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An Internal Dilemma: Different Approaches to Handling Melancholia in Early Modern Spanish Religious Orders

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AN INTERNAL DILEMMA: DIFFERENT APPROACHES TO HANDLING MELANCHOLIA IN EARLY MODERN SPANISH RELIGIOUS ORDERS

THESIS

A thesis submitted in partial fulfillment of the
requirements for the degree of Master of Arts in the
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ABSTRACT OF THESIS

AN INTERNAL DILEMMA: DIFFERENT APPROACHES TO HANDLING MELANCHOLIA IN EARLY MODERN SPANISH RELIGIOUS ORDERS

This study argues that religious orders in early modern Spain developed informal sets of procedures to handle the consequences of melancholia in their communities. It also argues that three influential members of these orders, San Ignacio de Loyola of the Jesuits, and San Teresa de Avila and San Juan de la Cruz of the Discalced Carmelites, tailored these protocols according to their own private concerns and experience with the disease. The changing discourse surrounding melancholia and similar diseases during the early modern period, alongside the unique environmental concerns of these newly founded orders, created a need for new methods of dealing with the disruptions caused by melancholic members of the clergy. These solutions formed out of the immediate needs within each order, but ultimately defined the relationship between melancholic brothers and sisters and their communities.

KEWORDS: Early Modern Europe, Ignatius of Loyola, Teresa de Avila, Juan de la Cruz, Melancholia

AN INTERNAL DILEMMA: DIFFERENT APPROACHES TO HANDLING MELANCHOLIA IN EARLY MODERN SPANISH RELIGIOUS ORDERS

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Chapter One: Introduction

Lucio Marineo, a sixteenth century historian, described the Spanish people with effusive praise, but noted that Spaniards in particular were "inclined to melancholy."[1] To the people of early modern Europe, melancholy represented more than a sour mood. It was broadly known as a disease, capable of destroying its victim's reason and senses. Melancholy and similar diseases of the mind threatened both the sufferers and their peers, endangering both those without their reason and those within their immediate communities.

Melancholy was a flexible term in early modern society, capable of different meanings under different circumstances. Despite a broad suite of definitions, the terms melancholy and melancholia used here refer specifically to mental conditions associated with prolonged sadness, regardless of origin, which ultimately led to the destruction of one's senses. These symptoms are reminiscent of modern conditions such as clinical depression, but the different conceptions of their respective natures make this comparison anachronistic and unwieldy. "Madness" was the contemporary terminology for those whose minds had been lost to conditions like melancholy. However, to represent the breadth and variation of melancholia and similar diseases, specifically in regards to the severity of their symptoms, the term "mental illnesses" is also be used in this paper. This provides a more encompassing term for those suffering from various degrees of melancholia, rather than just those who had fully succumbed to the disease.

Various groups from all facets of Spanish society grappled with the problems produced by these mental illnesses in different ways. These disparate methods for handling mental problems have resulted in similarly diverse attempts by historians to understand melancholy's role in early modern Spanish society.

[1] Henry Dwight Sedgwick, *Ignatius Loyola: An Attempt at an Impartial Biography*, (Macmillan Press: 1923), 6.

Analysis of melancholy and madness in early modern Spain divides itself rather neatly into three parts: medicinal, theological, and legal. This comes as no real surprise, as the most important authors on the subject in early modern society were physicians, clergy, and lawyers, respectively. Each group wrestled with the same problems, but approached mental illness differently in their works. The potential causes and symptoms of melancholy occupied the lion's share of medicinal tracts on melancholy, while theologians focused on the moral and spiritual implications of the loss of reason, and lawyers concerned themselves with the legal ramifications of insanity. This division of historical research has generally served as an effective way of understanding the breadth of melancholy's influence in early modern society.

For all the benefits such an analytic structure provides, it runs the risk of over compartmentalizing authors by their careers. Theologians may have focused on the spiritual implications of melancholy, and lawyers its legal status, but they too were forced to confront its practical implications in their daily lives. Members of the church in particular struggled with how to deal with melancholy amongst their own ranks. The historiography, however, does not adequately reflect this conundrum. Little work has been done on how religious orders of the Catholic Church in Spain handled the internal issues posed by melancholy, despite the attention given to the subject by important members of the clergy.

This paper contends that important figures in Spanish religious orders were not only aware of the practical problems melancholy presented, but also devised informal systems of rules to combat the issues the disease presented. Rather than approaching the issue from a singular perspective, the individuals writing about melancholy within Spanish religious orders, specifically the Discalced Carmelites and the Society of Jesus, based their strategies on their personal trepidations about the disease. San Ignacio de Loyola of the Jesuits, and San Teresa de

Avila and San Juan de la Cruz of the Discalced Carmelites, all concerned themselves with the treatment and care of melancholic clergy within their orders, but broached the subject from different perspectives. These differences in personal experience informed their unofficial protocols for dealing with melancholia, and ultimately informed their Orders' relationship with their melancholic members. San Ignacio's own background with mental illness led him to welcome melancholic initiates and attempt rehabilitation through their communities, San Teresa's fear of a disquieted convent caused her to reject new melancholic applicants and treat melancholic sisters through absolute authority, and San Juan's concern over the misdiagnosis of spiritual and biological mental illnesses caused him to reach outside the cloister for help.

Chapter Two: Historiography

A Brief Historiography of Early Modern Madness:

The study of mental disease in early modern Spanish historiography is a relatively recent phenomenon. The success of Michel Foucault's *Madness and Civilization: A History of Insanity in the Age of Reason* sparked further interest in the history of mental health. In his work, Foucault described early modern European attitudes towards the mad and their treatment as a systemic means of "othering."[2] Despite the widespread popularity of Foucault's work, it was not until Erik Midelfort presented his own findings on madness on early modern Germany in his book *A History of Madness in Sixteenth-Century Germany* that Spanish historians began to treat madness as a serious subject of inquiry.

Midelfort argued that the oppressive measures presented in Foucauldian theory did not apply to the German people's treatment of the mad.[3] The sixteenth century gave rise to increased efforts by the German nobility to cure its princes of madness. This opposed the treatment of mad princes in prior eras, which usually began and ended with their deposition. Midelfort also claimed that Martin Luther, who asserted that madness was a form of demonic possession, advocated loving care and medicinal treatment of the mad rather than imprisonment or societal scorn.[4] In neither case did he find the beginnings of the endemic "othering" Foucault cites in his examination of early modern European madness discourse.

Midelfort's work has become a foundational text for the study of early modern European madness. As a result, the themes and structure used in his works has shaped the progression of the field's historiography considerably. Midelfort was the first to notice the distinction between

[2] Michel Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason,* (1961).
[3] Erik Midlefort, *A History of Madness in Sixteenth-Century Germany*, (Stanford University Press: 1999), 7.
[4] Ibid., 147.

religious, legal, and medical conversations about madness in the early modern period and divided his book accordingly. Research done in Spanish history has largely progressed along these same archetypal lines, reflecting the influence of his work. Furthermore, Midelfort's arguments against Foucauldian theory have taken root amongst Spanish historians, who also failed to discover the "othering" found in Foucault's *Madness and Civilization: A History of Insanity in the Age of Reason.*

Other historians have taken the foundations of Midelfort's work and placed them in a uniquely Spanish context. Dale Shuger claims that madness engendered numerous societal reactions, many of which were positive or sympathetic towards the afflicted. In this account, madmen were generally acknowledged as part of their communities.[5] Even the Inquisition, which acted as a powerful means of enforcing ecclesiastic authority in Spain, was largely considerate and generous towards the insane, pardoning charges that would have otherwise ended in execution. Furthermore, Shuger reinterprets humor at the expense of the mad as a neutral reaction towards the negative consequences of madness, rather than a deliberate attempt at othering society's mentally ill members.

Other than the institutional concerns regarding the Inquisition, the vast majority of research done about clerical opinions on insanity has focused on theology and morality. Maria Tausiet has utilized literary works, primarily from priests, to understand the transformation of moral discourse on madness in early modern Spain. Tausiet argues in her piece, "Taming Madness: Moral Discourse and Allegory in Counter-Reformation Spain," that literary discourse about madness changed in Spain alongside the development of the Counter-Reformation. Tausiet claims that before the Reformation Spaniards viewed madness as a counterpart to reason and

[5] Dale Shuger, *Don Quixote in the Archives: Madness and Literature in Early Modern Spain,* (Edinburgh: Edinburgh University Press, 2012): 14.

rationality.[6] Tausiet contends that the Counter-Reformation caused the discourse on madness to become a moral issue, and more firmly reinforced the ancient concept that mental illnesses were manifestations of sin. Her work does not, however, attempt to recognize how this different moral understanding played out amongst actual cases of madness within the Church. Nor does it acknowledge how some clerics understood madness from a medical perspective, as a natural byproduct of disease. Even historians who analyze the practical repercussions of madness through the lens of the church tend to focus on how it dealt with madness outside its own ranks.

In order to understand how members of religious orders understood and approached melancholia, it is important to contextualize how other facets of Spanish society treated the disease.

Melancholy in a Golden Age context:

Madness was a complicated subject in the early modern world, and interpretations of it differed between classes, disciplines, and regions. Within Spain, this divide lay along professional lines; physicians, lawyers, and clergymen interacted with the condition most frequently, and each approached the disease on different terms. Understanding the different conceptions of melancholy and its consequences held by these groups, and how they attempted to solve these issues, paints a more nuanced picture of how monastic procedures fit into the rest of society. Pieces of all three traditions appeared in the writings of Santa Teresa and other melancholy-concerned members of religious orders.

Lawyers concerned themselves, unsurprisingly, with the legal ramifications of mental illnesses. Questions of culpability frequently occurred in legal texts regarding mental illness; if

[6] Maria Tausiet, "Taming Madness: Moral Discourse and Allegory in Counter-Reformation Spain," *History* vol. 29, no. 315, (2009): 280.

madness truly robbed one of their senses, then his or her guilt became circumspect. Crimes committed while under the disease's influence lacked any intent from the wrongdoer, and punishing them for actions outside of their control only furthered the injustice. This left two puzzles for Golden Age lawyers to contend with; what punishments, if any, to give to senseless criminals, and how to differentiate between the insane and cleverly acted criminals.

The senselessness imposed by melancholy and other forms of madness created unique legal complications. It was the resultant behavior, rather than its origin, that concerned lawyers. Consequently, the term "melancholia" almost never appeared in legal texts.[7] The terms '*locura*,' and '*loco*,' meaning madness and madman respectively, however, appeared frequently. Melancholia was a potential source of madness, and knowledge of the disease was needed to identify it, but in legal terminology it was indistinguishable from any other source of madness.[8] Nevertheless, because sufferers from melancholia so often became *locos*, its presence in legal documents remained profound.

Melancholy's symptoms often prompted its hosts to commit crimes unwittingly, which obfuscated guilt and made punishments more difficult to determine. Only melancholy and diseases of the mind robbed their possessors of rational thought. The ultimate consensus of the legal community of early modern Spain proposed that madmen were cleared of all legal rights and responsibilities.[9] So long as he or she was in the throes of the disease when committing their wrong doings, the melancholic were innocent of all crimes. Since lawyers and judges lacked the

[7] Carrera, Elena, "Madness and Melancholy in Sixteenth- and Seventeenth-Century Spain: New Evidence, New Approaches." *Bulletin of Spanish Studies*, vol. 87 no. 8 (2010), 15.
[8] Ibid., 12.
[9] Ibid., 15.

capability of determining which criminals actually suffered from mental illness, they were forced to rely on the judgement of Spain's medical communities.[10]

Medical discourse in early modern Spain concerned itself with the direct consequences of mental illnesses. Physicians faced constant exposure to the problems presented by melancholy, since they tasked themselves with the care and rejuvenation of ailing minds. Coming to grips with society's evolving understanding of mental illness, physicians developed theories about the causes, conditions, and possible cures for melancholy and its ilk.

The rediscovery and implementation of classical philosophies distinguished early modern European discourse from its immediate predecessor. Spain's medical community earnestly followed that trend. The works of Galen of Pergamon proved to be particularly influential with Spain's physicians, who increasingly relied on Galenic texts as the underpinning of medical theory. Galen contributed a great deal to antiquity's understanding of the human body, and this knowledge resurfaced during the Renaissance. Galen theorized on the body and its ailments, ranging from the structure of the human cardiovascular system to the proper removal of cataracts.[11] Ultimately, Galen's refinement of Hippocrates' theory of bodily humors proved to be the most important for mental health discourse in Spain.

Hippocrates hypothesized that the body was composed of four liquids that determined one's mood and health.[12] Compositional imbalances in phlegm, blood, black bile, and yellow bile created distinct moods and illnesses within humans. Galen's work developed this theory further, stating that each humor linked to one of the four fundamental temperaments.[13] An

[10] Ibid., 14.
[11] Elena Carrera, "Understanding Mental Disturbance in Sixteenth- and Seventeenth-Century Spain: Medical Approaches," *Bulletin of Spanish Studies*, vol. 87 no. 8 (2010), 107.
[12] Ibid., 107.
[13] Ibid., 108.

abundance of phlegm could make one calm and patient, or apathetic to the world. Too much yellow bile rendered one choleric, potentially passionate, aggressive, or irritable. A great quantity of blood was responsible for sanguine and positive behavior, but also forgetfulness and carelessness. Finally, excess black bile created melancholy, a condition responsible for intense grief, but frequently linked to artistic and intellectual inspiration. By connecting the body's humors to fundamental human temperaments, Galen set the stage for early modern Spain's understanding of mental illness as disease.

Thanks to the rediscovery and spread of Galenic texts, the medical community started to view melancholy as a biological disease. This coincided with the growth of the Counter-Reformation, whose moralistic philosophy contended that insanity was a manifestation of sin.[14] During the medieval period, many considered insanity a complement to one's reason, a source of inspiration often associated with artistic, moral, or intellectual creativity. This supposition turned on its face as physicians increasingly turned to classical thinkers like Galen; melancholy and its ilk were now recognized as undesirable traits.[15] These two trends caused public opinion of melancholy to sour, as it no longer held any positive implications. Consequently, Spanish society began exploring new avenues for the destruction and removal of the disease. This task ultimately fell to Spain's medical practitioners.

Before treating melancholia, physicians had to first understand and recognize the disease. As they developed a more nuanced understanding of melancholia's humoric roots, early modern physicians began identifying common systems exhibited by its sufferers. Melancholia caused

[14] Maria Tausiet, "Taming Madness: Moral Discourse and Allegory in Counter-Reformation Spain," *History* vol. 29, no. 315, (2009): 280.
[15] Ibid., 280.

intense feelings of sadness and fear in its victims, often extending into depression and paranoia.[16] If the symptoms progressed without treatment, the disease robbed its bearer of their rationality, causing them to act out unreasonably, without regards to societal conventions. The accumulation of black bile associated with the disease could also cause fevers and induce the sufferer into a state of uncontrolled frenzy.[17] In addition to prescribed medicines, physicians believed that changes in one's environment could reduce the excess black bile in their patients. As a result, the melancholic were advised to avoid cold spaces, stale air, and external causes of excess stress.[18] Changes in diet were another common treatment, as eating the wrong foods produced the excess blood that transformed into black bile, such as the newly discovered chocolate. These lifestyle changes represented preventative and proactive attempts to remove melancholia, while prescribed medications were used as reactionary tools for dealing with those fully in the throes of the disease.

Physicians believed melancholy was biological, and therefore treatable by mundane methods. This train of thought led Spain to create specialized wards devoted to the care of the mentally ill, among the first of their kind in Europe. Housed within hospitals, these wards, called '*inocentes,*' became the most frequent point of direct contact between physicians and the mad.[19] Earlier scholarship tended to view these hospitals as institutionalized othering, where unwanted parts of society were corralled and removed from the community. More recent work on the subject has taken a much different tact. Further research has shown that *inocentes* took care of those whose mental illnesses had progressed past the loss of reason. Despite isolating *locos* from

[16] Elena Carrera, "Understanding Mental Disturbance in Sixteenth- and Seventeenth-Century Spain: Medical Approaches," *Bulletin of Spanish Studies*, vol. 87 no. 8 (2010), 136.
[17] Ibid., 136
[18] Ibid., 136
[19] Jon Arrizabalaga and Teresa Huguet-Termes, "Hospital Care for the Insane in Barcelona, 1400-1700," Bulletin of Spanish Studies, vol. 87 no. 8 (2010), 81.

broader society, these wards represented a means of treatment for the underprivileged in early modern society.[20] Professional physicians utilized numerous means for the cure of their confined patients, including specifically tailored diets, prescribed medicines, and the removal of everyday stressors that could exacerbate the disease. *Inocentes* represented a means by which the medical community interacted with the melancholic through governmental support.[21]

The final group that dealt with melancholia and its effects was the Catholic Church. From a theological standpoint melancholy threatened one's natural path towards salvation, making it a noteworthy topic amongst religious circles. However, not all within the church understood or interacted with the disease in the same way. Theologians and clerics concerned with the religious implications of melancholy often conflated the condition with either demonic possession or divine inspiration, thought the latter became increasingly common as the Counter Reformation grew.[22] A leftover from an older mode of thinking, religious discourse continued to view melancholy as a purely spiritual phenomenon, with no direct linkage to Galenic temperaments or humors. Though these clerics also likely dealt with the melancholic in their day-to-day lives, their work on the subject remained largely abstract. Other, more formalized, groups within the Church itself dealt with melancholia in a more direct manner, especially the Spanish Inquisition and resident religious Orders.

The Inquisition dealt with melancholic individuals more directly and frequently than most clerics. The nature of the Inquisition required it to determine the guilt of potential heretics, and, like the lawyers, melancholy added layers of complication to an already serious problem. Much like the secular law, the Inquisition determined guilt through intention. Those who

[20] Ibid., 104.
[21] Ibid., 104.
[22] Christine Orobitg, "Melancolía e inspiración en la Espana del Siglo de Oro," *Bulletin of Spanish Studies*, vol. 87 no. 8 (2010), 31.

committed heresy unwittingly were not the same as those who did it with purpose. Madness of all forms, melancholy included, removed the ability of the afflicted to reason, and in their unreasonable periods their actions lacked intention.

Often, Inquisitors carefully observed heretics for signs of potential madness, granting amnesty to those that convinced them of their insanity.[23] Since the mad were cleared of wrongdoing in Inquisitional trials, steps were taken to ensure that actual heretics did not falsely portray themselves as insane to receive official pardon for their heresies.[24] For this purpose, Inquisition trials often required the support of physicians, whose knowledge of madness-inducing diseases acted as a supplement to the judges own observations.

Sarah Nalle's book *Mad for God: Bartolomé Sánchez, the Secret Messiah of Cardenete* explores the relationship between the Inquisition and accused heretics who seemed to actually suffer from insanity.[25] The titular subject, Bartolomé Sánchez, underwent numerous investigations by members of the Inquisition to determine the validity of his heresy. The remarkably compassionate investigation processes, combined with the serious treatment potential cases of madness received during inquisition trials, reveal the depth of the Inquisition's concerns about mental illnesses, such as melancholia, amongst the accused.

These factors, tied together with Tausiet's findings, reveal the Inquisitions' multidisciplinary approach to melancholy. They followed similar to procedures to the legal system to determine the guilt of melancholic suspects, and utilized the knowledge of physicians to separate the truly mad from actors.

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[23] Maria Tausiet, "El triunfo de la locura: discurso moral y alegoría en la España Moderna." *Bulletin of Spanish Studies*, vol. 87, no. 8 (2010): 33.
[24] Ibid., 55.
[25] Sarah Nalle, *Mad for God: Bartolomé Sánchez, the Secret Messiah of Cardenete,* (University Press of Viriginia: 2001).

The other parts of the Catholic Church that dealt with melancholia on a mundane level were religious Orders. These Orders had to contend with madness within their ranks, and the troubles this caused in both enclosed spaces and abroad. The most prolific authors on melancholia from these groups were Saint Ignacio de Loyola, Saint Teresa de Avila of the discalced Carmelites, and Saint Juan de la Cruz.

Chapter Three: The Jesuits

Background of the Order

Ignacio de Loyola, a mercenary-turned-priest, built a new Order within the Catholic Church in 1534: The Society of Jesus. The Society eventually became known for their missionary work, particularly in the recently discovered New World, and the Jesuits quickly became a prominent force in the Counter-Reformation. Over the next several centuries Jesuit missionaries spread across the rest of the known world to further their evangelical efforts, which made them a major force in international politics. The center of Jesuit authority lay in Rome, but for its first several decades Spaniards held the highest office of the Order. During this early period the Jesuits played an important role in Spanish religious discourse, and in turn confronted many of the issues Spain faced at the time. Created during a transitional phase of melancholy discourse, the early Jesuits took a much different approach to the disease's problems than the Discalced Carmelites would decades later.

Unlike other Orders, such as the Benedictines or the Carmelites, the Jesuits did not follow any rules of enclosure. In order to fulfill their evangelical mission, they required a greater degree of mobility than cloistered sects. However, Jesuits still took a number of restrictive vows as part of their initiation. All Jesuits accepted vows of poverty, chastity, and obedience, whether home or abroad, which imposed rigorous regulations on their personal lives.

The cloistered environments of the enclosed Orders created situations that predisposed clerics towards melancholia, but the Jesuits' lifestyle abroad had its own share of melancholy-inducing factors. Missionary work often demanded unusual diets, uncomfortable living spaces, and prolonged travel, which made the Jesuit lifestyle susceptible to the development of melancholy, and gave them little recourse for dealing with it. Unsurprisingly, this led to a large

number of brothers who claimed to suffer from melancholia. The combination of these rigorous personal oaths and the alien and uncomfortable environments they often served in created ideal circumstances for the imbalance of humors that caused melancholy.

The evangelical mission of the Jesuits created a work environment very different from enclosed Orders, as missionary work was far less structured and inhibiting than traditional monastic life. Jesuit missionaries interacted with society at large more than other contemporary religious Orders, causing them to come into contact with laymen who suffered from the disease. As a result, talk of melancholy existed in Jesuit writing since the days of its founder Ignacio de Loyola himself.

No member of the early Society wrote extensively on the topic of melancholia in particular. However, melancholy and mental illness remained serious issues for the Jesuits, and evidence of this struggle can be found shortly after the Order's creation. The first Superior General, Ignacio de Loyola, did not write a manifesto on the topic, but his works repeatedly featured mental illness. Drawing upon his own experience with debilitating mental disorders he advised clerics on how to deal with melancholic laymen, personally handled several cases of melancholic priests, and advocated for community-oriented methods for dealing with the disease's repercussions.

Ignacio de Loyola

San Ignacio de Loyola, born Íñigo López de Recalde, worked as a mercenary before becoming the founder and Superior General of the Jesuits. After nearly dying during the battle of Pamplona in 1521 Íñigo experienced a religious awakening, and vowed to enter the priesthood. Following a stay at a monastery in Mansera, Íñigo attended the Collège de Montaigu in Paris,

before finally entering the priesthood in 1534.[26] Before long Íñigo, now called Ignacio, began forming a new outward facing sect within the Catholic Church devoted to the pope. This sect, the Society of Jesus, soon became a huge force in support of the Counter-Reformation and spread across the known world. Ignacio, as the founder and first Superior General of the Jesuits, quickly became a famous figure within the priesthood, remembered as one of the most important religious figures of the sixteenth century. Alongside his duties as Superior General, Ignacio authored several important theological texts. These, combined with his autobiography and personal correspondence, gave insight into how the early Jesuits dealt with melancholia within the Order.

Origin of the Condition

Ignacio touched upon the subject of mental infirmity several times over the course of his writing, though he used the word "melancholia" less frequently than other later writers. This stemmed from his understanding of mental disorders as the result of non-biological means. In some cases, this manifested itself through outside supernatural influence, and in others it stemmed from a sickening of the soul. Nevertheless, despite this religious understanding of melancholy, Ignacio described several cases of mental illness that closely resembled later medical descriptions of the disease.

In one case Ignacio visited a young woman thought to be afflicted with melancholy by physicians.[27] Ignacio, however, quickly overturned this diagnosis, claiming that demonic possession was the root cause. As a result, exorcism and religious cures were prioritized over medical concerns. Another instance presented Ignacio with a group of young Spanish women

[26] Stewart Rose, *Ignatius Loyola and the Early Jesuits,* (1871): 162.
[27] Antonio Mariani, *The Life of Ignatius of Loyola Founder of the Jesuits: Volume 8,"* (University of California, Davis) 298.

who complained of continuous bouts of melancholy. The Saint examined their issues thoroughly, but once again claimed that their troubles stemmed not from disease but the devil. Satan's resistance to their abandonment of sin had led to melancholy-like symptoms.[28]

Clearly, Ignacio believed that supernatural influence generated the conditions necessary for melancholia or melancholy-like symptoms. Ignacio went so far as to repeatedly ignore trained medical professionals' diagnoses in favor of his own take on the situation. Despite this, Ignacio did recognize melancholy and other mental illnesses as problematic conditions. Foremost amongst these was "scruples" a disquieting of the soul that the saint himself had experienced after the end of his military career. His own battle with scruples helped craft his stratagems for dealing with melancholy clerics, and ultimately shaped how the Jesuits treated the melancholic within their ranks for generations.

Scruples and Extreme Asceticism

The word "melancholia" appeared infrequently in Ignacio's texts, but, in several instances, Ignacio described mental illness in a way that closely resembled melancholy. The first, and most prominent, example came from Ignacio's own life. Before he had decided to change his name from Íñigo to Ignacio, the Saint had suffered from an intense period of depression, which he termed "scruples." While these scruples had their own theological connotations in Ignacio's work, they fit rather snugly into the parameters of biological melancholy.

Between his religious awakening after the battle of Pamplona and his entrance into the University of Alcalá, Ignacio suffered from prolonged bouts of anxiety and depression. This personal experience with mental illness defined his relationship with melancholy going forward.

[28] James W. Reites, *Studies in the Spirituality of the Jesuits: Saint Ignatius of Loyola and the Jews,* (American Society of the Jesuits: 1981): 6.

During his stay in Manresa, worries about unresolved sins from his past caused unending anxiety in the former mercenary. This anxiety, which he termed "scruples," generated a number of symptoms in Ignacio: paranoia, grief, delusions, and a powerful sense of lethargy. "And after he confessed, he was still tormented by his scruples… so he was very troubled and although he knew these scruples did him great harm, and it would be better if they were removed, he could not do so."[29] Ignacio realized that these feelings were likely damaging to his well-being, but could not overcome them alone.

Ignacio turned to extreme asceticism in an effort to cure himself. His first attempt at spiritual penance involved extended prayer sessions, "He persevered in his seven hours of prayer on his knees, continuously getting up at midnight,"[30]an act of intense concentration and physical endurance. Then, when this proved insufficient, he added physical punishment to his routine, scourging himself at least three times during the day and at night, *"But he could not find a cure for his scruples in any of them."*[31] Neither lengthy prayer sessions nor self-flagellation removed his melancholic condition, resulting in an even more frayed psyche. When these options failed to deliver him to better health, Ignacio chose another ascetic tradition: fasting.

In addition to his previous routine, Ignacio now refused to eat or drink. During this period, the symptoms of his scruples worsened, tormenting him with thoughts of suicide.[32] According to the saint, despite delusions of imagined food that tempted him to break his fast, he withheld from eating or drinking for a full week.[33] This achieved no meaningful results and

[29] Ignacio de Loyola, *Autobiographia*,(1555, my translation): 11 "y después de confesado, todavía le tornaban los escrúpulos, de modo que él se hallaba muy atribulado; y aunque casi conocía que aquellos escrúpulos le hacían mucho daño, que sería bueno quitarse del los, mas no lo podía acabar consigo."
[30] Ignacio de Loyola, *Autobiographia*,(1555, my translation): 9. "Perseveraba en sus siete horas de oración de rodillas, levantándose a media noche continuamente."
[31] Ibid., 9. "Mas en todos ellos no hallaba ningún remedio para sus escrúpulos,"
[32] Henri Joly, *St. Ignatius of Loyola*, (Duckworth and Company: 1906.):118.
[33] Ibid., 118.

exacerbated his condition. Following a stern warning from his confessor, Ignacio immediately resumed a regular diet. His prayers remained lengthy, but he forwent all instances of self-harm to maintain his restored health. Only after promising himself that he would stop confessing old sins was Ignacio able to regain his peace of mind. This first-hand experience with extreme asceticism helped define Ignacio's own informal policy for dealing with melancholy clerics once he became the Superior General of the Jesuits. The case of Simão Rodrigues, another prominent member of the Order, revealed the implications Ignacio's own experiences held on the Society's outlook on melancholy.

Simão Rodrigues, a former Portuguese noble and one of the cofounders of the Society, proved to be especially prone to melancholic depression. Like Ignacio in his younger days, Rodrigues attempted to use ascetic practices to rid himself of his condition, frequently going far beyond the lifestyle restrictions imposed by the Jesuit code.[34] Prompted by stories of the dangerous observances Rodrigues kept, Ignacio himself approached and forced Simão back into society. The Saint took it upon himself to "stir up his courage, calm his fears, and make him give up his dreams of hermit-like solitude," in order to help remedy Rodrigues' condition.[35] Continued hermit-like behavior stood to exacerbate Rodrigues' melancholy, and Ignacio cure involved a return to everyday behavior.

This aversion to radical asceticism stemmed from Ignacio's own experiences at Manresa, but such behavior also interrupted the mission of the Jesuit. Unlike cloistered Orders, the Jesuits' purpose required active participation in secular spaces, and self-imposed isolation removed one's ability to interact with the rest of the community. If Rodrigues continued to abandon society, he removed himself from his source of support and encouragement within the Order, which gave no

[34] Ibid., 119.
[35] Ibid., 119.

recourse for a deteriorating condition. Furthermore, Ignacio's informal protocol for handling the melancholic required monks to continue functioning in their roles as Jesuits. The Jesuits' mission was evangelical, and isolating ascetic practices undermined that undertaking. This was especially true of Jesuits abroad, whom were often the only representatives of the Church in foreign lands. If Rodrigues had continued to isolate himself to cure his melancholy, he ran the risk of deteriorating his condition, and deprived his fellow Jesuits of an important source of clerical manpower.

Despite the problematic nature of Rodrigues' melancholia, and his methods of self-treatment, Ignacio did not attempt to remove him from the Society. Just as he himself had overcome his trials with scruples, Ignacio believed that ailing clergy could overcome the problems of melancholy and become valued members of the Society. This practice of accepting the melancholic into the Order with open arms was a defining element of the Jesuits strategy for dealing with the disease.

Acceptance of Melancholic Jesuits

Though his conception of melancholy differed from later clerics, Ignacio clearly understood the negative implications of melancholy in a clerical setting. Nevertheless, from the beginning of the Jesuits, he welcomed melancholy clerics into the Order in spite of their condition. Several of the clerics closest to Ignacio fell victim to melancholic fits, yet the saint made no effort to remove them from the Order or his inner circle. In the early days of the Jesuits, the Order recognized melancholy and other mental illnesses as problematic, but nothing that prevented aspiring priests from entering the organization. The treatment of two important members of the Society during its earliest days, Simão Rodrigues and Jeronimo Nadal, revealed important components of the early Jesuits unofficial strategy for handling mental illness.

Jeronimo Nadal collaborated with Ignacio to enact the constitution of the Jesuits, and occupied a prominent position within the Society. Despite his achievements, Jeronimo publicly battled with melancholy. His melancholy was a known pre-existing condition; Nadal had battled the disease prior to admittance to the Society. Ignacio noticed Nadal's struggle with the condition during his initial days in the Order. According to Nadal, during the first portion of his noviceship the Saint had commented, "This one will give us a hard time. He is full of melancholy-you can tell by his eyes. It is to be feared that unless God calls him he may turn totally melancholic and lose his mind. At present he wants to serve God and cannot do it."[36] This was a rare case of Ignacio using the term melancholia to denote mental illness. Ignacio attributed Nadal's symptoms to the condition's virulence, acknowledging both the religious and practical problems melancholia presented. In this specific example, Ignacio hewed relatively close to later medical discourse surrounding melancholy. If the condition remained unchecked, the melancholic eventually lost all reason. As a result, any acts performed under the influence of melancholy did not represent the true intentions of the afflicted.

Ultimately, acceptance was the first step of the early Jesuit process for dealing with mental illness. The early Society contained both veteran priests and newly initiated brothers diagnosed with the disease, but Ignacio de Loyola, its highest official, did nothing to prevent their admittance into the Order. Perhaps due to his own struggles with mental illness in the past, Ignacio encouraged Jeronimo Nadal to continue with the Order after recognizing his condition. The benefits of having talented prospective brothers like Nadal stay with the Society evidently outweighed the acknowledged seriousness of their condition. Ignacio understood the problematic nature of mental illness first hand, but chose to have the Jesuits embrace the melancholic and

[36] Jeronimo Nadal, "The Chronicle, the Beginning of His Vocations," (1545): 39.

encourage them to overcome the challenges the disorders provided. Although Ignacio invited the melancholic to stay within the Order, he took several measures to prevent the condition from worsening during their time with the Society.

Encouragement and Community as Treatment

Ignacio welcomed melancholy aspirants into the Order, but he did so with intent to treat and lessen the effects of their melancholia. Since Ignacio generally lacked the medical understanding of melancholy that later clerics possessed, he relied on community encouragement and activity to treat melancholic brothers. His texts contain several pieces on how sane Jesuits were supposed to treat the melancholic. These reinforced the desire for communication between sufferers of melancholy and their peers, Ignacio sought rehabilitation rather than isolation,

When speaking to the melancholic, Ignacio required Jesuits to speak with a kind and friendly disposition. In his own words, "In order to edify and console such persons, it is desirable to assume a disposition contrary to their own."[37] By remaining complacent and friendly, the Jesuit became a positive influence on the afflicted. Harsh invectives and scolding might exacerbate their already fragile state of mind, and Ignacio's plan required their continued service within the community.

The struggle of melancholy ultimately resided within its bearer, and Ignacio believed that, like his own circumstances, and to get rid the condition required personal growth. However, the community needed to communicate readily with the afflicted, and do their best to encourage and cheer them on when possible. Ignacio was no stranger to this method, he was responsible for

[37] Stewart Rose, *Ignatius Loyola and the Early Jesuits*, (1871): 252.

the continued activity of both Jeronimo Nadal and Simão Rodrigues after their melancholy had driven them away from the Society.[38]

One of the ways Ignacio accomplished this in his own texts was through song. During his stay at the University of Paris, one of Ignacio's compatriots was gripped with a melancholic depression. In order to cheer his friend on, Ignacio sang and danced a jig, despite being partially lame.[39] The mirthful act soon caused his melancholic friend to shed his depression, so great was his friend's amusement. Later in life, as Superior General of the Jesuits, Ignacio discovered one of his followers had been suffering from acute melancholia. After failing to console the brother personally, Superior General gathered together novices with pretty singing voices, and had them perform for the forlorn Jesuit.[40]

Music acted as another means of encouragement for Jesuits trying to cure their melancholic peers. If personal consultations failed to achieve the desired results, song and merriment provided a new avenue of treatment. That Ignacio himself would repeatedly use this tactic himself spoke to his commitment to cure melancholia in his fellow ascetics. Community ties extended from cleric to cleric, and the highest member of the Order willingly interacted with sick Jesuits personally if it might fix a brother's ailing mind.

Ignacio de Loyola and Melancholia

While his understanding of melancholy had underlying differences from later clerics, San Ignacio and his fellow early Jesuits noticed many of the same problems caused by the disease. Again, one sees that Ignacio was much more willing to include melancholic brothers than Teresa was of similarly afflicted sisters. His informal system for dealing with melancholy brought them

[38] Ibid., 187.
[39] James Brodrick, *Saint Ignatius Loyola: The Pilgrim Years, 1491-1538,* (Ignatius Press, 1998):26.
[40] Stewart Rose, *Ignatius Loyola and the Early Jesuits,* (1871): 264.

deeper into the community, but did not place the same level of responsibility on leaders within the Order. Ignacio's plan also required other members of the community, including Ignacio himself, to encourage and support melancholic brothers. By preventing brothers from extreme asceticism, Ignacio hoped to use community support to keep valued members within the Society.

Jesuits after Ignacio

Though Spain produced several Superior Generals following Ignacio, the Society's European highest leadership became increasingly Italian over time. However, the Jesuits remained influential and active in Spain's religious landscape. As a result, the Society followed a similar trajectory as native Spanish institutions like the Carmelites in regards to its understanding of melancholia as a mental disorder. As with Teresa and Juan, later high ranking members of the Order began to describe melancholy as the product of imbalanced humors, rather than the effects of demonic possession or spiritual desolation. Nevertheless, best practices for handling melancholic Jesuits established by Ignacio continued well after his death in 1556.

Claudio Acquaviva was the next Superior General to give melancholy serious consideration in his writings. Active from 1581 to 1615 as the Superior General of the Society of Jesus, Acquaviva expanded the global reach of the Society farther than ever before. Under his careful guidance the Jesuit Order nearly tripled in size, cementing him as one of the most influential Superior Generals in Jesuit history. Despite the breadth of his achievements as a director of missionaries, Acquaviva managed to devote some of his time to the problems of melancholy and its place within the Order.

Acquaviva's most notable contribution to discourse on the subject was the final chapter of *Industriae ad curandos animae morbos,* which is devoted to melancholia. In the book

Acquaviva explicitly mentioned that melancholy, as well as sanguine, phlegmatic, or choleric behavior, resulted from an uneven mixture of the body's composition.[41] In his treatise, Acquaviva also warned against the dangers melancholy posed towards meditation and prayer.

Though Acquaviva's conception of melancholy more closely resembled figures like San Juan than his predecessor Ignacio, portions of Ignacio's informal protocol remained intact under the fifth Superior General. Like Ignacio, Acquaviva cautioned against letting melancholic clerics isolate themselves for fear of letting their condition worsen.[42] Ignacio's stance against extreme ascetic practices by melancholic monks still remained an active part of Jesuit countermeasures nearly a century later. Yet, despite the continued acknowledgement of the dangers the condition presented, priests known to be melancholic continued to be admitted into and allowed within the Society.

Under Acquaviva, a number of melancholic brothers came into positions of prominence within the Society. José de Acosta and Matteo Ricci were two of the most influential Jesuits abroad, responsible for a great deal of the Society's influence in the New World and China respectively. Despite being acknowledged sufferers of melancholy; both were allowed to travel halfway around the world to represent the Jesuits. Back in Europe, James Archer, also melancholic, became a renowned figure of the Counter Reformation in Ireland. Melancholy might have provided a roadblock for their personal journeys, but it was never used as an excuse to remove them from the Society.

The Early Jesuits and Melancholia

[41] Claudio Acquaviva, *Industriae ad curandos animae morbos,* (1600): 116.
[42] Ibid., 117.

The ultimate treatment of the melancholic remained the same between Ignacio and Acquaviva. The Jesuits freely admitted melancholic brothers and encouraged them to overcome their hardships with faith and the support of their communities. Neither Ignacio nor Acquaviva attempted to "other" the mentally ill through their strategies. Jesuits did not mock melancholy brothers as a means of establishing social hierarchies either. In fact, the informal protocols for handling melancholy used by Jesuits actively promoted the inclusion of potentially downtrodden members of society. Furthermore, the continued affluence of diagnosed clerics throughout the Society's existence implied that this acceptance was the result of genuine intention rather than desperate circumstances. With a large enough pool of potential applicants, there was no need for the continued admittance of melancholic brothers, but the practice continued for centuries. Ultimately, melancholia proved to be an acceptable risk within the Jesuit Order, regardless of the nature of its origin or the virulence of the condition.

Chapter Four: Teresa de Avila

Saint Teresa de Avila rose to fame during the Counter-Reformation as a celebrated Christian mystic and a reformer of the Carmelite Order. Teresa spent the majority of her adult life in the service of the Church, beginning November 2, 1535 and lasting until her death in 1582. After nearly twenty years as a Carmelite nun, Teresa became increasingly distraught with her fellow sisters' lax adherence to the rules of enclosure. Starting in 1562 Teresa took steps to reform the Order, and established a number of convents around Spain that more rigorously enforced the vows of the Order. This began with the founding of the convent of St. Joseph's in Avila, which she later ran as prioress. The rest of Teresa's career revolved around the development and supervision of this new branch of the Order, known as the Discalced Carmelites. After the publication of her first book, the *Libro de las Fundaciones*, she gained renown internationally as a Christian mystic and author. Teresa's experience running convents, widespread influence amongst the Carmelites, and her devotion to maintaining the sanctity of the cloister jointly informed her attitude towards melancholy. Her involvement in the maintenance of cloistered spaces gave Teresa a unique understanding of the disruptions melancholy caused within enclosed communities.

No official clerical source had as much to say about the problems of melancholy in religious Orders as Saint Teresa. *Libro de las Fundaciones* possessed Teresa's most thorough reflections on melancholic nuns, and an entire chapter was devoted to solving the problems they created as pragmatically as possible. However, the saint's other works also discussed the topic. In her manifold letters to other leaders of the Church, issues of melancholic nuns and monks occurred repeatedly. Teresa also discussed melancholy, albeit less prominently, in several of her other published works. *El Castillo Interior o las Moradas, Camino de Perfeccion,* and *Libro de*

la Vida de Santa Teresa de Jesus all mention the condition in some form.[43] The problems of melancholy clearly troubled the saint, as she devoted a substantial amount of time and energy to the consideration of possible resolutions for its consequences. Other Spanish religious authors contemplated the repercussions of melancholy, but Teresa's accounts were the most realized, thorough, and frequent.

Despite her position within the Discalced Carmelites, Teresa's conception of melancholia resembled secular, rather than theological, perceptions of the disease. Teresa's writings displayed a mindset closer to Golden Age physicians than to other religious authorities, perhaps due to her lack of formal theological training. Her connections to contemporary medical discourse were noticeable, but imperfect. Unlike some of her peers within the Catholic Church, particularly those outside of Spain, Teresa consistently labeled melancholy as a biological disease, rather than a symptom of otherworldly tampering. Specifically, melancholia resulted from an imbalance of the body's humors, which produced an excess of black bile.[44]

While Teresa occasionally acknowledged the possibility of supernatural influence on the melancholic, her prognosis and plans for treatment assumed that the root cause of the symptoms was biological in nature. In *Las Fundaciones* she mentioned the devil as a possible source for melancholy's spread within a convent, "I certainly believe that the devil places it (melancholy) in some people to win them to himself; and if they do not tread carefully, he will."[45] Melancholy here served as a vector for the devil to tempt the afflicted to sin, but the disease itself did not exist as a byproduct of past sins. Teresa went on to claim that the transmission of melancholy

[43] Teresa de Avila, *Libro de Las Fundaciones,* (1582). Saint Teresa de Avila, *La Castillo Interior o las Moradas,* (1577). Teresa de Avila, *Cartas de Santa Teresa de Jesus y Otros Escritos y Documentos* (1892). Teresa de Avila, *Libro de la Vida de Santa Teresa de Jesus,* (1565).

[44] Teresa de Avila, *La Castillo Interior o las Moradas,* (1577): 49.

[45] Teresa de Avila, *Libro de las Fundaciones* (1582, my translation): 37, "Cierto, creo que el demonio en algunas personas le toma por medianero para si pudiese ganarlas; y si no andan con gran aviso, sí hará."

was a danger to the convent as a whole, "Because, if they understand that occasionally their cries were enough, and give in to the despair that the devil places in them, in order to spoil them, they are lost, and one (nun) is enough to disquiet a monastery."[46] The disease possessed a potency that could both destroy the sanity of the afflicted and single-handedly disrupt the peace of cloistered spaces. Physicians of the day occasionally mentioned the possibility of supernatural influence in the spread of melancholy, but rarely attributed Satan himself as the root cause.

Confusingly, in other instances Teresa specifically differentiated melancholy from demonic or spiritual possession. In a letter to Father Gracian of Seville, Teresa warned Gracian that one of his young wards was not actually affected by melancholy. Instead Teresa cautioned that, "With respect to this young lady, I have long been settled, that it is not melancholy so much as the devil, that you have seen in this woman, that makes her say these lies."[47] The problems suffered by the possessed and the melancholic were often similar, but Teresa's warning implied that the conditions were not synonymous. In other parts of Europe priests freely connected melancholy with spiritual domination, which aligned Teresa's views more closely with physicians than her fellow clergymen.[48] Teresa's core understanding of melancholy's cause and substance ultimately resembled the medical community most closely, despite her belief that Satan could act as a catalyst for the disease.

Similarly, the symptoms Teresa ascribed to melancholy were largely the same as physicians of her era. The most devastating of these symptoms, and the most dangerous to the

[46] Ibid., 37. "Porque, si entienden que algunas veces han bastado sus clamores y las desesperaciones que dice el demonio en ellos, por si pudiese echarlos a perder, ellos van perdidos, y una basta para traer inquieto un monasterio."

[47] Teresa de Avila, *Cartas de Santa Teresa de Jesus y Otros Escritos y Documentos*, (1893, my translation): 137, "En lo que toca a esotra doncella ú dueña, mucho se me ha asentado, que no es tanto melancolia, como demonio, que se pone en esa mujer, para que haga esos embustes."

[48] Erik Midlefort, *A History of Madness in Sixteenth-Century Germany*, (Stanford University Press: 1999), 139.

tranquility of the convent, was the destruction of the afflicted's reason. The black bile created by the imbalance of humors, according to Teresa, oppresses the soul and destroys reason."[49] In *La Castillo Interior* she specified that black bile "reached around the heart," resulting in the aforementioned problem.[50] This biological phenomenon targeted one's body, which then corrupted the soul, rendering the senses of the diseased defunct.

This corruption of reason could result in a number of unfortunate outcomes for the afflicted. The symptoms of the disease varied based on the severity of each individual's condition. Those only beginning to suffer from melancholia were prone to irritability, moodiness, and often suffered from insomnia.[51] As the patient's state of mind deteriorated, she often experienced paranoia and outbursts of unreasonableness, before finally completely losing their senses.[52] These conditions were not linear, as circumstances dictated the balance of humors could shift back and forth, making the disease inherently unstable. All of these symptoms appear in Teresa's work, and they all directly correspond with contemporary medical discourse.

Curiously, for all of the contemporary medical knowledge Teresa seemed to possess, her usage of the term "melancholia" lacked the finesse of professionals in the field. Teresa often used the word as a substitute for any mental disease, even when the symptoms did not resemble traditional accounts of melancholia. This was particularly noticeable in the case of her nephew, whom she declared melancholic without ever mentioning any of the specific symptoms

[49] Teresa de Avila, *Libro de las Fundaciones*, (1582): 46.
[50] Teresa de Avila, La Castillo Interior o las Moradas, (1577): 49.
[51] Ibid., 50.
[52] Ibid., 49.

associated with the disease.[53] The lack of a description stood out compared to her accuracy in most other cases, which often used specific language in regards to melancholy's symptoms.

However, Teresa simultaneously displayed an intricate understanding of what physicians typically diagnosed as melancholia. When she suggested solutions for dealing with melancholic sisters, her cures closely resembled those crafted by physicians, including highly exact dietary restrictions. When Teresa dealt with the disease itself, her knowledge was consistent with common medical practices, but she lacked the vocabulary and sophistication of physicians when it came to discussing mental illness as a whole.

The timing of Teresa's writings might have had a hand in this vagueness. Teresa's final work to feature melancholia was published in 1582, shortly before her death that same year. On the other hand, Andres Velasquez published the first Spanish medical treatise on melancholy in 1585, nearly three years later.[54] With this in mind, Teresa's treatment and general understanding of melancholy as a biological disease takes on a new light. The consistency between Teresa's writings and the common assumptions of Spanish physicians reveals several potential implications about the relationship between Spain's clergy and its physicians. Either Teresa herself had a strong connection to the medical community of Spain, or medical knowledge about melancholy in particular had already spread into broader discourse within Spain. Regardless, Teresa clearly approached melancholy and the melancholic similarly to physicians, despite her clumsiness in applying labels to other mental illnesses.

While Teresa seemed to have understood melancholia from a medical perspective, her concerns about the disease stemmed from a different source. Physicians' motivations regarding

[53] Teresa de Avila, *Cartas de Santa Teresa de Jesus y Otros Escritos y Documentos*, 160.
[54] Andres Velasquez, *Libro de la Melancholia*, 1585.

the disease are self-evident; they perceived melancholy as a biological condition that negatively influenced the health of their wards, necessitating medical care to balance the excessive humors. For Teresa the health of the individual was important, but so was the damage melancholy could cause to the tranquility and stability of a convent. In *Las Fundaciones* the Saint mentioned how, "it is necessary to look for them (melancholia's symptoms), in order to bear with them and govern them without doing harm to the other sisters." This placed the emphasis on securing the melancholic for the protection of the sane.[55] Melancholy obviously affected the health of the ailing, but Teresa believed that its vile influence spread outwards from the sufferer to her peers.

Teresa warned that mishandling melancholic sisters led healthy nuns to believe that the insane ramblings of the afflicted were acceptable behavior.[56] Sane sisters who saw the grief caused by a humoric imbalance might believe their own troubles to be symptoms of melancholia as well. By confusing their own mundane sorrows for a symptom of a biological disease, they too might have confused irrational and accepted behavior.[57] This presented a twofold problem: all nuns who misbehaved, regardless of the state of their reason, disturbed the austerity of the Cloister and prevented it from accomplishing its religious goals. Furthermore, unlike their deranged peers, sane nuns who patterned their behavior off of melancholy were fully responsible for the consequences of their sin. Both in mundane and spiritual terms melancholy endangered all members of a monastery of convent.

This was the crux of Teresa's fears about the disease, and the reason why it occurred repeatedly throughout her works; if left unchecked, mental illnesses like melancholia disrupted the tranquility of the cloister that her other reforms attempted to preserve. This concern was

[55] Teresa de Avila, *Libro de las Fundaciones*, (1582): 36, "Es menester buscarlas para cómo lo sufrir y gobernar sin que haga daño a las otras."
[56] Ibid., 37.
[57] Ibid., 41.

evidently something she expressed often, since she mentioned in *Las Fundaciones*, her final work, that "It seems to me that in a little book I have said something about this, I do not remember: little is lost if I speak of it here… I would say it a hundred more times, if I thought I could say something that would be useful."[58] While Teresa spent the majority of her time dealing with a myriad of other issues, she dedicated enough attention to melancholy to address its problem from multiple angles. From this several underlying patterns emerged, forming together to make an unofficial protocol advocated by the Saint for dealing with members of monastic orders afflicted by melancholy. Despite spanning numerous works and years, this protocol was surprisingly holistic, sketching out suggestions and advice ranging from pre-screening potential sisters for melancholy to punishments and treatments needed to keep melancholic sisters in line.

Teresa's Protocol:

Before proceeding with the enumeration of Teresa's "rules" about melancholy, the exact nature of this informal "protocol" needs to be established. No religious Order in Spain utilized Teresa's writings as an actual code of conduct, and the Carmelites did not distribute Chapter VII of the *Libro de las Fundaciones* to all of its abbots and prioresses. Nevertheless, Teresa actively advised numerous convents and played a pivotal role in reforming the Order itself during her lifetime, giving her significant influence amongst Spain's clergy. As her writings indicated, Teresa spent a great deal of time contemplating the pitfalls of melancholy in the cloister, and her works often served as direct counsel to floundering prioresses. Therefore, the following description of Teresa's plans for dealing with melancholic nuns is an examination of how one of Spain's most influential mystics conceptualized treatment of the condition, rather than an actual

[58] Teresa de Avila, *Libro de las Fundaciones*, (1582): 36, "Paréceme que en un librico pequeño dije algo de esto, no me acuerdo; poco se pierde en decir algo aquí…otras ciento lo diría, si pensase atinar alguna en algo que aprovechase."

series of clerical ordinances handed down from the Holy See. Within this contextual framework, preventing melancholy from entering a convent was the first step to securing the cloister from the dangers of mental illness.

Prevention:

Teresa's unwritten rules for dealing with mental illness started before the melancholic had even managed to enter into the convent itself. Her statements about the handling of diagnosed women aspiring to be nuns were explicit: prioresses should bar all melancholic women from the sisterhood and the cloister. Fundamentally, all actions taken should avoid the problems of mental illnesses in monasteries altogether. Teresa recommended the institution of a more thorough vetting process for those attempting to join a religious Order. This prevented melancholic women from adopting lifestyles that would inevitably degrade their already precarious condition. Ideally, this solved the problem of melancholy in convents before it could occur, securing the serenity of the cloister. Teresa's official printed texts and her unofficial correspondence with other members of the church both reinforced this suggestion.

Teresa's correspondence with Mother María of Saint Joseph most clearly exemplified the preventative step of Teresa's protocol. Mother Maria was in the process of admitting the niece of García Álvarez to the sisterhood, but discovered a serious complication. Prior to her application to the convent, a physician diagnosed Alvarez' niece as melancholic. Maria, uncertain of the potential consequences of admitting her into the cloister, then asked for Teresa's advice on the matter. Teresa confirmed Maria's suspicions at once, and advised her to reject the candidate immediately. She counseled Maria to tell Alvarez, "you have heard that she has had severe attacks of melancholia. Cavallar plainly told me she was mad, and therefore I spoke no more

about her to him."[59] Maria required no other reason to reject the girl's candidacy; prior bouts of melancholic depression served as ample reason to deny the young woman, Evidently, Teresa also expected Garcia Alvarez to accept this reason for rejection without complaint, as the issue was dropped shortly thereafter, and never resurfaced in her letters. Either society outside the cloister knew of the Order's trepidation regarding melancholy, or Teresa and Maria simply did not concern themselves with Garcia Alvarez's reaction. The fact that Maria actively sought out new applicants, but hesitated to admit someone afflicted with melancholy only reinforced this connection. Members of the Carmelites other than Teresa obviously had their own concerns about melancholia's consequences, and those concerns overrode their need for new applicants to the convent.

Claiming that Alvarez's niece was "fitted to stay with her father," Teresa avoided a situation where her admission burdened both herself and the Order.[60] The unique monastic lifestyle of the Carmelites drove Teresa to this decision. Teresa believed the rigors of monastic life one assumed upon entering the cloister added a degree of frugality that stressed the body and exacerbated melancholy. The restricted diet allotted to monks and nuns proved particularly worrisome, as physicians suggested that poor nutrition disturbed the body's humors.

Teresa expressed profound relief when the melancholic Fray Antonio de la Madre de Dios decided to leave the Order of his own accord, "Fray Antonio leaving us may have been God's mercy, because I know that he had severe melancholy, that with our diet might have come to much harm."[61] Worried that continued adherence to the dietary restrictions of the Order would

[59] Teresa de Avila, *The letters of Saint Teresa, a complete edition translated from the Spanish,* (London: 1922).
[60] Ibid.,
[61] Teresa de Avila, *Cartas de Santa Teresa de Jesus y Otros Escritos y Documentos*, (1893):123, "De la del padre fray Antonio quizá nos hizo Dios merced, porque entiendo tenia gran melancolía, que con nuestras comidas viniera á mucho mal."

worsen his condition; she was pleased to see him follow a path that might lead to improvements in his health.[62] Concerns about the effects of dietary restrictions on the health of initiates consistently appeared in Teresa's writings on melancholy, as the later stages of her protocol reveal. Consequently, they served as a reason for her rejection of Garcia Alvarez's daughter. By disallowing someone with pre-existing melancholia from entering the Order, she attempted to preserve the health of the applicant and the sanctity of the cloister.

Nevertheless, even with rigorous vetting processes, a number of melancholic initiates joined the Carmelites each year. Teresa herself acknowledged this in the beginning of chapter seven of *Las Fundaciones,* "No matter how careful we are to avoid those that have it (melancholia), it is so subtle that it is appears dead whenever necessary, and so we do not find it until it is too late."[63] The subtlety of melancholia's symptoms during its inactive periods made pre-screening applicants a challenge, especially if physicians had never diagnosed their condition. With this in mind, Teresa presented a second stage to her strategy: how to identify the presence of the disease within the cloister.

Identification:

After a member of the cloister was identified as melancholic, Teresa gave instructions for the proper way to diagnose the disease's severity and combat its symptoms. Teresa mentioned that melancholy could take several forms early in chapter seven of *Las Fundaciones,*

> It is to be cautioned that not everyone subject to this humor are so laborious, when it falls on those with humility and in soft condition, although they bring themselves trouble, they do no harm to the others, especially if they have good intentions … those without reason,

[62] Teresa de Avila, *The letters of Saint Teresa, a complete edition translated from the Spanish,* (London: 1922) 64.
[63] Teresa de Avila, *Libro de las Fundaciones,* (1582): 36. "Por mucho que andamos procurando no tomar las que le tienen, es tan sutil que se hace mortecino para cuando es menester y así no lo entendemos hasta que no se puede remediar."

> it seems, must be mad, and it is so; but in those we talk of, the evil has not come to much harm, and if it would be a lesser evil if it had.[64]

This passage highlighted two key aspects of Teresa's approach to combating melancholy. First, that not all who were melancholic had fully lost their reason, though the ultimate result of the disease was madness. Second, that those with melancholy of sporadic or uneven intensity were considerably more problematic for the sanctity of the cloister. Teresa outlined different suggestions for dealing with various degrees of the disease, but specifically identified three different types of the afflicted: those who suffered from a complete mental breakdown, those who retained some reason and were of a humble nature, and individuals whose weakness of spirit amplified the disease and its dangers, but kept some semblance of reason.

The first type of melancholic nun Teresa identified in her works were those who had fully lost the ability to reason. Unlike other sufferers, they did not retain any grasp of their sanity during their outbursts, and fully descended into madness. Having fallen the farthest, they were the easiest to spot. Their open anguish and senseless speech acted as clear indicators of madness, but the inability to think rationally made them easy for the prioresses to manipulate into obedience. The dangers of fully senseless nuns were immediate, they sometimes flew into fits of rage, but having lost all reason Teresa considered them "sinless."[65] Despite the danger presented to others, senseless monks were mostly harmless to themselves and their souls. It was the other type of melancholics, whose melancholia had only robbed them of sense intermittently, that concerned Teresa more seriously.

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[64] Ibid., 37. "Hase de advertir que no todos los que tienen este humor son tan trabajosos, que cuando cae en un sujeto humilde y en condición blanda, aunque consigo mismos traen trabajo, no dañan a los otros, en especial si hay buen entendimiento…Parece que si no hay razón, que es ser locos, y es así; mas en las que ahora hablamos, no llega a tanto mal, que harto menos mal sería."
[65] Ibid., 36.

When someone had fully succumbed to the disease he or she no longer had any real control over their actions, but those with intermittent melancholic episodes retained some semblance of autonomy. This made them more difficult to identify, as aspects of their sane personalities continued to manifest themselves. Sisters blessed with remarkable humility "So fearful of offending God, that although they break down in tears by themselves, they do nothing but what they are told, and bear their infirmity like all the others," suffered through the disease in silence as long as possible.[66] If the watchful eyes of the prioresses noticed excessive anxiety or other symptoms of the disease, these sisters were expected to willingly submit to any cures or procedures for eliminating the affliction. However, even if their melancholia continued to go unnoticed, the peace of the cloister likely went undisturbed. According to Teresa this silent suffering "is a higher martyrdom, and thus they will have a higher glory, and this life shall be their purgatory so they shall not have it in the next."[67] An unfortunate outcome for the sister, and one Teresa actively sought to resolve, but it ultimately did far less damage to the rest of the convent than the actions of less altruistic, but equally melancholic, nuns.

The rest of Teresa's strategy for dealing with melancholy focused on nuns who had acted out before they were gripped by melancholia. Teresa went so far as to claim that "Truly, I believe that often it (the misbehavior) comes, as I am saying, from those lacking discipline, with little humility, and bad training, and that the humor is not as strong as these."[68] The real danger to the peace was not melancholy itself, but the influence it had on weak-willed men and women who already acted out and disturbed the prioresses and their fellow sisters.

[66] Ibid., 38. "Temerosas de ofender a Dios, que, aunque se están deshaciendo en lágrimas y entre sí mismas, no hacen más de lo que les mandan y pasan su enfermedad como otras hacen."
[67] Ibid., 38. "Es mayor martirio, y así tendrán mayor gloria, y acá el purgatorio para no le tener allá."
[68] Ibid., 39. "Verdaderamente creo que muchas veces es -como he dicho- de condiciones libres y poco humildes y mal domadas, y que no les hace tanta fuerza el humor como esto."

It was also these fragile sisters Teresa felt were the most likely to be the targets of supernatural influence.

> Certainly, I believe that the Devil confers it (melancholy) to some people as a medium to win them to himself; and if they do not walk carefully, he will. Because, the main aim of this humor is to subject the reason, and when this is obscured, what will our passions not do?[69]

Melancholia removed the last barriers that prevented them from acting out, and, due to their irresolute natures, they lacked the desire to act properly within the cloister. Satan had not possessed them, but bestowed them with a biological disease that encouraged them to sin of their own volition. This was doubly dangerous, as the retention of their reason meant that they were culpable for all sins committed while suffering from the disease, and they negatively affected their peer's peace of mind. These were the most dangerous of the melancholic, because they continued to behave poorly when not fully in the throes of the disease, and the majority of Teresa's protocols for dealing with the disease seemed to have focused on them. With this in mind, Teresa laid out the first step to be taken against melancholy in the convent: discipline.

Discipline:

Discipline was the first method of treatment in Teresa's system for dealing with melancholy. When the unreasonable actions of the mad remained unchecked, he or she threatened the tranquility of the cloister and led other nuns into temptation. Teresa's advice for prioresses struggling to deal with this type of misbehaving melancholic was simple: if she refused to obey willingly, force her to do it anyway. Teresa advocated a treatment filled with Christian kindness and love, but for some this was not enough, and for those "If there are means

[69] Ibid., 37. "Cierto, creo que el demonio en algunas personas le toma por medianero para si pudiese ganarlas; y si no andan con gran aviso, sí hará. Porque, como lo que más este humor hace es sujetar la razón, ésta obscura, ¿qué no harán nuestras pasiones?"

to secure them, those means are fear."[70] The prioress must exist as an absolute authority figure to the melancholic. Doing so encouraged obedience amongst both those who had lost themselves fully and others who maintained some of their senses. In order to combat the insidious nature of the sickness, prioresses must avail themselves of every opportunity, as "there is no other remedy but to conquer them by every way and means in our power."[71] As one might expect, Teresa had no shortage of examples for her sisters to follow.

Teresa recommended strict, but fair, punishments when dealing with misbehaving melancholic sisters. If a nun spoke out improperly, a verbal warning was to follow. Nuns aware of their ailment could use this opportunity to seek out guidance from the prioress.[72] Should the poor behavior continue, prioresses gave penances in accordance with the severity of the outburst. Finally, if none of these options worked, the next step required the isolation of the melancholic from the other sisters.[73] Confinement served several purposes; it allowed the prioress to display her authority without causing a disturbance amongst the community, it protected healthy nuns from the wide-reaching effects of melancholic behavior, and it contributed to the recovery of the ailing sister. "If it was not enough to keep them in prison one month, keep them four: nothing could do more good do for their souls."[74] By temporarily confining them from the rest of the community, one remedied their ills without interference and prevented them from entering situations that put their own moral well-being into question. As with many of Teresa's suggestions about mental illness in the cloister, this punishment was eminently practical, and protected all parties from possible harm.

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[70] Ibid., 37. "Si algún medio hay para sujetarlos, es que hayan temor."
[71] Ibid., 38. "Que no hay otro remedio para él, si no es sujetarlas por todas las vías y maneras que pudieren."
[72] Ibid., 36.
[73] Ibid., 37.
[74] Ibid., 38. "Si no bastare un mes de tenerlas encarceladas, sean cuatro: que no pueden hacer mayor bien a sus almas."

Disobedience damaged the authority of the prioress and upset the balance of the cloister. As a result, regardless of the severity of a sister's melancholia, prioresses were not to tolerate any defiance.

> And I think this is so important, that in no way should one suffer it carelessly: but if the melancholic resists the prelate, then respond as if she was of sane mind, and do not excuse any of these things. If she speaks rudely to her sisters, do the same. Treat her this way with similar all things.[75]

At a glance, this seems too severe a treatment for those openly acknowledged as ill, but it revealed an important aspect of Teresa's approach to dealing with mental illness. She proposed that the melancholic nun should be treated precisely the same as her peers, and actively avoided practices that could constitute "othering." Teresa directly compared her suggestions to how the insane were handled by broader society,

> If, to stop madmen from killing, they are bound and chastised, and this is good (although it seems a great pity, these men can no longer help themselves), then how much more must these (sick nuns) be looked after so that they do no harm to the souls of others with their freedom?[76]

The ultimate goal was the protection of the souls of all involved. Careful observance and treatment of the afflicted restored the nuns' faculties while protecting those who still possessed their senses. Furthermore, by referencing how the public handled madness, Teresa implied that this concern about insanity was shared by Spanish society.

Teresa recommended that prioresses should inform the sick nun of her equality, "She must abide in the infirmary, and understand that, when she walks back out into the community, she is to be humble and obedient as all others, and when she fails her humor is not a worthy

[75] Ibid., 38. "E importa tanto esto, que en ninguna manera se sufre haya en ello descuido; sino que si la que es melancólica resistiere al prelado, que lo pague como la sana, y ninguna cosa se le perdone. Si dijere mala palabra a su hermana, lo mismo. Así en todas las cosas semejantes que éstas."
[76] Ibid., 39. "Si, porque no maten los locos, los atan y castigan, y es bien, aunque parece hace gran piedad pues ellos no pueden más, ¿cuánto más se ha de mirar que no hagan daño a las almas con sus libertades?"

cause"[77] The potential presence of melancholy in the convent demanded that prioresses maintain strong authority, but wielded universally, without specifically sparing or targeting the melancholic. Such treatment attempted to include them in the community of the cloister, even if particular punishments demanded their temporary isolation. The practicality of momentary isolation superseded the need for inclusion, but the ultimate goal aimed to fix the melancholic nun's behavior, so that she could re-enter the larger community. Rather than "othering" said nuns, Teresa's strategies aimed to reacclimatize them to the cloistered community. Obedient nuns allowed prioresses free rein to begin treatment, and the next steps of Teresa's unofficial system began in earnest.

Treatment:

With the authority of the prioress firmly established, by force or otherwise, she could now begin acting to cure the source of the melancholia and stifle its symptoms. This step of the unofficial protocol most fully shows Teresa's connection to contemporary medical discourse on mental illnesses. Teresa herself seemed to have acknowledged this as she called on her fellow prioresses to treat their ailing flock as "physicians," in order to diagnose and treat those with unseen symptoms.[78] Unsurprisingly, many of the cures proposed by Teresa to these would-be "physicians" stemmed directly from the medical community of her day. These remedies ranged from taking medicine to profound changes in diet and lifestyle, to simple changes in their surroundings and daily routines.

<u>Medicine:</u>

[77] Ibid., "Estése en la enfermería, y entiende que, cuando salir a andar en comunidad, que ha de ser humilde como todas y obedecer como todas; y cuando no lo hiciere que no le valdrá el humor."
[78] Ibid., 40. "médico."

The most direct method Teresa mentioned for treating melancholia was taking medically prescribed curatives. While Teresa advocated that her fellow prioresses act as physicians, actual physicians made their way into her advice by means of medicine. In her words, "At times it is very necessary to thin the humor with medicine to make it bearable."[79] Actions by the prioresses resolved many of melancholy's problems, but medicine was sometimes a necessary component of treatment.

Though she spent less time on this form of treatment, her comment spoke to the breadth of the problem melancholy posed. The disease itself was understood as a medical illness, albeit a peculiar one, and should be treated with the seriousness that any disease entailed. Prioresses, lacking the knowledge of medicine-making, needed to seek out the advice and cures of medical professionals if need be. This admission meant that the condition required reaching outside of the enclosed space of the cloister for cures. Medicine required expertise that the prioresses lacked, but Teresa had other plans for how these sisters could exercise their own skills to treat melancholy monks.

Lifestyle Changes:

Just like the physicians of her day, Teresa believed that a poor diet directly led to the imbalance of humors that created melancholia's black bile. The monastic life of the Carmelites limited the variety of foods nuns consumed daily, which made convent life particularly prone to exacerbating the disease's symptoms. Certain foods were problematic for melancholia, and Teresa warned prioresses that, "They must not (the melancholic sisters) eat fish, except infrequently."[80] As shown with her concerns over Fray Antonio, Teresa worried about the

[79] Ibid., 39. "Que a tiempos es muy necesario adelgazar el humor con alguna cosa de medicina para poderse sufrir."
[80] Ibid., 40. "Téngase cuenta con que no coman pescado, sino pocas veces."

limited diet available to monks, but certain foods, like fish, were troublesome enough that she recommended slimming down their options further anyway.

The other recommendation Teresa shared, in regards to diet, concerned the frequency of consumption. The ascetic tradition of monasticism encouraged fasting; through self-denial one could become closer to God. However, Teresa suggested that melancholic sisters avoid this practice. Claiming "it is necessary they do not fast as continuously as the others do," Teresa explicitly told prioresses to check that sick nuns eat regularly.[81] If eating the wrong things produced black bile, eating nothing ensured that a melancholic condition did not improve. This concern over fasting was an ongoing tradition in monastic circles, as was seen with Ignacio de Loyola's account of melancholia, and it tied into broader concerns about asceticism and mental illness. Teresa repeatedly mentioned that a monastic lifestyle harmed the melancholic more than most, and brought up the issue with regards to Fray Antonio and the niece of Garcia-Alvarez. Diet was a central facet of this concern, but other parts of asceticism came under suspicion as well.

Long hours of prayer, another trademark of asceticism, proved equally dangerous to those afflicted with melancholia. As such, Teresa recommended those with the disease dramatically cut back on prayer until they felt their body could handle the stress.[82] Not only were extended prayer periods stressful for the body, the weakened minds of melancholy sisters provided a new set of concerns.

[81] Ibid., 40 "en los ayunos es menester no ser tan continuos como las demás."
82 Teresa de Avila, *Libro de la Vida de Santa Teresa de Jesus,* (1565).

> It must be made certain that they do not pray too much, even the ordinary prayers; since, for the most part, they have meager imaginations, which will cause them a lot of damage; and without doing that, they rave about things that no one who hears will understand.[83]

The sisters' weakened imaginations already led to delusions, and prolonged prayer was an avenue for this problem to express itself. Since Teresa was already worried that other nuns might overhear and emulate the ravings of the mad, it followed that opportunities for such behavior were limited by the prioresses.

Control was paramount to Teresa's plans for treatment. The everyday activities of the melancholic needed to be manipulated to prevent further outbursts of unreasonableness. Ascetic practices such as fasting and prayer were natural parts of monastic life, but melancholic minds' and bodies' simply could not bear the stress they presented. Careful observance of ailing sisters by the prioresses led to the control of their daily activities, which was in turn a preventative measure. Melancholy could not worsen if the opportunities for its growth were artificially limited. This worked in conjunction with careful control of melancholic schedules, another part of Teresa's plan, to help cure the sick sister.

Work as Treatment

The next step in Teresa's plan for treatment relied on the prioresses exercising complete control over the schedules of their wards. Idleness led to the same problems as extended prayer, without activity to keep it occupied the melancholic imagination ran wild. As such, prioresses, "must understand that the best remedy that they have is to occupy them (melancholic sisters) often with their duties, so that they do not instead dwell in their imagination, since there is where

83 Ibid., 40. "procurar que no tengan muchos ratos de oración, aun de lo ordinario; que, por la mayor parte, tienen la imaginación flaca y haráles mucho daño, y sin eso se les antojarán cosas que ellas ni quien las oyere no lo acaben de entender."

the evils lay."[84] Keeping melancholic sisters busy prevented them from naturally slipping into episodes of madness. Doing so kept them from endangering others, deteriorating their own conditions, and, perhaps most importantly, kept them active members of the community. Despite isolating them from their fellow sisters during their most intense outbursts, Teresa made every attempt to keep melancholic sisters attached to the community of the cloister. Prolonged seclusion was known to worsen their condition, and insane ramblings were dangerous to healthy nuns, so prioresses were tasked with determining how to keep this relationship stable without risking overexposure or isolation.

It was the process of working that helped treat the nun's condition, not the results of their activities. Action itself helped soothe the ailing sister's condition, even if the results of their labor were fruitless. "Although they do not work very well, bear with their faults, so there is not more suffering after they are lost. Because I know that this is the most sufficient remedy that can be given to them."[85] Failure was tolerable so long as the sisters remained occupied. Less than ideal productivity was a small price to pay for easing the burden born by the melancholic; by keeping them active Teresa hoped to cure them of their condition, which promised a better outcome for all involved.

The practice of working sisters to better health encapsulated the underlying theme of Teresa's treatments. Prioresses needed to establish themselves as authority figures and establish control over the daily lives of melancholy nuns in order to let those sisters lead normal lifestyles. By taking control out of the individual sister's hands, prioresses could guide them to better health without calling attention to their condition. Teresa warned that a single melancholic sister could

[84] Ibid., 39. "han de advertir que el mayor remedio que tienen es ocuparlas mucho en oficios para que no tengan lugar de estar imaginando, que aquí está todo su mal."
[85] Ibid., 40. "Aunque no los hagan tan bien, súfranlas algunas faltas, por no las sufrir otras mayors estando perdidas, porque entiendo que es el más suficiente remedio que se les puede dar."

ruin the quiet of a monastery, and that the knowledge of melancholy's presence could give healthy nuns questionable ideas, so prioresses needed to act discreetly. So discreetly, Teresa advised, that the word "melancholia" was not to be used in the presence of the melancholic, for fear it would upset their delicate disposition.[86] By taking these precautions prioresses kept sick sisters as mostly active members of the community, who were treated while interacting with the rest of the cloister, but subtly controlled to limit the risk they presented to themselves and others.

Teresa and Melancholia

Ultimately, for all the harsh language and strict countermeasures proposed by Teresa, the core of her approach asked that prioresses keep the best interests of the cloistered nuns in mind. Though she sought to rule the melancholic by fear and force, Teresa repeatedly mentioned that love and compassion were needed to fix melancholy's problems. Her intense fear of the consequences of the disease stemmed from her desire to keep the peace of the cloister, and she advocated that her fellow prioresses do whatever was necessary to accomplish that goal. Both the healthy and the sick stood to gain from her methods, forceful as they were. Most of all, melancholy nuns were treated this way to keep them from distancing themselves from the rest of community; rather than being "othered," the melancholic were controlled to keep them within the societal microcosm of the cloister.

[86] Ibid., 38.

Chapter Five: Juan de la Cruz

While Teresa devoted more time to melancholia than any other member of Spain's clergy, she was not the only Carmelite to mention its problems in their texts. San Juan de la Cruz, born Juan de Yepes y Álvares, was another of the founders of the discalced Carmelites. Widely regarded as one of the most influential Christian mystics, Juan won renown as both a reformer and a poet. Following Teresa's example, he led a number of monks down a path of stricter observance of the laws of the cloister. During his career, Juan established numerous monasteries in the discalced style, resulting in one of the most influential religious Orders of early modern Spain. Juan's written works, however, earned him even more influence amongst his peers. Considered foundational texts of vernacular Spanish, Juan's *Subida del Monte Carmelo* and *La Noche Oscura del Alma* focused on the inward journey of the soul to the path of salvation. Both works referenced melancholy and contemplated the challenges it presented monks on the path to enlightenment.

Like his fellow Carmelite saint, Juan's conception of melancholy presented itself through medical terminology. However, his language displayed a slightly more intimate knowledge of medical discourse. Following the Galenic model, Juan identified both melancholy and other mental illnesses as conditions formed by an imbalance of the body's humors.

> Although he notices his inability to discuss or think upon the things of God, and that he does not think about these and different things, it could proceed from melancholy or some other type of humor from the brain or the heart, that often causes a certain absorption and suspension of the senses, so that they think of nothing, but prefer to sit in such a reverie.[87]

87 Juan de la Cruz, *Subida del Monte Carmelo,* (1585, my translation): 85. "…aunque se vea que no puede discurrir ni pensar en las cosas de Dios, y que tampoco le da gana pensar en las que son diferentes, podria proceder de melancholia o de alguno otro jugo de humor puesto en el cerebro o en el Corazon, que suelen causar en el sentido

Juan viewed melancholy as a consequence of virulent humors, and recognized the effect it had on the body, particularly the heart and brain. The ultimate pitfall of this condition was the loss of one's senses, which rendered them mentally inert. Teresa described melancholia in similar ways, but used melancholia as a catchall term for mental illness. This tendency was not uncommon amongst Spanish society, but lacked the specificity found within the medical community. Both Carmelites quickly pointed out the ultimate consequence of the illness, the "absorption and suspension of the senses," and pointed to the heart as a gathering place for black bile.[88] This line of thinking firmly connected them with contemporary medical discourse, despite Teresa's broad use of the term. Juan's language, however, acknowledged the existence of other mental disorders, despite focusing on only on melancholy and aridity in his own texts. However, to Juan "aridity" represented either an imbalance of the humors or a spiritual dryness that resulted from the purgation of one's sins. As a result, the first step in Juan's informal strategy required identifying whether a mentally troubled monk needed medical or spiritual guidance.

Melancholia and Aridity of the Soul

Juan devoted a portion of *Subida del Monte Carmelo* to distinguishing the differences between spiritual aridity and its biological counterparts. Imbalanced humors created melancholy and aridity, but unevenness in one's soul formed spiritual aridity. The origins of these conditions differed drastically, and left their results at odds.

> Because this aridity often proceeds not from the Dark Night and purgation of the sensual desires, but out of sins and imperfections, or looseness and tepidness, or of some evil humor or bodily indisposition, here I will set down some signs by which it is known

cierto empapamiento y suspension que le hacen no pensar en nada, ni querer ni tener gana de pensarlo, sino de estarse en aquel embelesamiento sabroso."
[88] Ibid., 85.

> whether such aridity comes from purgation, or some of the previously mentioned sins. For which I find there are three main signals.[89]

According to Juan, the separation between spiritual and biological aridity resulted from a combination of their origins and outcomes. Spiritual aridity, a certain dryness of the soul, spawned from the different stages of the "Dark Night." The subject of *La Noche Oscura del Alma*, the Dark Night was a two-part journey to spiritual enlightenment. The first stage began with a purification of the senses, which transitioned to a second stage of spiritual purging. During the first stage, God robbed the faithful of their senses, to prepare them for the subsequent purging of their soul. Consequently, he or she suffered from intense feelings of anguish and helplessness, and a draining of their earthly desires. The problems caused by spiritual aridity formed a close parallel with those created by an imbalance of humors, but several features of melancholia remained distinct. Separate origins produced comparable symptoms, but resulted in different outcomes.

Juan's conception of melancholy hewed closely to contemporary medical discourse. Like spiritual aridity, he associated melancholy with the loss of reason and intense psychological anguish. Additionally, melancholy and biological aridity were sometimes responsible for a similar "drying up" of one's earthly and spiritual desires.

> And, in those touched with melancholy, this happens so effectively and frequently that they are greatly pitied, since they suffer such a sad life; because this labor reaches so in those that have this evil humor, they feel that it is clear that the devil has entered them unavoidably, with no chance of freedom, although some people can avoid this attack with great force and effort.[90]

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[89] Juan de la Cruz, *La Noche Oscura del Alma*, (1591, my translation): 26. "Porque estas sequedades podrian proceder muchas veces no de la dicha noce y purgación del apetito sensitivo, sino de pecados e imperfecciones o de flojedad y tibieza, o de algún mal humor o indisposición corporal, pondre aqui algunas senales en que se conoce si es la tal dicha purgación, o sin ace de alguno de los dichos vicios. Para lo cual hallo que hay tres señales principales."

[90] Ibid., 17. "Y esto en los que son tocados de melancolía acaece con tanta eficacia y frecuencia, que es de haberlos lástima grande, porque padecen vida triste, porque llega a tanto en algunas personas este trabajo cuando tienen este

The intensity of these symptoms left an ailing monk so powerless that it seemed the devil himself had acted against him. Unlike Teresa, Juan does not claim that the devil is acting through melancholy, and portrayed it as the warped perception of the diseased. Melancholia inflicted idleness in the mind and a laxness in the body that prevented brothers from leading fulfilling monastic lives. Some tough-minded brothers were able shrug off its ill effects through force of will, but the overwhelming majority succumbed to the disease without outside aid. Weaker-willed melancholic monks were extremely emotionally unstable, "The cause is that, since these natures are, as I say, fragile and tender, their humors and blood are stirred at any disruption, and such movements happen from here; because the same thing happens to them when they are lit with anger or suffer some commotion or sorrow."[91] The moodiness and unpredictability that Juan attributed to melancholia Juan here was absent in his description of spiritual aridity, which manifested the loss of one's senses through prolonged lethargy. The thorough disruption of their everyday behavior made achieving the tranquility needed for monasticism impossible. As a result, the disease carried serious consequences for monks seeking spiritual enlightenment.

Feelings of powerlessness and ennui prevented the melancholic from completing their prescribed duties, adding a physical problem to their spiritual travails. That melancholy created interruptions in prayer and daily routines only exacerbated this issue further. Prayer formed the path to spiritual enlightenment, and the loss of one's senses prevented monks from entering the necessary meditative state for meaningful prayer. Melancholy, then, caused both physical suffering and created an indirect threat to the sanctity of one's soul. Despite similar symptoms, the intensity and consequences of melancholy and aridity of the soul proved to be far different.

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mal humor, que les parece claro que sienten tener consigo acceso el demonio, sin ser libres para poderlo evitar, aunque algunas personas de éstas puedan evitar el tal acceso con gran fuerza y trabajo."

[91] Ibid., 17. "La causa es que, como estos naturales sean, como digo, deleznables y tiernos, con cualquier alteración se les remueven los humores y la sangre, y suceden de aquí estos movimientos; porque a éstos lo mismo les acaece cuando se encienden en ira o tienen algún alboroto o pena."

Spiritual aridity occurred as a trial during one's journey towards a perfect union with God. During the Dark Night, a monk subjected to spiritual aridity experienced troublesome symptoms similar to melancholy, but the eventual outcome was largely positive.

> "Although sometimes this is helped by melancholy or another humor, as it often is, it does not cease to create its purgative effect on one's desires, losing all private wants and caring only for God. Because, when it is purely humor, it leaves only disgust and wreaks havoc upon their body, without the wish to serve God that belongs to purgative aridity. With purgative aridity as the cause, the sensuality of the soul falls short, and its actions are puny and lax, for it finds little enjoyment in action; the spirit, however, is prompt and strong."[92]

The loss of earthly desires appeared due to the purging effect of the trial, leaving the wish to serve God as the brother's sole need. The body suffered in both contexts, but spiritual aridity left the spirit, "prompt and strong," where melancholy's listlessness provided no benefit to its victim. Purgative aridity helped monks excise their worldly temptations and rendered earthly desires tasteless. Melancholia made its bearers disgusted with life, harming the body and spoiling the mind. Spiritual aridity led one closer to God, where melancholy provided only temporal suffering.

Juan noted that the two situations often existed simultaneously within the same monks, but insisted that the purgative effect of spiritual aridity ensured their religious mission continued unabated. Thus, Juan's unofficial strategy relied on the two conditions being distinguishable in potentially melancholic patients. Only after the source of anguish was established could proper treatment be administered. Juan's admission that both conditions could coexist reinforced that his conception of melancholy was nuanced and medically oriented; melancholia was not used as

[92] Ibid., 27. "Aunque algunas veces sea ayudada de la melancholia u otro humor, como muchas veces lo es, no pore so deja de hacer su efecto purgatico del apetito, pues de todo gusto esta privado, y solo su cuidado trae en Dios; porque, cuando es puro humor, solo se va en disgust y estragon del natural, sin estos deseos de server a Dios que tiene la sequedad purgative, con la cual aunque la parte sensitive esta muy caida y floja y flaca para obrar por el poco gusto que halla, el espiritu, empero, esta pronto y fuerte."

a catchall for spiritual and physical problems, but existed instead as an entirely biological phenomenon that could work in tandem with other supernatural issues.

The Threat of Misdiagnosis

Juan's concerns with melancholia centered on the spiritual roadblock it created in ailing monks. Similar to the remarks found in Teresa's *Castillo Interior*, in *La Noche Oscura del Alma* Juan noticed that melancholic monks themselves often had trouble distinguishing the source of their suffering. In his description of spiritual aridity's symptoms, the saint mentioned the confusion its similarities to melancholy produced, "This absence of enjoyment in anything above or below could come from some indisposition or melancholic humor, which often leaves one unable to feel pleasure at anything, making a second signal and condition necessary."[93] The two conditions paralleled each other so closely that two signs were necessary for identification.

Confessors and monks alike mistook melancholy for spiritual tribulations. In their haste to set the brother along the proper road to God, confessors frequently applied inappropriate remedies to their diseased charges. "Because there could be some souls that think, or their confessors think, that God is taking them on the path of the Dark Night of spiritual purgation, where it may be but some of the mentioned imperfections."[94] The symptoms were similar enough to fool those attempting a treatment, especially if he or she was unaware of the dangers of melancholia. Juan quickly pointed out that diseases of the mind and trials of the soul were inherently different, because he recognized that the misdiagnosis of one as the other often proved disastrous.

[93] Ibid., 26. "porque este no gustar ni de cosa de arribe ni de abajo podria provenir de alguna indisposición o humor melancólico, el cual muchas veces no deja hallar gusto en nada, es menester la segunda señal y condición."
[94] Juan de la Cruz, *Subida del Monte Carmelo*, (1585): 7. "Porque podrá haber algunas almas que pensarán, ellas o sus confesores, que las lleva Dios por este camino de la noche oscura de purgación spiritual, y no será, por ventura, sino alguna imperfección de las dichas."

As a result, Juan's strategy hesitated to let spiritual leaders diagnose and treat melancholic monks. Since his conception of melancholia remained firmly based in Galen's humor-temperament theory, he worried that without sufficient medical training confessors and heads of monasteries lacked the capability to differentiate melancholy from spiritual aridity.

> Because some spiritual fathers, having no light and experience with these paths, often impede and damage such souls instead of helping them on the road; Similar to the builders of Babel that, having to manage appropriate materials, gave and used other very different materials, for they did not understand the language, and so nothing was done.[95]

Inexperience with melancholia kept confessors from making sound judgements about the proper treatment for suffering monks. By attempting to cure a spiritual malaise, overzealous confessors might further complicate the humor-induced melancholy of their charges. Like the builders of the Tower of Babel, when confessors lacked the common language of medical discourse their attempts at fixing a medical problem remained impotent. Worse yet, *"*Such comforters often judge that the soul must have been very evil, because such things are happening to it."[96] A monk's failure to recover from their condition might prompt the confessor to accuse an innocent of moral bankruptcy. Most early modern Spanish authorities agreed that the melancholic were without sin during their fits of unreasonableness, placing these spiritual leaders on the wrong side of both clerical and secular law. Thus, an inaccurate diagnosis led both the confessor and the monk down a troublesome path, causing problems for the patient and "physician."

Confessors had trouble identifying spiritual aridity a well, often assuming that misbehaving monks simply acted out of sin.

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[95] Ibid., 6. "Porque algunos padres espirituales, por no tener luz y experiencia de estos caminos, antes suelen impeder y dañar a semejantes a los edificantes de Babilonia que, habiendo de administrar un material conveniente, daban y aplicaban ellos otro muy diferente, por no entender ellos la lengua, y así no se hacía nada."
[96] Ibid., 6. "Luego suelen juzgar que aquella alma debe de haber sido muy mala, pues tales cosas pasan por ella."

> Not content with this, these confessors, thinking that this aridity proceeds from sin, make said souls go over their lives and make many general confessions, and crucify them anew; they do not understand that this may not be the time for these things, that their penitents should stay in the state of purgation given by God, consoled and encouraged to want that until God chooses otherwise; because until that time, regardless of what more they do and their confessors say, there is no remedy.[97]

Unlike melancholy or normal waywardness, there was nothing to cure with spiritual aridity. It required careful support and encouragement by spiritual leaders instead of punishment for perceived misconduct. Forced confessions about past transgressions only distracted monks from progressing through their Dark Night. The inability to differentiate spiritual aridity from other sources of suffering caused similar roadblocks as the misdiagnosis of melancholy; in neither case could the monk continue on the path to enlightenment.

Rigorous discipline might have sufficed for a languishing spirit, but did little for either mental illnesses spurred on by an imbalance of humors, or trials set forth by God. Melancholy prevented the spiritual progress that the confessors sought, and forced confessions and verbal "crucifixions" only caused the melancholic to fall farther away from their path to enlightenment. Spiritual aridity needed time and encouragement to overcome, and forceful treatments did nothing but punish the monk for enduring God's test. The second stage of Juan's informal protocol advocated against letting eager-but-untrained spiritual leaders deal with melancholy because it so often resembled spiritual aridity, preferring other methods of dealing with the disease.

Reaching Outside the Cloister

[97] Ibid., 6. "no contentándose con esto, pensando los tales confesores que procede de pecados, hacen a las dichas almas revolver sus vidas y hacer muchas confesiones generals, y crucificarlas de Nuevo; no entendiendo que aquel, por ventura, no es tiempo de eso ni de estoro, sino dejarlas así en la purgación que Dios las tiene, consolándolas y animándolas a que quieran aquella hasta que Dios quiera; porque hasta entonces, por más que ellas hagan y ellos digan, no hay remedio."

Despite the complex nature of the problem, Juan proposed rather mundane solutions. In order to cure melancholy, one's humors must be restored to balance, "When these impurities occur in such souls through the medium of melancholy, ordinarily they are not free of them until they are cured of that type of humor."[98] Juan had already mentioned that most clergy lacked sufficient training to cure melancholy, and, though the Saint never mentioned them explicitly, only physicians possessed enough expertise to identify melancholy. As a result, the next step of Juan's strategy required reaching outside the confines of the cloister, which provided its own set of challenges.

If a physician determined that a monk's anguish stemmed from excess black bile, rather than a trembling of the soul, the ailing brother must submit to remedies provided outside of the cloister. The simplicity of the solutions affirms the significance of Juan's approach to melancholy. Juan's advice was aimed toward cloistered monks, but following it required reaching outside of the monastery to medical professionals to identify the source of their condition. Such an act might have been seen as a threat to the rules of enclosure, which Juan had vigorously upheld during his career. Reaching out for medical attention, however, was one of the few exceptions to the rules of the cloister. This reinforced the idea of melancholia's biological origin and conveyed the threat it carried for both the individual and the monastery. Simply reaching for help outside of the closure carried hefty implications about the condition's origin, virulence, and potential complications.

If the physicians' attempts at remedying melancholia failed, Juan accounted for only one other source of healing: direct intervention by God. Melancholy proved hard to cure, except if

[98] Juan de la Cruz, *La Noche Oscura del Alma*, (1591): 17. "Cuando estas cosas torpes acaecen a los tales por medio de la melancholia, ordinariamente no se libran de ellas hasta que sanan de aquella calidad de humor."

"entering the Dark Night of the soul, which successively removes all of their impurities."[99] The suffering of the soul that led one closer to God had the potential to rid the monk of biological concerns at the cost of continued, albeit temporary, spiritual grief. The associated spiritual aridity carried its own set of risks, and the threat of misdiagnosis loomed, but Juan believed that the Dark Night benefited the body as well as the spirit.

> Because, as this Divine Purge is removing all the evil and vicious humors, that are very deeply rooted and settled in the soul; he has missed seeing it, and so did not understand that it had so much evil in itself; and now, to drive them out and annihilate them, they are put to the eye, and are seen clearly so illuminated by the dark light of Divine contemplation (although it is no worse than before, either in itself or with God); seeing in itself what it did not see before, it seems clear that this evil, that not only is it not to be seen by God, that it deserves His abhorrence, and that he already abhors it.[100]

The clarity provided by persevering through the Dark Night allowed one to understand both the evils in one's soul and the existence of harmful humors in one's body. The resultant purge removed the source of the disturbance and righted the balance of one's humors. However, as Juan mentioned earlier, the Dark Night could not be forced upon an ailing monk and it did not immediately result in positive effects. In order for melancholy to be cured this way, monks needed to rely on providence, and spiritual leaders and confessors were unable to force their wards into this state of spiritual purgation. In effect, this meant that relying on the Dark Night to remove malicious humors also required an ailing brother to look outside of the cloister for a cure, though this time it required divine intervention rather than a trip to the local physician.

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[99] Ibid., 17. "entrase en la noche oscura el alma, que la priva sucesivamente de todo."

[100] Ibid., 69. "Porque, como esta divina purge anda removiendo todos los malos y viciosos humores, que por estar ellos muy arraigados y asentados en el alma, no los echaba ella de ver, y así no entendía que tenía en sí tanto mal; y ahora, para echarlos fuera y aniquilarlos, se los ponen al ojo, y los ve tan claramente alumbrada por esta oscura luz de divina contemplación (aunque no es peor que antes, ni en si ni para con Dios), como ve en sí lo que antes no veía, parécele claro que está mal, que no sólo no está para que Dios la vea, mas que está para que la aborrezca, y que ya la tiene aborrecida. De esta comparación podemos ahora entender muchas cosas acerca de lo que vamos diciendo y pensamos decir.

This last stage of Juan's protocol required prudence on the part of confessors and abbots. Unless he was deep within the purge of spiritual aridity, a monk was essentially incapable of determining the source of his suffering. Most spiritual leaders also lacked the capability of easily differentiating between melancholy and spiritual aridity, so their role was determining when to contact outside aid. Failing to do so might condemn the monk to further grief, but reaching outside the cloister unnecessarily, or sending the monk to physicians outside the monastery, risked breaking the sanctity of the enclosed space. If this decision bore fruit, the ailing monk could finally receive the appropriate help needed to get through their troubles.

Juan and Teresa

Unlike Ignacio de Loyola, Juan did not care to let melancholia linger in his fellow clergymen, and preferred, like his fellow Carmelite Teresa de Avila, to take an active role in its removal. However, despite operating under similar constraints, Juan understood and responded to the problems of melancholy differently than Teresa. Juan concerned himself with the potential side effects that melancholy had on the spiritual growth of monks, rather than the practical consequences it held for the peace of the cloister. With the threat of misdiagnosis perpetually looming overhead, Juan's strategy focused less on controlling the behavior of sick monks than determining the cause of their conditions. Additionally, Juan's refined vocabulary revealed a slightly deeper familiarity with contemporary medical discourse. Both saints defined melancholy through medical terminology, but Juan avoided using "melancholia" to describe other similar mental disorders. Regardless, the continued use of melancholy as a biological term displayed the extent to which medical conceptions of melancholy had penetrated certain circles of the Order.

Another difference between Juan and Teresa was his reluctance to have leaders of monasteries act as "physicians." Juan preferred medical professionals handle the disease when possible, fearing that misdiagnosis caused more damage than melancholy left to its own devices. Teresa called upon prioresses and heads of monasteries to act as the first line of defense against the influence of melancholy within his or her cloisters, but Juan hesitated to let any spiritual leader handle mental illnesses. Juan's acknowledgement of spiritual aridity caused the split in approach. With the threat of misdiagnosing melancholy and spiritual aridity looming ever present, Juan was reluctant to advocate for clerically prescribed treatments and forceful disciplinary measures. Juan and Teresa viewed the roles of higher-ranked monks and nuns in treating melancholy differently, Juan pushed for passive encouragement and prudence, and Teresa for constant observance and proactive behavior.

Both Carmelites, however, realized the dangers of melancholy, and sought outside aid for its removal. Juan and Teresa founded an Order devoted to the maintenance of the cloister, yet both insisted that outside aid was important for healing afflicted monks. Despite potential concerns about frivolously breaking the Orders vows of enclosure, once conditions proved sufficiently dire both saints reacted to melancholy with medical attention from physicians. Even if their methods of handling and describing the disease differed, clearly Teresa and Juan shared a healthy respect for the damage it could do to the health of a monastery. They approached melancholia with different concerns, which in turn produced different approaches for treatment. However, both treated the disease as a serious threat to the health of their fellow Carmelites and tried to ensure its removal from the cloister.

Differences between the early Jesuits and the Discalced Carmelites

Ignacio de Loyola, Teresa de Avila, and Juan de la Cruz each tailored their strategies for dealing with melancholy members of their Orders based on their own concerns about the disease. However, the differences between the conditions of their Orders themselves contributed to the disconnect between the two groups styles of treatment. Dissimilar ideas about the origin of melancholy, and the unique environmental concerns of each Order helped define their approaches towards its treatment.

The acceptance of melancholia's continued presence in members of the Order was the first difference between the Discalced Carmelites and the early Jesuits. Teresa advised prioresses to pre-screen all candidates for signs of melancholia, and rejected several applicants personally, but Jeronimo Nadal's pre-existing melancholia did not prevent his entrance into the Jesuits. Despite his acknowledgement that melancholia might cause serious issues for the Order, Ignacio encouraged both Nadal's and Rodrigues' continued participation in the Society. Nadal was still in his noviceship, but Ignacio encouraged him to follow the path to priesthood and to pray for steadfastness and perseverance in such troublesome periods.[101] This discrepancy in attitude towards melancholy represented a fundamental divide in Ignacio's and Teresa's approach to the disease. Teresa's ultimate goal was to remove all traces of melancholy in convents through control, but Ignacio preferred the rehabilitation of melancholy brothers while they continued their services to the Society.

Ignacio and the Carmelites understood melancholy in fundamentally different ways. Ignacio lacked the medical understanding of melancholy presented in the writings of both Teresa and Juan, often describing the condition in purely religious terms. Furthermore, the Superior General often conflated demonic possession with the biological infirmity of humoric mental

[101] Ibid., 39.

illnesses, which became the predominant medical theory on the topic.[102] Just as Juan possessed a more refined grasp on medical discourse than Teresa, both Carmelites were far more in tune with physicians of their day than Ignacio. This split in perspective led to some of the differences in method both Orders took to resolving the consequences of mental illnesses.

The lack of direct methods for curing the condition within the early Jesuit writings underlined the religious nature of the problem. Melancholy existed as a problem that could be overcome with faith and encouragement, solutions that left little room for medicine and the aid of medical professionals. Nevertheless, the ultimate problem of melancholy, the loss of one's senses, remained constant through all three saints' accounts. The difference in origin influenced the methods and aim of treatments, but all three saints understood that melancholy was a problem that needed to be resolved for the safety of the afflicted brothers and sisters.

This split in conception created a different set of steps to recovery in Ignacio' informal protocol compared to the discalced Carmelites. As seen with his treatment of Rodrigues and his own experiences with mental illness, the Saint believed that melancholy could be caused or exacerbated by isolation. As a result, the Jesuits encouraged melancholic brothers to maintain contact with both fellow clergy and society at large. This formed another central difference between the two Order's plans for dealing with melancholia. Teresa isolated melancholic individuals temporarily in order to protect the mental and spiritual health of others in the cloister, and then reintroduced them to the community when their behavior was under control. Ignacio reintroduced the afflicted to society immediately to prevent their condition from deteriorating. Their different conceptions of melancholy's nature and origin played a role in this split, as did the unique environments of each Order.

[102] Elena Carrera, "Understanding Mental Disturbance in Sixteenth- and Seventeenth-Century Spain: Medical Approaches," *Bulletin of Spanish Studies*, vol. 87 no. 8 (2010): 32.

Unlike the Discalced Carmelites, Jesuits never dealt with the tribulations of maintaining the cloister of a convent or monastery. The fear that a single melancholic sister could cause chaos in the enclosed space of the convent motivated Teresa, but Jesuits were not confined by the social boundaries of the cloister. Without such considerations, melancholic Jesuits were less dangerous to other clerics' mental health. Every Jesuit was exposed to the rest of society, lessening the influence of their comrades' potentially unreasonable behavior. As a result, Ignacio pushed for mentally ill clerics to be brought more deeply into their respective communities, where the consequences could be dealt with as a group.

The lack of a monastery's formalized hierarchy further altered Jesuit means of treating the disease. Teresa's plans involved constant activity and administration of the melancholic by their direct superiors. Ignacio's organization required clerics to travel across the globe, often without direct oversight from the traditional hierarchy of the church. Due to these circumstances, Jesuits diagnosed with melancholy often lacked authority figures like prioresses who could take an active role in the treatment of their condition. This mandated a separate process for dealing with the consequences of the disease, and the differences between Ignacio's and Teresa's informal protocols reflected this situation.

Chapter Six: Conclusion

Every author discussed here developed his or her own methods for dealing with melancholy within their religious Orders. These stratagems were informed by the discourse of their era, the particular needs of their individual Orders, and the personal experiences of the writers themselves. As a result, each author came to separate conclusions about the origins of melancholia, and the best ways to treat it. Despite these differences in approach, all of the authors mentioned here approached the problem with similar intent: to cure their fellow monks, and to keep them as part of their communities.

The informal protocols of these celebrated figures all agreed on the threat melancholy posed to the health and safety of the afflicted and their community. Moreover, in each case the ultimate threat melancholy posed to its victim was the complete removal of his or her reason, leaving them incapable of rational thought and proper action. This made them innocent of wrongdoing according to most authorities, including the authors presented here, but remained troublesome for the rest of his or her Order. Regardless of any differences in their conceptions of the condition, or his or her preferred means of treatment, those writing about melancholy did so out of concern for its consequences and its sufferers alike.

Despite similar goals, their handling of the disease remained unique. The different environments the two Orders operated in helped create this split; the needs of an enclosed space sharply contrasted with those of missionaries abroad. The cloistered Carmelites feared melancholia's consequences enough to reach outside the monastery for aid, and relied on discipline and medical treatments to eradicate its presence when detected. Screening methods were enacted to prevent melancholia from entering the cloister whatsoever, and incurable brothers and sisters were encouraged, but not required, to vacate the cloister. The need to protect

the sanctity of the enclosure outweighed the desire to admit melancholic clerics in the community. Jesuits, however, openly accepted melancholy-prone novices, who often became substantial figures within the Society. Lacking the structure of monasteries and less frightened by melancholia's consequences, the Jesuits relied on the support of the community rather than authority to ease melancholia's burden. Different environments necessitated different approaches, which resulted in the Jesuits welcoming far more melancholy monks than their cloistered brothers and sisters.

Moreover, the unique experiences of the saints writing about melancholy influenced the focus of their concerns. Ignacio's own struggle with scruples, and his prior experiences with sufferers of melancholy, informed his plan of community treatment. Having dealt with crippling isolation during his own bout with scruples, he took steps to ensure that melancholic Jesuits avoided the same turmoil. Teresa greatly valued the tranquility of the cloister, and her plans reflect this desire for a peaceful enclosure. She planned to use the authority of the prioresses to ensure the safety of both the afflicted and their sane peers, and was willing to use fear and authoritarian methods to protect them. Juan, on the other hand, concerned himself with the threat of misdiagnosis. He believed that the true danger lay less with melancholia itself, and more its resemblance to necessary spiritual crises. These spiritual trials were needed for religious growth, and the misdiagnosis of either problem would only further harm the afflicted. These concerns and experiences were not shared between the members of different Orders, and as a result their strategies for dealing with melancholia and other mental illnesses similarly differed.

Regardless of the differences in understanding and approach, all of these unofficial strategies demanded the fair and loving treatment of mentally ill members of their communities. Even Teresa, melancholy's most zealous opponent, demanded that all prioresses treat ailing

members with Christian love and kindness. The ultimate goal of every method of treatment was rehabilitation, mentally ill monks and nuns were essential parts of their communities, despite the problems his or her condition presented. More than in almost any other section of early modern Spanish life, religious Orders went out of their way to be inclusive towards the mentally ill.

Bibliography

Primary Sources:

Ignacio de Loyola. *Autobiographia.* (1555)

Juan de la Cruz. *Subida del Monte Carmelo.* (1589).

Juan de la Cruz. *La Noche Oscura del Alma.* (1589).

Nadal, Jeronimo. "The Chronicle, the Beginning of His Vocations." (1545).

Nadal, Jeronimo. *The Obsequium Romani Pontificis- and the Finis/Scopus/Media in the APOSTOLIC MISSION."* (1545).

Teresa de Avila. *Libro de Las Fundaciones.* (1582).

Teresa de Avila. *La Castillo Interior o las Moradas.* (1577).

Teresa de Avila. *The letters of Saint Teresa, a complete edition translated from the Spanish.* (London: 1922).

Teresa de Avila. *Libro de la Vida de Santa Teresa de Jesus.* (1565).

Velasquez, Andres. *Libro de la Melancholia*. (1585).

Secondary Sources:

Arrizabalaga, Jon and Huguet-Termes, Teresa, "Hospital Care for the Insane in Barcelona, 1400-1700." *Bulletin of Spanish Studies,* vol. 87 no. 8 (2010), 81-104.

Carrera, Elena, "Madness and Melancholy in Sixteenth- and Seventeenth-Century Spain: New Evidence, New Approaches." *Bulletin of Spanish Studies,* vol. 87 no. 8 (2010), 1-15.

Carrera, Elena, "Understanding Mental Disturbance in Sixteenth- and Seventeenth-Century Spain: Medical Approaches." *Bulletin of Spanish Studies,* vol. 87 no. 8 (2010), 105-136.

Joly, Henri. *St. Ignatius of Loyola.* Duckworth and Company (1906).

Mariani, Antonio. *The Life of Ignatius of Loyola Founder of the Jesuits: Volume 8."* University of California, Davis (1849).

Midlefort, Erik. *A History of Madness in Sixteenth-Century Germany*. (Stanford University Press: 1999).

Munitiz, Joseph A. "Saint Ignatius of Loyola and Severe Depression." *The Way* vol. 44 (2005).

Nalle, Sarah. *Mad for God: Bartolomé Sánchez, the Secret Messiah of Cardenete.* (University Press of Viriginia: 2001).

Orobitg, Christine "Melancolía e inspiración en la Espana del Siglo de Oro." *Bulletin of Spanish Studies,* vol. 87 no. 8 (2010), 17-31.

Reites, James W. *Studies in the Spirituality of the Jesuits: Saint Ignatius of Loyola and the Jews.* American Society of the Jesuits, (1981).

Shuger, Dale. *Don Quixote in the Archives: Madness and Literature in Early Modern Spain.* (Edinburgh: Edinburgh University Press, 2012).

Tausiet María, "Taming Madness: Moral Discourse and Allegory in Counter-Reformation Spain." *History* vol. 29, no. 315 (2009).

Tropé, Héléne, "Inquisición y locura en la España de los siglos XVI y XVII," *Bulletin of Spanish Studies,* vol. 87, no. 8 (2010), 57-79.

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