the *"Nangarri"* or medicine-man, his death is only a matter of a comparatively short time. If the coming of the medicine-man is opportune, he might be saved.[5]

The long-distance engendering of psychic and physical pain and illness, such as the severe enfeeblement of the victim of boning, excites endless fascination. Even more fascinating is an examination of just how it is that such transmission is possible. Lévi-Strauss (1963), Showalter (1997), and Hacking (1998) have had very helpful things to say on the topic—Lévi-Strauss on how such deadly transmission becomes possible, Showalter and Hacking on how this can turn into a viruslike phenomenon of epidemic proportions. Their diagnoses will help us better understand the transmission not just of this boning but, more importantly, of the sudden upsurge of the conditions described in the previous three chapters.

In the instance of Basedow's boning, as I have implied, we seem to witness the creation of an emotional and physiological state that matches others that

Fig. 4. Basedow's photograph of an Aboriginal "boning" (ca. 1890s). (Reprinted from Herbert Basedow, *The Australian Aboriginal* [reprint, Adelaide: F. W. Preece and Sons, 1925], 177.)

we have seen brought about by more banal means, such as the lovesickness that is discussed in chapter 2. Sappho describes a suffering, of an illness that must owe its origins to love, that is approximately comparable to that of Basedow's victim (so Sappho's speechlessness becomes Basedow's "the sound chokes in his throat," her burning sensation on the skin becomes his "cheeks blanch," her loss of vision becomes his "eyes become glassy," her cold sweat and trembling become his "body begins to tremble and the muscles twitch," and her pallor and near-death experience become his "in a mortal agony"). Heliodorus's Charicleia, to cite a second example, is described as suffering from love in a comparable fashion: suddenly the heroine begins to suffer headaches, she weeps, her gaze is affected, she becomes pallid, and she takes to bed and retreats from her community. Charicleia was definitely suffering from love, but, in the initial confusion created by her sudden illness, the physicians attributed her sickness to the effects of the evil eye (a historically more common variant of boning, I suppose) as well as to a superfluity of black bile.[6] It is almost alarming to imagine that an ancient Greek physician might have understood Basedow's boned Aboriginal as suffering from melancholia.

There are, for the argument of this book, three very useful aspects to Basedow's portrait of boning. The first is, as I have indicated, the set of symptoms experienced by the victim of boning: astonishment, blanched cheeks, glassy eyes, a distorted facial expression, voicelessness, spasms, swooning and collapsing to the ground; then sickening, fretting, the rejection of food and community dealings; and finally imminent death. Incredible as these symptoms may seem, they are real and have often been attested. These symptoms are not far different from those that we have observed in chapter 2 of lovesickness and will observe in chapter 6 concerning suicide (cf. Hawley 1997).[7]

My second point is this: the ability to produce at a distance somatic experience by nonsomatic means is remarkable.[8] But it is something that we have observed, as I have indicated, in Charicleia's illness in Heliodorus's *Aethiopica*. There, however fantastic the diagnosis seemed, medical opinion linked her illness to the effects of another form of long-distance sorcery. Basedow's testimony gives witness to its effective reality. Charicleia fell ill and began to fret away. In fact it was lovesickness. Her physicians, however, initially believed that love was not the root of the problem and that she had been "boned"—she was the victim of the evil eye.[9] Real life-threatening illnesses, as has equally been attested, can be produced by utterly nonsomatic means. When the person who has been boned withdraws from the community, deliberately, it is as if this violent dislocation of the link between reality and its perceived effects (physical illness requires a physical cause; how can the pointing of a mere stick make you die?) destroys the individual's certainty in community and the "reality" that this embodies.[10]

Third, the similarity between the symptoms registered for the victim of boning and those of other psychological affectivities surveyed in this book suggest that there exists an essential sameness—at least on the reactive level—between these various hostile conditions. I am saying that boredom, depression, and lovesickness, a very constellation of affective disorders, may point to a deeper, shared way of responding to psychic trauma. Basedow's boning works—as does the evil eye and lovesickness, no doubt—because of a complicity of belief and a willing suggestibility between perpetrator, victim, and community. When these three coincide (or better, collude), it seems to me, boning, lovesickness, and perhaps even melancholia can flourish. The link between boning and an upsurge in passive depressive conditions is to be found, then, situated between the victim, his victimizer, and his audience.

Many of these themes, and indeed the themes of this book as a whole, reappear in that most famous of all forms of "boredom," acedia, the "bored" (or is it depressive?) condition suffered by monastic incolates during late antiquity and the medieval period.[11] This chapter will attempt to show how the strange

virus of acedia, a monastic form of boredom or melancholy, reproduces in its mode of transmission that of boning. The sudden appearance during the fourth century of this enervating spiritual condition evokes abiding fascination. (It may well be that the efficient psychic transmission of affective states, evident in the instances of boning or lovesickness, can account in part for the sudden frequency of depressive conditions such as acedia. It may well be, too, that conditions such as melancholia, lovesickness, and boredom became more frequent during the first century of our era for comparable reasons.) Of all of the forms of melancholy, acedia is without doubt the most famous—and most popular.[12] Its very existence demands comparison with classical antecedents. Surveying acedia, however, means moving away from the temporal parameters favored by this book. Although acedia became prominent in late antiquity—much later than the other affective conditions that I have been examining—it still appears to bear a close resemblance to those conditions already surveyed. It may easily be assimilated with boredom and melancholia.[13]

Acedia represents the dangerous somatization of a dangerous affective state.[14] More was involved than mere somatization. This emotional condition became widespread and even came to represent something of an epidemic. Acedia shows both how and that emotional states may come into being and sweep through a community.[15] The mode by which this variant form of depression or boredom travels closely resembles that by which boning operated. I am not suggesting that monks pointed a biblical bone at one another to induce this enervating condition. I am suggesting, rather, that the conditions that make boning possible also make the transmission of acedia possible:[16] a complicity and willing suggestibility—a complicity of belief—between perpetrator, victim, and community rendered infection possible.[17] There is another point of considerable interest here. The early cenobitic communities that fell prey to acedia housed hermits who placed the ultimate faith in the power of self. The real danger for victims of this illness (as is the case in the instance of boning) lies in their withdrawal from the community and their resultant solitude. (I have noted that, in almost all of the examples of melancholia, or boredom, or lovesickness, death results only when the sufferer becomes convinced of the superfluity of human society.)[18] Perhaps, therefore, we witness in the instance of acedia an "epidemic of individuality."[19] The victim of acedia, just like the victim of boning or of the other conditions mentioned, is forced to confront his or her existence as an independent, self-conscious agent. It takes practice to live with a sense of one's own singularity and uniqueness and difference to the world, with, I am saying, a thoroughgoing sense of self and self-consciousness. This, in different ways, is precisely what we have observed in the previous three chapters.

Why, then, do I make such an issue of the similarities between acedia, and boning, and melancholia? I do so in the first place to illustrate the fact that depression is not a modern illness:[20] it has its analogues in a variety of ancient psychological and psychotic states. The similarities also point to a deep structure, as it were, which offers the reactive basis for a varied group of, for us, key states. I also want to illustrate that these emotions are inextricably tied to a heightened sense of self-consciousness, of independence, of uniqueness, and, I suppose, of psychic isolation. Characters suffering from acedia or boning experience isolation from their community. They experience a dramatic rupture between normal cause and effect, and they are faced with an inability to negotiate between the poles of individual and community. Leisure and play, when these acknowledge their own purposelessness and their own inability to create a fit between the signifier and the signified, may provide the best of remedies.[21]

Acedia is very helpful in other ways, as I have pointed out in the introduction to this book. The similarity of acedia to both boredom and melancholia (as we shall see), its well-documented historical existence, and its capacity for transmission in a viruslike fashion tells us much, I believe, about both the reality and the temporal infectiousness of the sentiments described in chapters 1 through 3. As to the first point, acedia is so well and so frequently documented that we cannot doubt its sudden prevalence and importance in real, not just discursive, life. Its symptomatologic similarity to melancholia and boredom, both of which became discursively more frequent in the first century of our era, suggests to me that I am quite justified in having moved from discursive to real-life speculation in chapters 1 through 3. The mode of transmission for acedia has its analogue in boning. That, in its psychological essence, is a very common mode of transmission that has clear parallels, I will argue, in the instances of not only acedia but also melancholy, lovesickness, and boredom. Acedia, it is my opinion, tells us *how* these conditions became more frequent in real life. (The *why* eludes us.) Acedia, furthermore, gives us clues as to how the emotional registers described in chapters 5 through 7 also became prominent.

In 382 Evagrius (?345–399 C.E.) quit Constantinople for the deserts southwest of Alexandria.[22] Here he joined the hermit colonies gathered at places with such names as Nitria, Scete, and the "Desert of Cells." During the seventeen years that Evagrius passed in these hermetic communities, he developed a formulation of acedia that, to some extent, remains canonical. It is also a formulation that may respond to the conditions of this "Desert of Cells."

For Evagrius acedia represents a "psychic exhaustion and listlessness"

(Wenzel 1967, 5; cf. Driscoll 1989). On the face of things it seems probable that acedia was the product of the extreme monotony, the harshness, and the solitude of anchoritic life (the discussion of acedia in the *Peri tôn oktô logismôn* is quite explicit on this). Consideration of the conditions in which these North African monks lived gives a better idea of the likelihood of this contention. On Mount Nitria, for example, there were nearly five thousand monks. Through the heat, the lack of sleep (acedia was the "demon of noontide"), and the paucity of food, they lived in their separate cells. Their spiritual program lacked elaboration. They practiced a common form of work, probably shared meals, and on Saturday and Sunday shared worship. But apart from work and meals the day was silent, especially in Cellia and Scete (Chadwick 1968, 22–23). There can be little wonder at the fact that they fell into a state that produced symptoms of dejection, restlessness, dislike of the cell, resentment of fellow monks, a desire to quit the cell to seek salvation elsewhere, and even a rejection of the value of anchoritic practices.[23] Wenzel (1967, 5), perhaps the best commentator on Evagrian acedia, observes that "in the end *acêdia* causes the monk either to give in to physical sleep, which proves unrefreshing or actually dangerous, because it opens the door to many other temptations, or to leave his cell and eventually the religious life altogether."

Countermeasures for acedia existed. Endurance, patience, a resolute refusal to quit one's cell, insistent prayer, the reading and recitation of psalms, the remembrance of and meditation on relevant verses from Scripture, keeping to the fore the thought of one's death and heavenly rewards, even the shedding of tears were all felt to be helpful practices. Above all, manual labor was believed to be a most powerful measure against the sin. In spite of the dangers, there were decided benefits to be derived from an onslaught of acedia. The monk who was capable of withstanding it grew immeasurably in strength (qualities are listed in Wenzel 1967, 5 f.).

In its earliest formulations, therefore, acedia gives the appearance of being the disease par excellence of the hermit. The very conditions in which the hermit lived would be conducive to the illness. St. John Chrysostomos (347?–407 C.E.), also a North African, but an erstwhile hermit, provides us with another important outline of the illness. In his *Exhortations to Stagirius*,[24] St. John attempts to assist an anchorite, Stagirius, who suffers a destructive spiritual condition. Although this is termed *athumia*, the condition is usually interpreted as acedia (Klibansky, Panofsky, and Saxl 1964, 75). Stagirius, after his entry into monastic life, began to suffer frightening nightmares, bizarre physical disorders, and a despair that bordered on suicide (*Patrologia Graeca* 47.425–26). What interests most in St. John's discussion is the extremity of the illness. The description of Stagirius suffering a psychotic attack is startling. Stagirius's

symptoms were "twisted hands, rolling eyes, a distorted voice, tremors, senselessness, and an awful dream at night—a wild, muddy boar rushed violently to accost him" (*Patrologia Graeca* 47.426; see also Kuhn 1976, 47).[25]

St. John's description modifies the Evagrian portrait in two important ways. First, *athumia,* or acedia, was far more violent than anything described by Evagrius. The second important modification concerns the epidemiology of acedia. The disease is not restricted to the anchoritic community. He compares the attack suffered by Stagirius to attacks suffered by individuals living *delicate* (in Greek they are *truphôntas*—is he attacking homosexuality here?) in the world: "many, while they live in a debauched fashion, are taken by this plague. But after a little time they are freed from the illness, and regain perfect health and marry, and have many children, and enjoy all the benefits of this life" (*Patrologia Graeca* 47.425). The means by which this psychological malady traveled is something that we will come back to. It is transmitted in a manner approximately comparable to that of Basedow's boning. I do not mean, as I have already stated, that anchorites pointed some form of an ecclesiastical bone at one another. Rather, their suggestibility to the illness, their capacity to be infected through what is little other than psychic suggestion, resembles the ease by which Australian Aboriginals seem to have fallen victim to the psychic suggestion of boning. As I say, Stagirius's symptoms may well resemble those of an Aboriginal victim of boning. It is evident, too, that they resemble those of Sappho's victim of love and Heliodorus's Charicleia.

Acedia became the eighth of the vices in the famous list of John Cassian (ca. 360–435 C.E.). Cassian, born in Bethlehem but finally resident in Transalpine Gaul, is the key figure for the Western tradition of acedia.[26] In his work discussing monastic habits, *De institutis cenobiorum,* he stresses its dangers. He links it especially with the hermetic life: it is characterized by laziness and inertia, an unwillingness to pursue spiritual exercises, and a desire to escape present circumstances; by tiredness, hunger, and the slowing of time; by a desire to escape oneself through sleep or company.[27] His cure is labor. That discussion occupies the largest part of *Instituta* 10 (Kuhn 1976, 50–54, provides a useful discussion of Cassian). Cassian's use of the word *acedia* in *Instituta* 10 evinces a shift away from anchoritic dejection or depression to something more closely resembling idleness (*otium* or *otiositas*), even sloth (Wenzel 1967, 22). The reason for this, implies Chadwick and argues Wenzel, is the changed circumstances in the lives of the religious for whom he wrote (Chadwick 1968, 46; Wenzel 1967, 22). Ascetics such as those addressed by Evagrius lived harsh lives, in spite of their community clusters in the North African deserts. Acedia, in their cases, was exacerbated by solitude and deprivation. Cassian created a new milieu. After a period of wandering from Palestine to Constantinople to

Egypt and finally to Marseilles, he established his own cenobitic community. Here the ascetic individualism of the North African hermit was tempered by the demands of a religious community. The individual must contribute to the whole. Idleness, therefore, is a particular danger. Work is of paramount importance—hence the stress of the *Instituta*. "It was basic to the cenobitic life," maintains Wenzel (1967, 22), "that the monastery be a self-sustaining unit for whose support the individual monk had to contribute his share." Laziness endangered its existence.

Cassian's acedia may be described as a type of sloth. Another monkish vice, described in book 9 of the *De institutis cenobiorum,* is *tristitia*. It bears a slight resemblance to Evagrius's and Stagirius's illnesses.[28] Cassian outlines the origins of this state as follows (cap. 13; *Patrologia Latina* 49.360–61): it could arise from past anger, a loss of money, an unspecified disappointment, an unprovoked injury, irrational confusion of the mind, or the sorts of things such as cause one to despair of salvation and life itself (Cassian compares Judas). *Tristitia* can be cured simply by directing one's attention steadfastly on the afterlife. Cassian's category is, however, a jumble. That it was not well thought through is indicated, perhaps, by the brevity of this ninth book. *Tristitia* may signify mental derangement, although Cassian is more concerned with the other categories. These might best be characterized as frustration, although they may represent a frustration that can become so extreme as to be lethal. *Tristitia* may vary from the severity of Stagirius's *athumia* to the triviality of Cassian's *otiositas.*

Rutilius Namatianus was a pagan, a contemporary of Cassian, and also a Gaul (Vessereau and Préchac 1961, vff.). In 417 C.E., seven years after having sacked Rome, Alaric the Visigoth made his famous sea voyage back to a ravaged Gaul. In that year of opportunity, Rutilius sailed home, hoping (no doubt he was bitterly disappointed in this hope) to reestablish himself safely in his Gallic estates. He commemorated his return in a poem—part travelogue, part exhortation to his fellow Romans to overcome their present disasters and to act in the manner that they had when, seven hundred years previously, they had overcome Pyrrhus and Hannibal. He mentions voyaging past a community of monks north of Corsica, near the island of Capraria. He remarks (*De reditu suo* 1.439–52):

> As we crossed the ocean Capraria reared up in front of us.
> The island is polluted by a plenitude of men who flee the light.
> They give themselves the Greek name of *monachi* [monks]
> Because they want to live alone, without a witness.
> They fear the gifts of Fortune and her outrages.
> Who would choose to be miserable to avoid being miserable?

What madness *[rabies]* of a twisted brain is so crazy
  As to be unable to tolerate blessings while fearing ills?
Perhaps they seek their cells *[ergastula]* as punishment for their actions?
  Perhaps their mournful hearts are swollen with black gall *[nigro felle]*
A superfluity of black bile (*bilis*) was the cause Homer assigned
  For the troubles of Bellerophon [*Iliad* 6.200 f.],
For the human race is said to have displeased the young man
  After he was made ill by the attacks of cruel depression *[saevi post tela doloris]*.

It is uncertain whether Rutilius is describing a monastic community or a loose confederation of anchorites. He identifies the psychological state of these men as depression or, as he would have termed it, melancholia. The *nigrum fel* to which Rutilius refers is black bile (indicated in the next line also by *bilis*.) This substance was believed in humoralist medicine (into which class falls Galenic medicine) to have been responsible for the condition of melancholia. Bellerophon, whose malaise is compared to that of the *monachi*, suffered from melancholia.[29] For Rutilius, then, these monks were the victims of a clinically defined condition, melancholia. Rutilius's descriptions seem to present us with an acedia whose destructiveness matches the Evagrian or Stagirian type.

St. Jerome (331–419 C.E.) gives further idea of how severe was the malady alluded to by Rutilius. An inhabitant, like Cassian had been, of Bethlehem, Jerome observes among cenobites what can only be termed acedia. He is describing a community that resembles that of Cassian more than that of Evagrius. But the acedia he speaks of matches that of Evagrius or Stagirius. Jerome does not use the circumlocutions of Rutilius. He defines the acedia as melancholia. It is, he avers, best treated by a physician.

> [T]here are those who, because of the humidity of their cells, because of excessive fasting, because of the tedium of solitude *[taedio solitudinis]*, because of excessive reading, and because day and night they talk to themselves, become melancholic *[vertuntur in melancholian]*. They need Hippocratic treatments *[Hippocraticis . . . fomentis]* rather than our advice. (*Epistles* 125.16, *ad rusticum*).[30]

Cassian seems to underestimate the force of acedia. This is surely indicated by the independent testimony of Rutilius and St. Jerome. Is it not unlikely that the acedia within Cassian's two monasteries may compare to that described by Chrysostomos—doubtless the severe melancholia that is discussed repeatedly in medical literature? A recent observation made of Stagirius's illness, termed

athumia (despondency), may also be made of that described in Cassian's *De institutis cenobiorum* 10.

> [Q]uite apart from the fact that despondency had always been the main symptom of melancholy illness, both the aetiology and semeiology in this case (which gives us a deep insight into early Christian asceticism) agree so completely with the definitions in medical literature on melancholy that Johannes Trithemius was fully justified in rendering the expression *athumia* as it occurs in the epistle to Stagirius by "melancholische Traurigkeit."[31]

Why should Cassian have underestimated the force of the illness? I would guess there is more to the *Instituta* than mere practical advice for monks. Cassian, for personal reasons, may have been keen to advertise the salubricity of his own establishments. But perhaps, too, Cassian was selective in which attacks he sketched. An attack of acedia, that is, may have varied in intensity like many another viral onslaught. Cassian may have been cognizant of—or, more likely, may have chosen to be cognizant of—only the milder forms.

Later witnesses to the *morbus* suggest that this second explanation is probable. Their sketches of the sickness veer wildly between the extremes of the Stagirian and the domesticity of the Cassianic. For example, Abba Isais (d. ca. 480; cf. Bloomfield 1952, 54, 346 n. 87) believed that acedia was the most dangerous of all vices (*Patrologia Graeca* 40.1148). Yet elsewhere he could change his mind and nominate avarice (*Patrologia Graeca* 40.1143; cf. Kuhn 1976, 44). Isais, like Evagrius, lived in the hermetic tradition. The comments of Nilus (d. 450?), an abbot of a monastery near Ankara and a former pupil of St. John Chrysostomos, seem also to reflect both traditions. In one letter, he responds to Polychronius, who requests advice on how to overcome demonic attacks of *akêdia* and *athumia* (*Patrologia Graeca* 79.449: 3.142). But Nilus urges another young man to persist like a soldier, "for even those who have been wounded by the enemy, as long as they will not grow weary [verb *akêdian*] in the hardships of penance . . . will finally triumph" (*Patrologia Graeca* 79.112: 1.67; trans. Wenzel [1967, 10]).[32] Elsewhere he urges persistence and an avoidance of negligence in prayer (*Patrologia Graeca* 79.537: 3.319). The verb used for "negligence" is *akêdian*.

Gregory the Great (540–604 C.E.) dramatically modifies the position of even Isais and Nilus. He may mark a new phase in the history of acedia. In Gregory's scheme of things, to judge from his language, acedia is an unimportant evil—notwithstanding his certain knowledge of it from Cassian. There were now only seven vices likely, *vana gloria* (empty self-aggrandizement), *ira* (anger), *invidia* (envy), *tristitia*, *avaritia*, *gula* (gluttony), and *luxuria*. In the *Morals on the Book of Job,* Gregory seems to have lumped together *tristitia* and

acedia to call them the diseases of the solitary (*Moralia* 31.87; Kuhn 1976, 54). Wenzel (1967, 24) argues against simple merging or mere name changing: "it is possible, if Gregory knew Cassian at all, to think of his *tristitia* as a combination of traces from both the *tristitia* and the acedia of the Cassianic-Evagrian scheme of eight vices. The new concept should, however, be considered, not as the result of a simple fusion, following the mathematical rule that two and two make four, but rather a new creation from parts of the old vices."

Gregory offers the impression that acedia, though well known in theory, had as an illness lost its virulence. The disease has reached an epidemiological balance. Commentators subsequent to Gregory bear out this contention. For example, Eutropius, a near contemporary of Gregory, provides a sin sequence that seems to blur the Cassianic and Gregorian tradition. Both *tristitia* and acedia appear. In his *De octo vitiis,* the list is *superbia*, acedia, *vana gloria*, *ira*, *tristitia*, *avaritia*, *gula*, and *luxuria*.[33] Similarly Isidore of Seville (b. ca. 560/70), in the *De differentiis verborum et rerum* (2.40), reverts to the Cassianic octad,[34] though "the inclusion of *invidia* and the merging of *tristitia* and acedia under the former name . . . reveal the Gregorian influence."[35] Johannes Climacus[36] approves of Gregory's list of seven vices, but in all cases bar one, he follows the Cassianic octad (Bloomfield 1952, 76–77).

The descriptions that I have given of acedia seem to fall into two groups. In the first, whose basis may be seen in Evagrius's opinions, but whose most alarming characterization is provided by John Chrysostomos (and echoed by Rutilius Namatianus and St. Jerome), acedia attacks the anchorite in the most frightening of manners. Stagirius's symptoms may represent as extreme a form of this affective condition as we are liable to find: twisted hands, rolling eyes, a problem with speech, physical insensitivity, nightmares, and, subsequently, a sense of despair and a desire for suicide. The second group is typified by the pronouncements of Cassian. His monks, community dwellers rather than solitary anchorites, inhabitants of the more fertile regions of southern France rather than the harsh North African deserts, understood acedia as a form of sloth or laziness. But it was a form of sloth that was invidious to the proper functioning of the monastic community and the spiritual development of a monk. Cassian's less dramatic version of the condition is echoed by later monastic writers such as Abba Isais and, in his very different way, by Gregory the Great.

The first group is of immediate importance for the themes of this book (later we will have cause, however, to look again at the second). Scholars sometimes claim and frequently imply that acedia lacked a parallel within the

classical world—as if it sprang to birth fully formed in the deserts of North Africa, rather like Athena from Zeus's head. It is apparent, if we compare the material gathered in previous chapters, that the various aspects of the Stagirian emotion have ample parallels within the literature of classical antiquity. What was new in North Africa was a proper term for this *morbus.* The invention of this label, I suspect, is an indication of the ferocity of the onslaught. It is noteworthy, however, that these monastic circles avoided the classical term *melancholia,* which, as we have seen in Jerome, would have been quite adequate to the purpose. Here are, to be sure, elements of monastic *amour propre* and the *vana gloria* of a desire for exclusivity.

Precedents for the depressive condition suffered by Stagirius or that described by Rutilius Namatianus and St. Jerome have been amply documented by Jackson (1986); Klibansky, Panofsky, and Saxl (1964); and Starobinski (1962). As we have seen in the previous chapters, there is, in the classical period, a reasonably large medical literature on melancholia, depression, and related problems. In the earliest Hippocratic writers,[37] melancholia seems to be linked with "an aversion to food, despondency, sleeplessness, irritability, restlessness." (The Evagrian parallel suggests itself at once.) Sometimes it is also added that "fear or depression that is prolonged means melancholia."[38] These theorists were probably humoralists and believed that melancholy was the result of an excess of black bile (Jackson [1986, 30] cites Jones and Withington [1923–31, 4:3–41] in support of this view). (This is behind the comments of Rutilius Namatianus.) Such an interpretation was followed, with only small modifications, by most of the later medical writers. Celsus interpreted it as such;[39] so did Rufus of Ephesus (who worked during the Trajanic and Hadrianic periods),[40] Aretaeus of Cappadocia (fl. 150 C.E.),[41] and Galen (fl. 161 C.E.).[42] A contemporary of Rufus, Soranus, agreed on the symptomatology but differed on etiology.[43]

An examination of some of the ways in which depression seems to have been depicted in classical texts indicates reasonable similarities between it and some of the versions suffered under the banner of acedia. Compare, for example, the following descriptions of melancholia (the first drawn from Aretaeus of Cappadocia, the second from Soranus) with those of St. John Chrysostomos or Evagrius cited earlier: "in certain of these cases, there is neither flatulence nor black bile, but mere anger and grief, and sad dejection of the mind; and these were called melancholics, because the term *bile* and *anger* are synonymous in import, and likewise *black* with *much* and *furious*";[44] "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 with-

out reason, meaningless muttering and . . . occasional joviality" (cf. Drabkin 1950, 561).

Also of considerable significance may be the traditional link between the desert (the haunt of the early anchorite), uninhabited places, and melancholia and madness. This nexus has a distinguished medical parentage. The pseudo-Aristotelian *Problema* (30.1) states:

> There are also the stories of Ajax and Bellerophon: the one went completely out of his mind, while the other sought out desert places */tas erêmias/* 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, avoiding the pathway of mortals.

Aretaeus of Cappadocia, notes Rosen (1968, 98), makes a similar parallel and links madness with the desert: "Aretaeus speaks of some madmen who 'flee the haunts of men and, going to the wilderness, live by themselves.' Also, in discussing melancholia, he refers to 'avoidance of the haunts of men' as characteristic of those severely afflicted with this condition." It is also doubtless correct to adduce the Gerasene demoniac in the Gospels. According to Luke, the demon who possessed this individual drove him into the desert after he had broken the bonds used to fetter him.[45]

Melancholics of the depressive variety are not uncommon in ancient medical literature. There seems to be every reason to assume that early Christian writers were familiar with the medical traditions[46] and, further, that they consciously or unconsciously utilized them when they attempted to describe or to formulate aspects of acedia. But it is not just a matter of replicating the formulations of classical texts. There is something "canonical" in the description given to Stagirius's illness. I say this because of the close resemblance that his conditions bear to those descriptions of the symptoms of an Aboriginal victim of boning as outlined by Basedow at the beginning of this chapter.

In citing Basedow's description of boning, I singled out three aspects. The first is the set of symptoms experienced by the victim of boning: astonishment, blanched cheeks, glassy eyes, a distorted facial expression, voicelessness, spasms, swooning and collapsing to the ground; then sickening, fretting, the rejection of food and community dealings; and finally imminent death. Consider again the symptoms of Stagirius's illness: twisted hands, rolling eyes, a distorted voice, tremors, senselessness, nightmares, and ultimately a desire to die. Except perhaps for nightmares (Basedow did not ask about this, I imagine), the outward manifestation of boning and of Stagirius's *athumia* or

acedia is virtually identical. In both cases, furthermore, death is imminent (Stagirius contemplates suicide; the Aboriginal wills himself to death).

My second point was to highlight the producing of somatic experience by nonsomatic means. This point requires little emphasis—that a psychic condition could be passed like a viral infection, as it were, is perhaps the most remarkable and intriguing aspect of acedia. This psychic condition persistently fascinates—and is the subject of many rationalizing explanations[47]—precisely because it is transmitted in such an improbable manner. It is a manner that closely resembles the transmission of acedia. Acedia, as we will see, seems to have spread, like boning, by psychic contagion.

Third, the similarity between the symptoms registered for the victim of acedia, boning, and those other psychological affectivities surveyed in this book suggests that there exists an essential sameness—at least on the reactive level—between these various hostile conditions. I am saying that boredom, depression, lovesickness, suicide, the registering of time, and the response to leisure[48] may point to a deeper shared way of responding to invasive emotional states. Perhaps the simplest way to illustrate this is through Rutilius Namatianus. As I have already noted, Rutilius understood cenobitic acedia as the product of *nigrum fel,* the black bile, the causative agent of melancholia. Boning, Stagirian acedia, and melancholia may be confused in psychic terms.

I should also add that much of the real damage done by pointing the bone is the result of the individual's withdrawal from the community and fretful pursuit of solitude. The life of the anchorite was built upon what was clearly a very dangerous form of solitude, from which the victim of acedia sought refuge through sleep, company, or escape from the community altogether. Where these remedies were denied, the results must have been disastrous. It is also worthwhile to note that the victim of boning, like those of the other conditions mentioned, is forced—in part through solitude, in part through the individual's perception of the gap between words and deeds, between the subject and the object (how can a yam stick harm you after all?)—to confront his or her existence as an independent, self-conscious agent. That such a confrontation can be disastrous for the individual is one of the themes of this book. Surmounting such a confrontation takes practice and a thoroughgoing acculturation.

There was, however, more to acedia than a destructive melancholia. In the Cassianic scheme of things, it resembles a simple form of boredom. Does Cassian's formulation of acedia as *otiositas* have classical parallels? The most useful of these may be found in the emotion implied by the Greek word *alus.* In its earliest uses (nominal and verbal) it seems to mean "distracted" or "grieved." It can also, in its verbal forms, mean "to wander." To my knowl-

edge, the first unambiguous use of *alus* to suggest "boredom" comes from Plutarch's *Pyrrhus* 13.[49] As I mentioned in the last chapter, Pyrrhus, after becoming regent of Epirus and later of Macedonia, withdrew from the later possession in disappointment at the disloyalty of his subjects. *Alus* or boredom—to the point of nausea—did not allow him to enjoy his retirement. He was only content, according to Plutarch, when doing or receiving mischief. To alleviate the boredom, Pyrrhus launched himself on a new round of military activities, at the end of which he lost his life. This is not quite Cassianic, perhaps, but the restlessness and dissatisfaction may offer some similarity. So, too, may Pyrrhus's cure—activity, the very prescription of Cassian. Comparable references occur in Diogenes of Oenoanda (fr. 25 Chilton), Aelian (*Varia historia* 14.12), and Marcus Aurelius (*Meditations* 2.7). Aelian's anecdote is very apt. It mentions the king of Persia who, to avoid boredom when traveling, kept a knife and a piece of linden wood for whittling.

An important aspect of Cassianic acedia is *horror loci,* a restless dissatisfaction that drives monks from their cells to annoy and to harass (and to pass on the infection to?) others (cf. *Instituta* 10, cap. 2: *qui* [sc., *acedia*] . . . *horrorem loci* . . . *gignit* [acedia breeds *horror loci*]). There are ample references to this condition (mentioned in chapter 3) in Lucretius's *On the Universe* (3.1060–67) and in Horace's *Satires* (2.7.28–29) and *Epistles* (1.8.12, 1.11.27, and 1.14) (see Kuhn 1976, 23). Horace, however, does not seem to see anything especially sinister in this emotion. Seneca repeats this theme in *Epistles* 28 and at *Consolation to Helvia* 12.3.4. In fact it is Seneca who provides, as with depression, many of the most useful references to this emotion. He could almost be said to have "spiritualized" it. Typical of this tendency are comments such as those at *Epistles* 24.26: of the sufferers, he notes, *multi sunt qui non acerbum iudicent vivere, sed supervacuum* [there are many who judge life to be not bitter but superfluous]. Here boredom, "spiritualized," verges on full-fledged acedia.[50]

Because the intensity of acedia could vary from region to region, from sufferer to sufferer, and from era to era, no single set of symptoms will accurately sum it up. Yet the Evagrian and the Cassianic forms of acedia clearly bear toward one another much more than a mere nominal similarity. They seem to exist as different parts of an emotional continuum. The status of this continuum has been demonstrated with great force in the work of the Dutch researcher into animal behavior Dr. Françoise Wemelsfelder (1985, 1989). Wemelsfelder convincingly explains the interconnections between frustration, boredom, and depression (termed helplessness) in animal behavior. Animals

kept in close confinement and in deprived circumstances evince emotional reactions that seem to move on a continuum beginning with frustration, continuing on to what she identifies as boredom, and finally concluding with helplessness (to be linked with depression).

Wemelsfelder outlines frustration in animals in the following manner. If you deprive a chicken of food for twenty-four hours, then place it in a cage in which its food is covered by a see-through container, it will understandably react in a frustrated manner. It will attempt escape, then begin stereotypical back-and-forth pacing. When this fails to produce results (i.e., food), it will indulge in "displacement preening" and, if other chickens are present, become aggressive. Wemelsfelder defines boredom simply as the state arising "because of a general lack of sensory stimulation in the environment" and argues that it "can lead in animals to passivity, redirected behavior, and stereotyped behavior." She further explains, "Dogs who are raised in isolation up to 16 to 32 weeks show whirling, pacing, and bizarre postures." Such stereotypic behavior, Dr. Wemelsfelder suggests, is the initial animal reaction to an unvarying environment. If confinement continues, passivity results: "Tethered sows and fattening pigs spend long periods, up to six hours, of motionless 'sitting,' often with their head hanging down, or pressed against stall divisions." Release from confinement reverses the condition.

Dogs, Wemelsfelder illustrates, may be reduced to a state of helplessness (which we may read as depression) by the repeated application of electric shocks. Unlike those dogs who have received avoidable shocks, these dogs sit passively and take their maltreatment, "having learned, apparently, that irrespective of any response they may give, the unpleasant event will follow." Depression, Wemelsfelder generalizes, "may arise because the environment cannot be controlled in its adverse aspects by the animal." An animal in such a situation, she notes, can react by performing "self-mutilation, or it can become passive, sometimes maintaining motionlessness, so-called 'drowsy' postures for a long time."

The human analogy in all of this seems inevitable: acedia, which may present itself as either boredom or depression (depending largely on the era and the locale), may best be described on this sliding scale that could register anything from a harmless, though debilitating, frustration, through oppressive boredom, to an acute, delusory melancholia. If we were to place this scale in context, then we would say that first there was the Evagrian condition—a specific, perhaps mildly depressive illness brought on by an excess of solitude and physical deprivation. This malaise seems not unlike an acute form of frustration (cf. Cassian's *tristitia*). Second, there was the state of what we might term malicious boredom. This is represented by the Cassianic conception of *otiositas*.

Third, there was the formulation of St. John Chrysostomos,[51] Rutilius Namatianus, and St. Jerome. Acedia here was linked with the clinically defined notion of severe melancholia. At any rate, acedia represents a psychic continuum encompassing the conditions that we would describe as frustration, boredom, and depression. It also appears probable that Cassian was correct in maintaining that the solitary lifestyle of the hermit exacerbated the malady. This is a point made also by Wenzel, who suggests that the physical conditions of the sufferers may have some importance in regulating the severity of the malady.[52] This was certainly a crucial factor in the unfortunate experiences of Wemelsfelder's animals.

The preceding animal analogy should not be pressed too far. The type of illness that we are looking at here, while no doubt exacerbated by physical hardship, could be and was communicated psychically—by long distance. The inadequacy of a "deprivation model" or a trauma model based on laboratory animals is indicated by the statements of Chrysostomos that the condition was not confined to the monastic world. This point, that monks alone were not predisposed to this illness, is of crucial importance. St. John Chrysostomos states in an aside that acedia is a condition also suffered by those living outside monasteries, but for them it was less dangerous.[53] Thus, because the malady suffered by Stagirius has its parallel even in the comfortable world beyond the cave or the monastery, we cannot attribute his *athumia* or acedia to physical deprivation alone.

It is very helpful, I think, to draw a parallel between the prevalence of acedia and that of a modern-day virus.[54] Acedia, rather like influenza or even AIDS, seems to have presented itself with the vehemence of an epidemic. John Chrysostomos calls it a plague (a *loimos* or *pestis*) and a poison (a *loimos* or *pestis* and an *ios* or *virus*) (*Patrologia Graeca* 47.491) and compares it to a fever (*puretos* or *febris*) (*Patrologia Graeca* 47.489).[55] As we can speculate from St. John Chrysostomos and from Gregory the Great, the *morbus* seems to have had an outbreak, a period of intense infectiousness, then an increasingly dormant period. Acedia varied in intensity. It could range from a severe clinical depression to a milder form that more resembled simple boredom. Given that acedia affected lay and religious, hermit and monk alike, it is hard not to conclude that acedia represented a hysterical pandemic. The viral analogy[56] of St. John Chrysostomos is a useful one.[57] It makes it comprehensible that the force of the attack, like that of many diseases, could vary in intensity (Evagrian acedia blurs into a clinical melancholia; Rutilius's melancholia blurs into Cassian's

otiositas) and that the disease had periods when it was dormant (the Gregorian era) and periods when it was widespread (Chrysostomos's era).

How was the virus spread? Here I would turn back again to Basedow and to his description of boning. That the illness was transmitted by psychic suggestion is beyond doubt.[58] I am not suggesting for a moment that the incolates of Nitria or Scete "boned" one another; rather, I argue that the same sort of suggestibility that allowed boning to succeed among Australian Aboriginals assisted acedia, mutatis mutandis, in just the same manner. Parallels such as that from Basedow make the transmission, if not easily understood, at least far more comprehensible. Just as boning requires the complicity or willing suggestibility of the victim, the victimizer, and the community (if the sorcery is to work), there can be no doubt that acedia requires a similar complicity between victim and community as well. How this transmission originates is probably irrelevant. What matters is that the victim (as well as the victimizer and the community) believes that infection is inevitable.

At the very outset of this chapter, I mentioned that the precise nature of this mode of transmission (as much for acedia as for boning) has been made more clear by Lévi-Strauss (1963), Showalter (1997), and Hacking (1998). Let us begin therefore with the anthropologist Lévi-Strauss and with an essay of his on sorcery (1963). It concerns a twelve-year-old Zuni girl who "was stricken with a nervous seizure directly after an adolescent boy had seized her hands." The boy was subsequently accused of sorcery and brought to "trial" by his community. His fate need not concern us here (he was eventually released), nor need that of the girl (she was cured). What is important is the manner—psychic suggestion—by which the Zuni girl fell ill. I imagine that it can have been no different for Stagirius and, furthermore, that the dramatic descriptions preserved by Chrysostomos represent the opening phase of the course of the illness.

One final and related query that we ought to put is this: can and how does acedia (or boning, or lovesickness, or any other related condition) actually kill?[59] Once again Lévi-Strauss is very helpful. For an explanation of the psychophysiological mechanisms behind such deaths, he refers to the work of Cannon (1942; cf. Reid 1983, xix). I here reproduce Lévi-Strauss's eloquent description (1963, 167–8).

> An individual who is aware that he is the object of sorcery is thoroughly convinced that he is doomed according to the most solemn traditions of his group. His friends and relatives share this certainty. From then on the community withdraws. Standing aloof from the accursed, it treats him not only as though he were already dead but as though he were a source of danger to the

entire group. On every occasion and by every action, the social body suggests death to the unfortunate victim, who no longer hopes to escape what he considers to be his ineluctable fate. Shortly thereafter, sacred rites are held to dispatch him to the realm of shadows. First brutally torn from all of his family and social ties and excluded from all functions and activities through which he experienced self-awareness, then banished by the same forces from the world of the living, the victim yields to the combined effect of intense terror, the sudden withdrawal of the multiple reference systems provided by the support of the group, and, finally, to the group's decisive reversal in proclaiming him—once a living man, with rights and obligations—dead and an object of fear, ritual, and taboo. Physical integrity cannot withstand the dissolution of the social personality.[60]

How are these complex phenomena expressed on the physiological level? Cannon showed that fear, like rage, is associated with a particularly intense activity of the sympathetic nervous system. This activity is normally useful, involving organic modifications which enable the individual to adapt himself to a new situation. But if the individual cannot avail himself of any instinctive or acquired response to an extraordinary situation (or to one to which he conceives of as such), the activity of the central nervous system becomes intensified and disorganized; it may sometimes, within a few hours, lead to a decrease in the volume of blood and a concomitant drop in blood pressure, which result in irreparable damage to the circulatory organs. The rejection of food and drink, frequent among patients in the throes of extreme anxiety, precipitates this process; dehydration acts as a stimulus to the sympathetic nervous system, and the decrease in blood volume is accentuated by the growing permeability of the capillary vessels. These hypotheses were confirmed by the study of several cases of trauma resulting from bombings, battle shock, and even surgical operations; death results, yet the autopsy reveals no lesions.

In the last few years, such hysterical conditions have received excellent discussion by Showalter (1997) and Hacking (1998). Both authors have proposed models that, they hope, pin down the conditions under which these forms of psychic illness can flourish and be transmitted assuming viral proportions such as acedia seems to have achieved. While their conclusions are hardly conclusive, they do introduce into the discussion a level of theoretical sophistication that is very helpful. Hacking's analysis, the more provocative of the two, focuses on a condition termed fugue (or *dromomania*, or ambulatory somnambulism, or even pathological tourism), which is characterized by "aimless wandering driven by irresistible impulses." This "pathological tourism," Hacking argues, had its heyday in France during the twenty-five years—from 1886 to

1909—when it became epidemic. It has not been replicated. Hacking believes that such short-lived psychic epidemics are reserved for "transient mental illnesses" (surely an apt description for acedia). By that he means a mental illness that appears at a certain time only later to disappear. The parallel between fugue and acedia (both are apparently illnesses that in their outward manifestations are "constructed" by their societies) is striking.

Hacking's argument deserves repacing. It begins with the most famous *dromomaniac* in medical history, a French gas fitter named Jean-Albert Dadas (1860–92) who came from the homeland of pathological tourism, Bordeaux. In 1886 Albert was admitted to the Saint-André Hospital there, exhausted and bewildered, after one of his journeys. He was treated, then written up in the medical thesis (entitled "Les aliénés voyageurs") of a mature-aged student, Philippe Tissié (1852–1935). Albert's amnesiac travels were nothing short of astonishing. His greatest began after he deserted the French army near Mons in 1881. He headed east through Prague, Berlin (he was attacked savagely by a dog while begging in East Prussia but could remember nothing of it), Posen, then Moscow. His timing was dreadful. The czar had just been assassinated, on March 13. The nihilists were to blame. Albert was taken for one and jailed. Luckily for Jean-Albert, three months later the prisoners were split into three groups. The first was to be hung, the second to be sent to Siberia, and the third to be marched from Moscow into exile in Turkey. Albert, along with his nihilists and a band of alarmingly promiscuous Gypsies, was placed in the third group and was marched by sword-wielding Cossack guards to the border nearest Constantinople. There the sympathetic French consul funded Dadas's repatriation, at least as far as Vienna, where he took up gas fitting again. He was still amnesiac.

Tissié's thesis either triggered or coincided with an epidemic in fugue. Large numbers of cases were reported in France, Italy, then Germany. Hacking believes (and this intersects with the concerns of this chapter) that Tissié's thesis, because it provided a proper medical classification for pathological tourism, gave it respectability. It also made the illness visible. But medical respectability and visibility were not all that was needed. The illness had to be romantic. It had to tap into contemporary enthusiasms and concerns. In the late nineteenth century, France was obsessed, Hacking suggests, with locomotion. Tourism (this was Baedeker's era) was at a high. So was anxiety over vagrants. Fugue, in its bizarre, romantic way, mirrored both. Hacking also believes that an illness like fugue can become epidemic if it provides an escape. Fugue victims were mostly working-class males. As a real *sickness,* fugue provided them with an irreproachable means for getting time off work.

If the fugue epidemic seems to have been triggered by Tissié's thesis, it was

stopped by another medical event, the French psychiatric conference in Nantes in 1909. At that gathering, academics began to overintellectualize the illness. Fugue fragmented into six or seven forms. It lost its status as an independent disorder and became a symptom of deeper mental troubles (schizophrenia, melancholia, hysteria). Without medical authority, the epidemic began to fade. I suppose that there were other reasons as well. With World War I approaching, pathological tourism was becoming more difficult. Had Albert attempted fugue in 1914, he would have found borders closed.[61]

Hacking (1998) produces a formula for the sudden appearances of such epidemics. He believes that for a shadow syndrome to reach epidemic proportions, there must exist what he calls an "ecological niche"; circumstances, that is, need to be just right—as they were for fugue from 1886 to 1909. Four elements are crucial: there must be professionals to *classify* the disease and to make it *visible*, and the disease must possess *romantic allure* as well as providing *escape*.

Can these four elements be seen in the acedia epidemic that we have been viewing in this chapter? Can we isolate an "ecological niche" that makes possible the growth of acedia? There certainly existed a group of individuals capable of talking up such an illness. Evagrius, St. John Chrysostomos, and Cassian, among others, all act as "professionals" who, through their writing, made monastic communities receptive to this sort of illness. In their writings, they both *classify* the illness and, through this, make it eminently *visible*. That acedia could provide an *escape* (the fourth prerequisite for an ecological niche), is apparent in a number of ways. Consider Rutilius Namatianus's complaints. Rutilius, himself escaping from a crippled Rome, chastises the monks for a form of "escape" from the real world that in fact mirrors his own. Or consider Evagrius's anchorites. His writings, both condemning and offering a solution to acedia, suggest that there may well have been attempts to legitimize the condition (through the removal of volitional control over the illness). Stagirius's illness itself seems to have been viewed as an escape ploy.

Did acedia possess a *romantic allure*? Think again of Rutilius's poem. Insofar as it offers a means of withdrawal, it mirrors the very forces that may have made the anchoritic life attractive. The anchoritic life no doubt drew much of its appeal from its offering a safe alternative to the dangers of the threatened (and threatening) city life of the period. The romantic estrangement of the anchoritic life has its own reflex in the withdrawal from this by individuals such as Stagirius.

The last point requiring statement is that overanalysis drove acedia underground as readily as it did fugue at the conference in Nantes. The confusing discussions concerning the seven (or was it eight?) vices exemplified by Cassian point to this. Cassian's very analysis obscures the visibility of the malady.

The claim that it went underground is crucial. I do not think that acedia—or fugue, for that matter—was invented or that it disappeared. I can think of examples for fugue—before Dadas (or Forrest Gump)—from Greek mythology (Bellerophon) or the New Testament (the Gerasene demoniac in Luke). Ben Shephard, an English writer working on war-related post-traumatic stress disorders, lately cited in the *Times Literary Supplement* still other examples from the trenches of World War I. I have often wondered if many of these faces on missing-person posters are not amnesiac fugue victims who, unlike Jean-Albert Dadas (and Forrest Gump), never made it home. Fugue lives on (like the quiescent Repetitive Strain Injury), but (unlike indigenous suicides) not in epidemic proportions. Epidemics come and go, depending on whether the circumstances are right or wrong. But the illnesses linger on, living shadow lives and making do with just a few nameless victims. When the "ecological niche" is right again, the epidemic takes off. As Hacking himself points out, the saber-toothed tiger is said to have evolved (reaching epidemic proportions) and then disappeared on five separate occasions.

It seems likely to me that the apparently increased frequency of melancholia, passive lovesickness, and boredom during the first century of our era may have been spread in a manner comparable to that suggested here for those various hysterical illnesses, including acedia. Communities and sufferers become complicit in their belief in the existence and the importance of these affective conditions and so encourage one another. Experts, such as Seneca and Persius, and romantic novelists, such as Chariton and Heliodorus, talked them up, classified them, and provided them with allure. Their romantic appeal is also, I think, obvious. These hysterical conditions are often associated with younger, more attractive, and more sympathetic individuals. Thus was created a niche for their transmission. If that, then, gives us some clue as to the *how,* is the *why* really as elusive as I have suggested earlier? I suspect that this is the case. The deprivation model of Wemelsfelder offers an attractive how. The difficulty it presents resides in making precise for the ancient world the nature of the deprivation.

Depending on the era, depending on the sufferer, depending on his or her health, acedia could vary in intensity. It could resemble a mild form of frustration, a deeper form of boredom, or a psychotic type of depression. The virus-like hysterical illness affected religious people and laypeople alike. Its severity, however, seems to have been predicated upon historical, geographical, and physiological peculiarities. The variety of the forms that acedia could take, furthermore, allows a more satisfactory examination of its antecedents. The de-

pressive manifestations of the illness and those manifestations exhibiting symptoms of boredom appear to have ample parallels in the literature of pagan antiquity. There was, then, little that was new in acedia, except perhaps the name itself. Its formulation may be the result of the severity of the epidemic in the fourth century.

The similarity of acedia to the other conditions examined in this book may allow us to speculate a little more on the age and types of the persons liable to be infected and a little more on the nature of the infection. Stagirius was young. Youth and old age, as *Problema* 30.1 tells us, are prone to psychic disturbance. Both ages, perhaps because of their marginalization within the society of median-aged adults, suffer a form of psychic isolation. But young people seem particularly prone, if we are to judge from the experiences of lovesickness, suicide, or the depression suffered by Seneca's Annaeus Serenus. If this age factor is allied, as it was in cenobitic communities, with harsh living conditions (extreme heat, lack of bodily comforts, little food, solitude, celibacy), then the type of breakdown that acedia represented is probably to be expected. That such conditions spread rapidly is also comprehensible. Other individuals who were in this "at-risk" category would be liable to develop the illness by imitation, albeit without any necessary conscious intention to do so. (The alarming "epidemic" of the suicides of young Aboriginal men in Australian jails might well be compared.)[62]

Nietzsche sometimes spoke of the self-assertive arrogance of the anchorite. The anchorite's life, in some ways, is the ultimate exemplification of deliberate, self-conscious assertions of the primacy of the individual will, hence the self. It displays this especially in its pursuit of personal salvation through the solitary life of the abnegation of the body and the privileging of the mind's ability to contemplate God and Christ. Perhaps acedia should be viewed within this individualist and self-assertive enterprise. The destructive element in boning and in sorcery generally seems to subsist in that phase where the victim withdraws from the community and where he or she is anathematized by the community. It is in that phase, during which the individual frets over the death complicit in the sorcerer's imprecations, that the individual, deprived of community support, is thrown back onto the inadequate resources of a self that has been formed in a society that is less than individualist. In my opinion the difficulty faced alike by anchorite and, especially, by the victim of acedia is a form of psychic isolation, even a form of "alienation from the self" or at least from the socially constructed self to which they had become habituated. Psychic isolation is tolerable when an individual has a strongly developed sense of self-consciousness and a firm individualist ego. In the communities surveyed in this chapter, both of these qualities seem to have been absent.

There remains one aspect of the problem that I have avoided. What is the social etiology of acedia? Why did it take its particular forms when it did? No satisfactory answer can be provided for this query. It may not be unreasonable, however, to offer at least some speculation. There is clear enough evidence for claiming that the emotions of frustration, boredom, and depression result from circumstances of confinement (Wemelsfelder 1989, 1985). That such circumstances manifest themselves in the anchoritic and cenobitic world is obvious, notwithstanding the fact that the confinement was freely chosen: it cannot have been easy, for example, to abandon Rutilius's island of Capraria. I have suggested, at the conclusion of chapter 1, that psychotic conditions such as melancholia appear most to flourish in eras and in social matrices where individual, private freedoms are encouraged but where public freedom is firmly, even vigorously curtailed. The same point, perhaps not unsurprisingly, could be made of acedia. As I have indicated, it occurs in social conditions that are based on and that highlight individual choice and freedom. Paradoxically the world so freely chosen by these anchorites was one of extreme constraint.

But such an explanation, though useful for the religious, is less so in the example of the lay victim. My suggestion in this case is based upon a not entirely subjective observation that, in the classical period, boredom and depression, the congeners of acedia, seem particularly prevalent in the post-Senecan lay world. The "confinement" of that world is less physical (although we ought not ignore the dramatic increase in urbanization within the period) than emotional (for the traditional elite in the early empire, options, traditional certainties, and even physical freedoms were severely curtailed). Perhaps it was so for the layperson in the late fourth and early fifth centuries. Was "confinement," of an emotional variety, ascendant in this era? The experience of Rome in 410 offers one corroboration. The rapid spread of Christianity itself may offer another. But whatever else we claim, social conditions within the cities must have replicated—physically, psychically, or in both respects—the sort of emotional trauma suffered by Basedow's victim of boning.

As a concluding example, I offer one not entirely frivolous instance of a communicable and dangerous affective condition—a hysteria no less than acedia or lovesickness or passive melancholia. This is known as calenture. It is defined as an irresistible impulse to jump from a ship into the sea. It afflicts sailors (rather than fishermen, e.g.) and can be accompanied by a mild fever and hallucinations (Illman 1991). Some have blamed calenture for the death by drowning off

the Canary Islands in 1991 of the publishing tycoon Robert Maxwell. Illman's report (1991) states:

> sailors in the 18th and 19th centuries had to be restrained to guard against "the furious intensity of this delirious state," the French doctor J. P. Falret wrote in 1839. A vessel en route to Rio de Janeiro in 1829 was reported to have lost 100 of its crew of 600 by calenture.

More recent studies have claimed that "no fewer than 50 per cent of the persons interviewed [concerning calenture] had experienced an impulse to jump off the ship."

The resemblance, in the broadest outline, between acedia and this hysterical affliction of calenture should be apparent. Both are psychosomatic. Both are extremely dangerous and are caught and spread in a mode resembling that of viruses. Both are, potentially at least, life-threatening; and, again potentially, both may be accompanied by hallucinations. Both are transmitted, we can assume, by example and by anecdote. Both conditions seem to be triggered, however, by specific living conditions. In fact living conditions may offer the most striking parallel between the two infections. The "working" lives of sailors and anchorites are subject to a combination of constraint (the monastic cell may be likened to a ship on a voyage) and freedom (monks and sailors *choose* their association). It is difficult, furthermore, not to interpret calenture, as we have done for acedia, as an assertion of the self against the frustrations and constraints of a particularly circumscribed form of freedom. We can link calenture with boning (the topic with which I began this chapter), though less apparently, perhaps, than with acedia. What we may now be in a position to say, because of the apparent similarities between boning, calenture, and acedia, is that the efficacy of boning may be dependent on the same psychological pressures as acedia and calenture. We could take the speculation one step further. It may be that the efficient psychic transmission of affective states that is evident in acedia, boning, fugue, or calenture may account in part for the sudden—it appears to me—and apparent frequency (but not for the etiology) of depressive melancholia, lovesickness, and boredom in the first century of this era.