

Pacific Coast Philology

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Source: *Pacific Coast Philology*, Vol. 19, No. 1/2 (Nov., 1984), pp. 55-61

Published by: [Pacific Ancient and Modern Language Association](#)

Stable URL: <http://www.jstor.org/stable/1316582>

Accessed: 24/08/2011 13:41

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LOVESICKNESS IN *TROILUS*

Mary F. Wack

Seventy years ago, in 1913, John Livingston Lowes wrote his classic article on the 'Loveres Malady of Hereos,' in which he brought to light a tradition of medical texts which contain descriptions of an illness called *amor hereos*, or erotic love.¹ Although Lowes pointed out Chaucer's use of the tradition in *Troilus* and the *Knight's Tale*, he did not undertake to interpret the significance of a medical paradigm of love in either text. I would like to propose that the medical model of love provided Chaucer with a materialistic, deterministic, and ethically neutral view of love which he used to shape the thematic development of *Troilus and Criseyde*.²

Love figured as illness is of course a commonplace of medieval literature. One need go no further than Ovid and the *Romance of the Rose* for literary sources of love symptoms and cures which Chaucer certainly knew and certainly drew upon for *Troilus and Criseyde*. The flourishing medical tradition of *amor hereos* duplicates much in the literary tradition at the level of symptoms and cures: one might say that the Ovidian and the medical "codes" of love overlap to a certain extent. In this paper I would like to focus on a particular constellation of attitudes toward passionate love that seem to be distinctively medical, and which Chaucer manipulates precisely for its contrast to other forms of discourse on love which he uses in the poem.

The history of lovesickness in the Middle Ages is the record of physicians' attempts to understand what happens to the body and the mind when passion renders a lover a patient. Of some twenty medieval medical texts containing chapters on lovesickness, three were considered particularly authoritative and shaped subsequent medical discussions of the subject. They are the *Viaticum* of Constantinus Africanus, Chaucer's "cursed daun Constantine," author of *De Coitu*; a gloss on the *Viaticum* by Gerardus Bituricensis; and Avicenna's *Canon medicinae*.³

The *Viaticum*, a translation of an Arabic medical guide for travellers, was the most popular of all medieval medical handbooks and survives in a rich manuscript tradition: over 90 MSS prior to the fifteenth century are extant, and more will no doubt be identified. It was fundamental to the medical curricula at Paris, Oxford, Cambridge, and Montpellier. Every university-trained physician would have been familiar with its chapter on lovesickness. Constantine's text was read by a wider audience than academic physicians alone, however, since medical courses in England were open to many more students than those studying for medical degrees. Copies of the work were also owned by educated non-physicians. In addition, medical reference books known as *concordantiae* popularized Constantine's chapter on lovesickness. Widely used in the thirteenth and fourteenth centuries, these were alphabetically arranged medical dictionaries which gave brief references to the standard medical

literature on given subjects. Under *amor hereos*, the reader is referred to the first book of the *Viaticum* and to Avicenna's *Canon medicinae*, clearly indicating that these were considered the classic discussions of lovesickness. Not surprisingly, in light of its curricular status, the *Viaticum* received extensive commentary, another sign of the text's importance to medieval thinkers and writers.⁴

The most important commentary was written in the early thirteenth century at Paris by the physician Gerardus Bituricensis. Like the *Viaticum*, it too survives in a rich and complex manuscript tradition. Completed around 1235, Gerard's *Glosule* is the first Western contribution to the medical tradition of lovesickness as well as a major turning point in its history. Gerard brings the *Viaticum's* exposition of *amor hereos* scientifically up to date by incorporating newly translated Aristotelian physiology as well as the newest psychological theory from Avicenna's *Liber de anima*. As the number of manuscripts shows, Gerard's commentary was accessible in many libraries, for example, in Merton, Canterbury, Dover, and York, to name a few in England, and was owned by laymen as well as by physicians. The most important indication of Gerard's influence is that the subsequent major discussions of *amor hereos* depend, directly or indirectly, on his exposition.

The third author important for the history of lovesickness is Avicenna, whose *Canon medicinae* was translated into Latin before 1187 by Gerard of Cremona. It became authoritative almost immediately and was soon incorporated into medical curricula across Europe.⁵ As I have mentioned, the reference books known as *concordantiae* cite it as a *locus classicus* on lovesickness.

I would now like to discuss the three texts together to show why the medical view of *amor hereos* could be adapted for its materialism, determinism, and ethical neutrality. According to these writers, the causes of lovesickness are both psychic and somatic. The sight of a beautiful form may cause the soul to go mad with desire, as Constantinus says.⁶ In Gerard's formulation, the mind "overestimates" the value of the perceived object and hence desires it excessively. This overestimation, however, can only take place if the material composition of the brain is corrupt, that is, the imagination must be excessively cold and dry so that the overestimated image adheres abnormally and excites the concupiscible power.⁷ An excess of black bile or another humor (some later treatises list semen in this category) may also cause the disease. The etiology is thus both psychic and somatic, but the material composition of the body, particularly of the brain, is crucial in the development of the illness. No ethical valuation is attached to the causal mechanisms in any of the texts — the patient is not held "guilty" or "responsible" for his illness.

Cures, in medieval medicine, had to correspond to the causes of the disease, and so we find that the cures for lovesickness fall into two categories, psychic and somatic, in order to match the causes. Somatic cures include intercourse, wine, baths, and evacuation while psychological remedies involve music, conversation, and various types of pastimes. The somatic cures in these treatises tend to take precedence over the psychic; Gerard in fact eliminates almost completely the psychotherapeutic approach to the disease. Most efficacious among the somatic remedies is intercourse with the desired person; if that is not possible, then with another. All the authors recommend it highly; Avicenna and Gerard claim that the disease cannot be cured perfectly without it. If the desired person cannot be obtained legally

and according to the faith, then recourse was to be had to “buying girls, and sleeping with them, getting fresh ones, and delighting in them.”⁸ Avicenna reports that he witnessed a dramatic cure resulting from this therapy. The persistence of this remedy in the medical tradition and the lack of apologies and qualifications accompanying it reveal that medical sexual ethics, at least concerning lovesickness, were less constrained than those of conservative moral theology.⁹ The psychological therapies involved distracting the patient from his obsession through conversation with friends, walks in redolent gardens with attractive companions, and listening to music and poetry. Taken as a whole, the treatment is pragmatic and those cures accorded the greatest weight of authority — intercourse, wine, and baths — clearly aim at altering the material composition of the body and suggest that the material causes of lovesickness were the ones interesting to the physician.

The theory of material causality, that is, the humoral theory of health and disease upon which medieval medicine rested, was implicitly deterministic because the patient could not always control the balance of humors affecting his health. The body was a complex combination of elements subject to alteration by physical causes outside the patient’s will.¹⁰ For example, how much choler or bile dominated and imbalanced a patient’s makeup, thus causing disease, was determined by his age, temperament, place, time of year, and diet, and so on, not all of which could be controlled by the patient. In addition, since medieval medicine accepted in theory the influence of the stars on the body (Roger Bacon complains that one of the physicians’ greatest errors is to leave the stars out of account in diagnosis and cure), any notion of freedom or responsibility in connection with particular diseases is diminished by this astral determinism.¹¹ The determinism of medieval medicine in general is reflected in the chapters on lovesickness. The etiology of *amor hereos* — the adventitious sight of a beautiful object and the presence of excessive or corrupt humors — assigns contributing roles to chance and to the material composition of the body, but ignores free will both practically and theoretically.

A few examples will illustrate how Chaucer puts the medical tradition of *amor hereos* to use in *Troilus and Criseyde*. The places at which Chaucer augments Boccaccio’s *Filostrato* by reference to lovesickness and its cures occur at critical moments in the narrative: at the inception of Troilus’s love, at its first significant development at Deiphobus’s house, at the consummation, and at Criseyde’s departure. The medical dimension of Troilus’s love is thus emphasized at times when Troilus is confronted with the need to choose a course of action. Their narrative placement suggests that the medical allusions function to develop the problem of free will and determinism. If we look at Troilus’s physical and psychological reaction to the sight of Criseyde in the first book, we can see exactly how his lovesickness grants him a fatalistic passivity.

By the time Troilus returns to his palace to meditate on Criseyde’s image, losing himself in the “*profunditas cogitationum*” described in the medical treatises as one of the symptoms of lovesickness, the audience has a fair idea that the Trojan prince will fall sick with love (I 295-308; 358- 71).¹² Troilus himself diagnoses his love as illness in the *Cantus Troili*: he doesn’t know why he faints “unwery” (410), he suffers from a “wonder maladie” (419), and for “hete of cold, for cold of hete” (420) he dies. All these medical terms for his incipient love are additions to or changes of

Petrarch's sonnet 88 from which his song is adapted. Now, though the medical allusions are noteworthy as an amplification of Chaucer's source, even more important is the context in which they are set. Just before the *Cantus*, Troilus has decided very clearly to love Criseyde: he "took purpos loves craft to suwe" (379-80) and again, "with good hope he gan fully assente / Criseyde for to love, and nought repente" (391-7). Once he begins his poem, however, his clarity of will is obscured. He is tossed to and fro with uncertainty, "all sterile withinne a boot," caught between contrary winds (415-18). He no longer knows whether he consents to love or not. The knowledge that he suffers from love as from a great sickness dawns on him at precisely the same time his resolve to love wavers. The great mocker of lovers is now a lover himself, and now begins to experience the same pain that tormented the other young Trojans whom he so scorned earlier. Because his comprehension of love is still immature, he fears the sudden "torment and adversity" that accompany his love, as well as the "descent of scorn" that many follow, and so take refuge in the determinism of the medical view of love.

As Troilus's illness intensifies, so does his sense of determinism. He cannot sleep or eat, "sexti tyme a day he loste his hewe," he is depressed (I 440-41; 484-491). He manifests all the classic symptoms of *amor hereos* to such an extent that he has to fake another illness to hide his true malady. His fear of ridicule is as strong as his love-sorrow, and together with his failing health leads him to conclude that he is the victim of destiny. When he reproaches himself that he was accustomed to reprehend each lover concerning the very thing from which he cannot defend himself, he is clearly telling himself that he has no power over and hence no responsibility for the force that has overwhelmed him (I 506-518). Every lover will laugh at him in scorn, and so Troilus concludes that he must "love through his destiny" (520). The growth of his lovesickness is thus correlated with his growing sense of determinism. He forgets that he *chose* to love, and instead claims that he was *destined* to suffer from love.

Given the importance of lovesickness in Troilus's experience of love, we are justified in looking for a physician and a cure to help him out of his illness. How far the relations between Troilus, Pandarus, and Criseyde are constituted by the model of patient, physician, and cure can be seen quickly in the endings of the first and second books. In the first, Troilus is called an "esy pacyent," and Pandarus is the physician who busily goes about seeking his cure (I 1086-92). At the end of the second book, Troilus is literally a patient at Deiphebus' house, awaiting the entry of Criseyde, who has just thought to herself that she could best "ben his leche" (II 1582). And of course in the third book Pandarus arranges things so that Troilus can be "cured" of his lovesickness by a night in therapeutic intercourse with Criseyde.

Criseyde's status as a cure for Troilus's lovesickness raises the question of materialism in connection with Troilus's love, and this in turn is bound up with ethical neutrality of the medical perspective on therapeutic intercourse.¹³ As idealistic as Troilus is, he nonetheless betrays a physical urgency to his love that assumes the guise of medical necessity most pointedly early in the third book. Before the final arrangements are made for the consummation, Pandarus and Troilus use medical necessity to sweep away ethical objections to the use of Criseyde for therapeutic intercourse. When Pandarus sits Troilus down for a little chat about "bauderye"

(III239-66), he makes it clear he acts as he does only to save his friend's life: "oonly for t'abregge that distresse,/For which wel neigh thow deidest, as me thoughte" (III 262-63). Troilus unhesitatingly agrees with Pandarus (360-64), then urges his physician to "perform out" what he has begun so that the therapy might be completed, since his life depends on it. "But sith thow hast idon me thos servyse,/My life to save, and for non hope of mede,/So, for the love of god, this grete emprisde/Parfourme it out, for now is most nede" (414- 17; emphasis mine). Because Troilus suffers from a malady he didn't choose (that is, medically speaking), because this malady is life-threatening, and because its optimal cure happens to be intercourse, both Troilusa and Pandarus are willing to elude the moral complexities of the situation by an appeal to medical necessity which carries with it no clearcut assessment of the morality of the cure. The ethical neutrality of the medieval view of love is thus used to raise the issue in the audience's mind of their design toward Criseyde, and simultaneously allows Pandarus and Troilus to evade the same moral issue.

For Pandarus, the result of viewing Criseyde as a therapy for Troilus is not only that he convinces her to "play doctor," but also that she is, so to speak, materialized as a good of fortune, which Troilus will lose if he doesn't play Fortune's game right. And also, after the consummation, Pandarus warns Troilus that since the worst kind of misfortune is to remember past prosperity, he must not "do amys" (III 1625-31). Possession of Criseyde as his cure clearly constitutes Troilus's material prosperity in Pandarus's view. If Troilus does not wish to lose his "prosperity," Pandarus argues, it would behoove him to keep silent about his affair with Criseyde.

Troilus's involvement in erotic materialism is, unfortunately, a problem too large to be resolved within the limits of this essay. Briefly stated, although he comes very close to adopting Pandarus's attitude toward Criseyde, that is, viewing her primarily as a remedy for his lovesickness, Troilus finally transcends a material view of love through memory, dematerializing it and transferring it to a realm beyond time and change.¹⁴ As a result, Troilus's lovesickness undergoes a change in the fourth and fifth books, where it helps define the growth of his moral vision by testifying, in contrast to the first book, to his freedom from determinism in love. One sign of this change is his refusal of Pandarus's conventional remedies from *amor hereos* in the fourth and fifth books. Instead of driving the old love "out of remembrance" with a new, since he has "fully had all his desire," as Pandarus puts it (IV 393-96; 414-20), Troilus loves Criseyde even more intensely. He rejects Pandarus's remedies in no uncertain terms: "This lechecraft, or heeled thus to be,/Were wel sittynge, if that I were a fend" (IV 436-7).¹⁵

The materialism associated with the medical paradigm of love now no longer characterizes the insistence of his physical need, ready to overlook ethical problems in its eagerness for a "cure," but instead serves to highlight by contrast the development that has taken place in his love. As a result of the "dematerialization" of his love that has taken place since the consummation by virtue of his love's entry into memory as its primary locus, Troilus's bodily state is no reliable sign of his spiritual condition. As he says to Criseyde, "whan myn herts dieth,/My spirit, which that so unto yow hieth,/Receyve in gree, for that shal ay yow serve;/Forthi no fors is, though the body sterve" (IV 319-22). Whatever ravages lovesickness now commits on his body, it cannot "determine" his love as it did before. Because it cannot

perturb the firmness of a love freed from the bounds of time and space through memory, *amor hereos* provides a fruitful means for exploring the tensions between body and soul in human love. It allows Chaucer to explore the consequences of man's dual nature in a non-theological framework, using a "naturalistic" perspective on love appropriate for a story set in a pagan world, fallen but unredeemed. In depicting Troilus's physical and psychological reactions to love using the symptoms of *amor hereos*, Chaucer can probe how man understands his own composite nature and how he acts based on that understanding. Through *amor hereos*, he can focus on the point where psychology, morality, and erotic love intersect, without determining the moral outcome of their interplay. The moral neutrality of the medical tradition of love grants the audience the freedom to judge, correct, and supplement from its own experience and good intent the story of Troilus's double sorrow.

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Notes

1. *Modern Philology* 11 (1913-14), 491-546. Recent work on this tradition has been done by Massimo Ciavolella, *La malattia d'amore dall'antichità al medioevo* (Rome: Bulzoni, 1976) and Adelheid Giedke, "Die Liebeskrankheit in der Geschichte der Medizin," diss. Dusseldorf, 1983.

2. An ampler discussion of the topic is contained in my dissertation. "Memory and Love in Chaucer's *Troilus and Criseyde*," Cornell, 1982, Chapter 3.

3. Documentation for this point and for the paragraphs on medicine which follow may be found in Wack, "Memory and Love," Chapter 1. Critically edited and annotated texts of Constantinus Africanus and Gerardus Bituricensis on *amor hereos* are given in the Appendix, 218-266. The *Viaticum* is also available in Constantine's *Opera* (Basel, 1536) and Gerard's commentary may be found in the Venice, 1505 edition of Gerard de Solo's works.

4. Three full commentaries on the *Viaticum* are known: the *Glosule* of Gerardus Bituricensis (discussed below); the unedited *Questiones super Viaticum* of Petrus Hispanus, physician, logician, philosopher, and later Pope John XXI, composed while he taught medicine in Siena ca. 1245-50; and the unedited commentary of Bona Fortuna, about whom nothing is currently known. I am in the process of editing and analyzing the chapters on lovesickness in these commentaries for a book on medieval medical traditions of lovesickness.

5. A. C. Crombie, "Avicenna's Influence on the Mediaeval Scientific Tradition," *Avicenna: Scientist and Philosopher*, ed. G. M. Wickens (London: Luzac, 1952), 84-107.

6. "Aliquando etiam eros causa pulchra est formositas considerata. Quam si in sibi consimili forma conspiciat, quasi insanit anima in ea ad voluntatem explendam."

7. "Causa autem huius passionis est error virtutis aestimative quae inducitur per intentiones sensatas ad apprehendenda accidentia non sensata quae forte non sunt in persona . . . Aestimativa . . . imperat ymaginativae ut defixum habeat intuitum in tali persona . . . Ymaginativa autem virtus figitur circa illud propter malam complexionem frigidam et siccam quae est in suo organo."

8. Gerardus Bituricensis: "Valet etiam consilium [variants: emptio/amplexus

colloquium] puellarum et plurimum concubitus ipsarum et permutatio diversarum.”

9. The forthcoming work of Professor Joan Cadden of Kenyon College on frankness and decorum in discourse on sexuality in medieval medical treatises supports this conclusion within a larger context.

10. Cf. Gerard's preface (ff.89-90^r in the Venice, 1505 edition and quoted in Wack, 126).

11. *De erroribus medicorum in Opera hactenus inedita Rogeri Baconi*, ed. A. G. Little and E. Withington, fasc. 9 (Oxford: Clarendon, 1928). See also the discussion in Wack, 124-132.

12. All references are to the edition of R. K. Root (Princeton: Princeton University Press, 1926).

13. On the consummation as a “materialization” and hence betrayal of Troilus's and Criseyde's love, see Winthrop Wetherbee, “The Descent from Bliss: *Troilus* III.1310-1582,” in *Chaucer's Troilus: Essays in Criticism*, ed. Stephen Barney (Hamden, CT: Archon, 1980), 297-317.

14. For a fuller discussion, see Wack, 184-204.

15. In Bk. V, the entertainment at Sarpedon's involves activities conventionally used to cure lovesickness: good food, music, beautiful company, and diversions such as dancing (435-48). Troilus, however, is inconsolable (449-55), which suggests that his love is now qualitatively different from the kind that can be “cured.”

16. Versions of this paper have been presented at Cornell University, April 18, 1983 under the auspices of the Medieval Studies Program, and at the 18th International Congress on Medieval Studies, May 5-8, 1983, Kalamazoo, Michigan. I would like to thank both audiences for helpful comments and for directions in which to proceed.