The Pathology of Passion: Lovesickness in Medieval Iberian Literature and Medicine

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by
Janelle Elizabeth Neczypor

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Janelle Elizabeth Neczypor

Washington University in St. Louis

May 2020
For my parents –

Your love has always been the best medicine.
ABSTRACT OF THE DISSERTATION

The Pathology of Passion:
Lovesickness in Medieval Iberian Literature and Medicine

by

Janelle Elizabeth Neczypor
Doctor of Philosophy in Comparative Literature
Program in Comparative Literature
Washington University in St. Louis, 2020

Professor Eloísa Palafox, Chair

My dissertation examines the changes in love literature and notions of lovesickness in Iberia between the thirteenth and early sixteenth centuries in order to demonstrate how alterations in medieval portrayals of lovesickness reflect larger transformations in medicine, politics, and the medieval worldview. Early didactic literature treats love as a hygienic habit that must be learned through guides illustrating proper and improper love, while fifteenth- and sixteenth-century texts often depict love as an illness to be cured and avoided. During the High and Late Middle Ages, plagues and illnesses, medical translations into Latin and Romance languages, and the rise of university-educated doctors contributed to an increased awareness of medicine in Latin Christendom. Comparisons between early thirteenth-century didactic texts in both Arabic and Castilian and the love literature written at the turn of the sixteenth century reveal the way late medieval Iberian representations of lovesickness encapsulate the fears and fantasies of the era in order to control gender dynamics, politics, sexuality, and emotions.
Introduction

Along the ancient pilgrim route known as the Camino de Santiago (Way of St. James), in the tiny hamlet of Hospital de Órbigo stands a magnificent bridge that seems out of place in such an unassuming town. The bridge is of Roman origin and medieval construction, and it consists of over twenty connected arch-shaped spans that total approximately 670 feet. Untold millions have trodden across the weather-beaten stones on their way toward the nearby town of Astorga for market, mass at the cathedral, or a night’s rest on the weary road to Santiago de Compostela. But for one month in the Holy Year of 1434, the bridge also served as the jousting ground in a most unusual courtship. Local folklore mixes history with myth to tell the tale of Don Suero de Quiñones, a lovesick knight desperate to win the favor of Doña Leonor de Tovar. Don Suero considered himself a prisoner of love and showed his captivity and devotion every Thursday by fasting and wearing an iron collar around his neck. Doña Leonor, however, remained unimpressed by his efforts. Finally, Don Suero enacted a last-ditch plan to either win the love of Doña Leonor or rid himself of his overwhelming passion. He petitioned King Juan II to allow him to hold a pas d’armes at the bridge over the Órbigo River. Don Suero then issued a standing challenge to all knights near and far – three hundred lances would break before he and his men stepped aside. In July of that same year, Don Suero and nine of his most loyal retainers held the bridge for a month against knights from Castile, Aragon, Navarre, France, Italy, Germany, Portugal, and Great Britain. Don Suero asked the peers of the realm to preside as judges, and he vowed not to remove his iron collar, a symbol of his love for his lady, until the requisite three hundred lances were broken. Winning three hundred jousts was certain to either earn the love and admiration of Doña Leonor or mend his lovesick heart. One hundred and sixty-six lances and one month later, Don Suero and his men were deemed too injured to continue. Released from
their vows by the judges, the ten knights journeyed in pilgrimage to Santiago do Compostela where Don Suero left his iron collar at the statue of St. James. According to some, Don Suero married his beloved Doña Leonor a year later. Today, the bridge has been renamed the Passo Honroso, commemorating the valiant acts of Don Suero and his men. The bridge was declared a national monument in 1939, and every year the spirit of Don Suero lives on as spectators and participants gather for a jousting tournament, parade of knights, and medieval festival. Time did not wither Don Suero’s great love. Instead, the story of Don Suero and the Passo Honroso continues to thrive in the modern imagination as a compelling blend of history, legend, and love.

To the modern mind, Don Suero’s exploits may seem farfetched and extreme in comparison to his plight. Was openly challenging all of Europe and a month of fighting really necessary given his circumstances? After all, Don Suero suffered no physical or monetary injury. He was a powerful and wealthy knight. He had plenty of loyal retainers who willingly joined his cause. He was even friends with the king. But his overwhelming love for Doña Leonor pushed him to take up arms and subject himself to a month of brutal combat and life-long injuries. Don Suero did everything in his power to win the favor of his beloved and, if that failed, mend his broken heart. Do we not continue in the footsteps of Don Suero every time we try to heal our own heartaches with a good cry and a pint of ice cream? But, as friends and family around the world are wont to remind the heartbroken, you can’t die from a broken heart. Don Suero, however, had no such reassurances. For those living in the late Middle Ages, lovesickness was a very real – and very deadly – illness.

Because lovesickness constituted a valid disease, literary depictions of lovesickness in the amatory fiction of the Middle Ages relied on medical and scientific texts for accurate depictions of lovesick individuals as well as information regarding the causes of and cures for lovesickness.
My work explores the intersection of the arts and sciences in late-medieval culture to better understand how medicine merged with literature in an attempt to rationalize and control human emotions. Building on the work of scholars in the fields of medical humanities and gender and sexuality studies, I delve into connections between emotion, society, and politics in a world on the brink of change. Medieval Iberia inherited concepts of love from classical culture. The influence of ancient Greek and Roman ideas is evident in both Romance and Arabic traditions. Many early and high-medieval texts about love show a close kinship to the guides to love that descended from Ovid’s *Ars Amatoria* and other pseudo-Ovidian sources popular during the Middle Ages. Texts such as Ibn Ḥazm’s eleventh-century *Tawq al-Ḥamāmah*, the anonymous thirteenth-century *Hadīth Bayāḍ wa Riyāḍ*, and Juan Ruiz’s fourteenth-century *Libro de Buen Amor* all fall into the genre of didactic guides to good love. Stylistically, these guides differ greatly among themselves. Some are written in poetry, others in prose. Some are more blatantly instructive, while others illustrate their teachings through fictional tales. Some are composed in Arabic, others in Latin or Castilian. However, the possibility of attaining the varied authors’ definitions of “proper love” and a satisfactory ending remain open.

By the end of the fifteenth century, however, love literature had taken a darker turn. The sentimental fictions focused on the dangerous side of love that leads to outrageous situations and unhappy romances. The authors exaggerated the dangers of excess love to such a degree that these texts have often been perceived as nothing but comedic parody or courtly drivel. When they are read alone as a sub-genre of medieval Spanish literature, it is easy to understand the impulse to dismiss the sentimental fictions as fluff pieces, written to flatter a powerful female queen and the ladies of her court. Instead, the late-medieval love literature must be read as part of a larger Iberian trajectory exploring and expressing love through not just literature but
medicine as well. My methodology builds on the pre-existing work on lovesickness by using medieval medicine texts that address love, lovesickness, and concepts of disease and health to frame medieval literature. Love is, was, and will always be more than just a literary theme or courtly convention. It is a powerful and often perplexing emotion, capable of swaying decisions and altering perspectives. Medicine allows us to study love as a bodily emotion that was keenly felt by medieval readers and writers.

My dissertation examines changes in literary representations of lovesickness in Iberia between the thirteenth and sixteenth centuries in order to demonstrate that late-medieval sentimental fiction was strategically manipulated in order to regulate behavior, politics, and gender dynamics. Early didactic literature, such as Ḥadīth Bayāḏ wa Riyāḏ and Juan Ruiz’s Libro de Buen Amor, treats love as a hygienic habit that must be learned through guides illustrating proper and improper love. Fifteenth and sixteenth-century texts such as the sentimental fictions and Celestina demonstrate a preoccupation with love as illness. The late Middle Ages was marked by a rise in vernacular medical tracts, a population increasingly anxious about disease as a result of the Black Plague (1347-51) and other maladies, the rise of institutionalized medical standards and practices, the transmission of Greek and Arabic medical translations throughout Europe, and a growing number of university-educated, Christian doctors plying their trade. These factors helped contribute to an increased awareness of medicine in Latin Christendom. This more medicalized culture spilled into the love literature of the time. Comparisons between early thirteenth-century didactic texts in both Arabic and Castilian and the love literature written at the turn of the sixteenth century demonstrate how changes in medieval portrayals of lovesickness reflect larger transformations in medicine, politics, and the medieval worldview.
Medieval notions of love are intrinsically tied to medieval medicine, which was not a homogenous field in itself. I use the Galenic division in medieval medical practices – self-administered hygienic regimens for healthy individuals versus doctor’s cures for the ill – in order to investigate changing notions toward love. Didactic sources portray good love by drawing on Galen’s practice of maintaining a hygienic habitus, and love is seen as a hygienic habit to be cultivated. The later love literature depicts love as a disease and offers a series of symptoms and cures. Love is less an art requiring guidance and more of an illness that needs diagnosis and treatment. Lovesickness was used by physicians and male authors living in an increasingly patriarchal populace to control the bodies and feelings of both men and women.

The interlingual and intercultural breadth of my dissertation project is rooted in the pioneering works of Maria Rosa Menocal, author of Shards of Love and The Ornament of the World. The nearly seven hundred years of Arab conquest and cohabitation made Iberia too “Oriental” to be included in the larger narrative of Latin Christendom, and the Christian conquest and Iberia’s position at the edge of the caliphate left it too “Occidental” to be fully embraced as anything more than an interesting footnote in the pan-Islamic narrative. But Menocal’s study of the ties between Arabic poetry and European lyrics demonstrated the cross-pollination between the medieval lyric in the East and West. Her call to reunite the Islamo-Arabic and Castilian division in medieval Iberian scholarship helped bring Iberia back into scholarly conversations about medieval Europe at large. The development of Mediterranean Studies re-imagined the historical and geographical boundaries and helped connect Iberia to the larger European world and the Middle East. Historians of the medieval Mediterranean have proved the inadequacy of Occidental and Oriental divisions: so-called “Eastern” influences were deeply entrenched in the medieval West and vice versa. Since Menocal’s work, there has been increased scholarly interest
in the Arabic connection to medieval Europe. In the past four or five decades, scholars such as
Olivia Remie Constable (*The Medieval Iberia Reader* and *To Live Like a Moor*), Jerrilynn D.
Dodds (*Al-Andalus: The Art of Islamic Spain*), and David A. Wacks (*Framing Iberia*) have
begun to study medieval Iberia as an entity in and of itself, rather than parsing the literature,
history, and culture into distinct linguistic or religious categories. My dissertation joins a
developing field of scholars seeking to understand the complex inter-lingual and inter-religious
relationships of medieval Iberia in addition to exploring the connections between the medieval
East and West brought together by Mediterranean trade, caravan routes, pilgrimages, and wars.

This dissertation is also indebted to scholars like Mary Frances Wack, Pedro M. Cátedra,
and Michael Solomon, whose work on medieval illness and medicine allowed me to connect my
literary study to the broader field of medical humanities. The fields of the history of medicine
and medical humanities both owe a great debt to the pioneering work of Michel Foucault, *The
Birth of the Clinic: An Archaeology of Medical Perception* (*Naissance de la Clinique: Une
Archéologie du Regard Médical*). His concept of the medical gaze at the end of the eighteenth
century offered an interesting perspective when envisioning my own descriptions of the
medicalization of late-medieval Iberia. Mary Frances Wack’s *Lovesickness in the Middle Ages*
concentrates on European medical treatises, translations, and glosses. Pedro M. Cátedra’s edited
anthology of love treatises composed during the fifteenth and sixteenth centuries (*Tratados de
Amor en el Entorno de Celestina*) allows access to late-medieval writings on love penned in
Spain. Medical historians Michael Solomon (*Fictions of Well-Being*), Jean Dangler (*Mediating
Fictions*), and Luis García-Ballester (*Medicine in a Multicultural Society*) significantly added to
the growing body of Iberian scholarship by presenting a multicultural picture of Iberian medical
literature and history, focusing on the professionalization of medicine and the intersection of medicine and culture.

In the literary field, my project follows in the footsteps of Barbara F. Weissberger’s *Isabel Rules*. Her study on the complicated and anxiety-producing relationship between gender and power in fifteenth-century Iberia paved the way for my own arguments regarding what she terms “anxious masculinity,” the rise of the *letrados* in late medieval Spain, and the social unease awakened by Isabel’s status and power. E. Michael Gerli’s *Celestina and the Ends of Desire* provided a powerful testament to the use of modern literary theories (such as Marxist and Freudian and Lacanian psychoanalytic theories) to comment on medieval works. His close readings of *Celestina* greatly aided my own scholarship and the development of my dissertation project. Finally, I must also acknowledge Antonio Cortijo Ocaña’s *La Evolución Genérica de la Ficción Sentimental de los Siglos XV y XVI: Género Literario y Contexto Social*. By providing the literary history of the subgenre of sentimental fiction, Cortijo’s almost scientific approach to formalizing and expanding the genre allowed room for the sentimental genre to include sources from Catalonia, Portugal, and even France and England. Because of his previous scholarship, I was able to argue that Arabic sources should be added to the discussion of medieval love literature. My own arguments owe much to the previous scholarship of these celebrated scholars. Their accomplished works allow my own project to delve into the world of medical humanities and pair medieval scientific and medical theories with literary analysis to demonstrate the change in concepts of love, desire, and lovesickness between the thirteenth and fifteenth centuries.

The first chapter of my dissertation examines medieval didactic love literature descending from Ovid’s *Ars Amatoria* and other pseudo-Ovidian texts. I compare Juan Ruiz’s *Libro de Buen Amor* and the anonymous *Ḥadīth Bayāḍ wa Riyāḍ* in order to demonstrate that,
though different, they both represent examples of medieval Iberian guides to love. I use the Galenic medical theories of *habitus* and hygiene to show that these works depict love as a habit to be learned and practiced. In twelfth- and thirteenth-century Iberia, love was considered a passion of the soul and, consequently, a matter of hygiene and good health. Love regimens were useful tools to help navigate the hazards and turbulence of love, but few had access to a personal hygienist to aid them in the pursuit of love. It was here that medieval Iberian authors intervened, offering their own versions of a healthy love regimen to the public. These texts draw on the Galenic division between hygiene and disease and Ovidian and examples of didactic love treatises in order to offer hygienic regimens for proper love. The authors suggest that mankind can learn to control and direct the emotions triggered by love. In HBR, love acts as a positive force and becomes a path toward edification. Bayāḍ learns courtly manners through love and, as a result, moves from being a mere merchant to being part of the courtly elite. The *buen amor*, or good love, described by LBA is less clear. The text claims that love of God is the only true form of *buen amor*, all the while offering a guide to engaging in prodigious amounts of carnal love. But hygienic regimens were not written without personal bias, whether unconscious or intentional on the part of the author. HBR and LBA acted as guides to proper conduct and helped form cultural norms and beliefs about love. These medieval love guides wielded tremendous power in demarcating the fine line between normal and deviant behavior. These didactic texts do not unconditionally condemn love, but instead act as a literary model for learning the proper emotional habits of the time. This chapter explores the different definitions of good and improper love portrayed in the two works, highlighting that the good love outlined in HBR is not the same as the *buen amor* represented in LBA. Noticeable differences include whether love should be revealed and if love should be sexually consummated. Despite their differences, I conclude that
the notion of love as a matter of hygiene allows for a certain crucial amount of individuality and personal freedom.

The second chapter of my project analyses the changes in medicine, medical practitioners, and medical practices between the thirteenth and fourteenth centuries and the late-fifteenth and early-sixteenth centuries that led to a more medicalized portrayal of love and the bodily sensations associated with it. Before long, the changes in medicine affected society as a whole. New medical translations, a growth in university-educated, Christian doctors, and the Black Plague were all partial instigators of an increased medical awareness seen in later Iberian culture and literature. Intense love was no longer categorized with other emotions and “non-naturals” as matter of hygiene, but instead, became an illness. Hygienic remedies were not capable of managing ardent love. The newly classified disease now required the aid of a physician. Literature medicalized alongside society. Medical terminology became increasingly prevalent in works of fiction, and lovesickness was realistically depicted as a medical ailment afflicting the characters. I compare earlier didactic love guides to the later, more medicalized texts such as sentimental fiction and Celestina, citing specific examples from love literature that demonstrate a more medicalized portrayal of love. I also consider changes to the medical community over time. An emerging distrust of female doctors and midwives helped love to become a male-dominated field. I demonstrate how a medicalized portrayal of love and the changes in the medical community limited those who could express opinions on love while increasing the power of those few who were able to voice their beliefs. Medicalized love literature justified a medical approach to love and helped standardize medieval ideas of lovesickness through popular appeal and broad dissemination.
My third chapter shows how changing attitudes toward love and an increasingly medicalized culture led to the emergence of a distinct worldview that devalued, feared, and attempted to cure love. Lovesickness was strategically manipulated by both physicians and authors of amatory fiction in order to reinforce patriarchal cultural standards that influenced the actions and feelings of medieval men and women. Using the Galenic divide between hygiene and therapeutics, I separate love literature into two distinct groups – one which viewed love as an art to cultivate, the other as an illness to cure. Later texts tend to devalue love to the extent that love almost always ends in death, familial ruin, and other catastrophes. Earlier sources acknowledge that there are proper and improper forms of love, but feelings of love and engaging in the act of lovemaking do not necessarily lead to misfortune and tragedy. Love’s disastrous consequences are especially evident in medieval sentimental romances, a genre that became popular at the turn of the sixteenth century. In these works, love changed from a skill to a disease that infected and obliterated all it touched. Love was not merely a habitus to learn – it was a sinister power to fear. Sentimental romances and Celestina denigrate love and warn readers of the dangerously inept physicians who try to cure it. I then call for a re-definition of the supposedly defunct genre of sentimental fiction based on a medical approach to late-medieval amatory literature. I conclude that changing attitudes toward love impacted religion, politics, and medieval society at large.

In the fourth chapter of my dissertation, I explore lovesickness as a deliberate political and social tactic in the late Middle Ages. Lovesickness reveals masculine anxieties regarding political changes and the gender hierarchy. Isabel I, a powerful woman, sat on the throne of Castile, and medical love literature emphasized man’s submission to the object of his devotion. Additionally, the popular genre of courtly love placed women on a pedestal above men and out of reach. This political and social environment left men feeling powerless and emasculated.
Lovesickness was popularized and manipulated in order to subvert and ridicule the genre of courtly love, scare male readers away from love, and re-establish patriarchal social control. Written almost exclusively for a specialized, elite audience, these texts underscore upper-class anxieties. Through the use of medieval medical treatises, I demonstrate that the male protagonists of sentimental fiction were completely feminized characters. Not only did these men act and emote like women, they suffered from strictly female ailments. Comparing medieval medicine, especially women’s medicine, to sentimental fiction illustrates that the heroes of sentimental fiction were literally transforming into women. Male readers faced the same risk if they emulated the principal characters.

My final dissertation chapter explores the complex relationship between sex, love, and lovesickness. I deviate slightly from the efforts of my previous four chapters, in which I explore the similarities between Iberian amatory fiction and medieval medicine, in order to highlight that love literature often departs from medicine in matters concerning sexuality. I show that Arabic, Latin, and Castilian medicinal and hygienic tracts establish a clear division between love and sex. In medieval medical writings on sexuality, lovesickness, love, and sex are generally separated into distinct categories that correspond with three different parts of the body. Lovesickness belongs to the mind; love stems from the heart, and sex is rooted in the genitals. The three are only tangentially related. While medieval physicians separate lovesickness, love, and sex to the mind, the heart, and the genitals respectively, Iberian love literature complicates the matter by illustrating lovesickness as a complex illness involving all three bodily organs. I use examples from love literature ranging from Ḥadīth Bayāḍ wa Riyāḍ to Celestina in order to demonstrate that regardless of language, era, or audience, the authors of medieval Iberian amatory fiction purposely intertwine love, lovesickness, and sex in order to show that the illness
is even deadlier and more dangerous than the medieval medics imagine. The authors suggest that since the current treatments only seek to cure the mental facet of lovesickness, all medical cures will eventually fail until doctors develop a method of treating lovesickness that involves all aspects of the human psyche and person. Until then, lovesickness remains terminally fatal.
Chapter One
Learning to Love – Didactic Literature and Medieval Love Guides

Prelude

In 1315, completely unaware that his fatherly concern would be preserved seven centuries after he first committed pen to parchment, Peter Fagarola of Valencia wrote a letter to his two sons who were studying far from home in Toulouse. Like many fathers both before and after his time, Fagarola worried about his boys who were no longer living under his roof and able to benefit from his constant care. It is easy to imagine an anxious father, fretting over potential misfortunes, pacing back and forth one night in his study, wishing that he could give his sons one more well-meant paternal lecture about avoiding the dangers of the world. Unable to talk to his sons face to face, Fagarola moves on to the next available option. He quickly lights a lamp, locates his pen and inkwell, and the scratching of pen on paper can be heard by his neighbors well into the night as Fagarola composes a letter to his sons.

The letter contains a series of practices, home remedies, and advice for daily living, better known as a hygienic regimen. Peter Fagarola expounds upon various topics ranging from healthy eating to the passions of the soul. He cautions against eating raw onions, which were thought to diminish intellect, an incredibly helpful reminder for two young students. Further on in his letter, he includes the recipe for a natural remedy consisting of dried coriander, fennel seed, licorice, cloves, white ginger, and sugar, which, if taken after the evening meal each day, will aid digestion, cure headaches, increase intellect and memory, and combat disease. Additionally, Peter Fagarola outlines a sleep schedule and a catalogue of proper sleeping positions. His numerous instructions also include combing the hair twice a day, sweeping the room with a dry broom in summer, and examples of good exercise for both summer and winter. One should go
for a walk twice a day in good weather, and, when poor weather prohibits outside exercise, one can run up and down stairs and practice swordplay indoors with a stick. At the end of his missive, Fagarola discusses the “accidents of the soul,” which are now better known as emotions. He instructs his sons to avoid anger, sadness, fear, and excessive anxiety. He also cautions against love of women, which often acts as a negative influence on the soul. Instead of yielding to these harmful passions, Peter Fagarola tells his boys to be honest and patient, to find good friends, and to love God with all their hearts.¹

Peter Fagarola bequeaths his sons much more than a letter filled with fatherly advice. He makes them a specialized health regimen: a program of sleep schedules, cleanliness, exercise, clothing tips, and emotional control personally designed to keep them healthy during their studies. Emotions, for Fagarola, fall under the realm of hygiene. A healthy lifestyle cannot be maintained without proper emotional control. Good hygiene involves avoiding negative passions like anger, anxiety, sadness – and love. It is unknown if the two boys received their father’s well-intentioned but lengthy advice with eagerness or exasperation. Nor do we know if they followed the hygienic regimen in full, in part, or at all. Nevertheless, the letter stands testament to both the medieval use of hygienic regimens and the powerful love of a father for his sons.

Chapter One

This chapter begins with a detailed examination of medieval Galenism, specifically focused on hygiene. By demonstrating that emotions such as love were considered to be matters of hygiene, I establish the fruitfulness of reading medieval love literature through the lens of

contemporaneous medieval medicine. The medicine itself must first be understood in its own right in order to accurately assess how specific authors and literary works adopted medicinal concepts for their own agendas. I carefully differentiate between hygiene and therapeutics in order to apply a similar division to my subsequent analysis of medieval love literature. I also provide medical and literary evidence that supports the medieval idea of love as hygiene. After delving into Galenic hygiene, I examine two key texts, the anonymous thirteenth-century Arabic manuscript *Hadīth Bayāḍ wa Riyāḍ* (*The Narrative of Bayāḍ and Riyāḍ*) and the fourteenth-century poem *Libro de Buen Amor* (*The Book of Good Love*) in light of my medical analysis. I compare the didactic nature of the two texts, their distinct definitions and portrayals of hygienic love, and the underlying social messages for both men and women imbedded within the works to highlight the crucial component of personal freedom present in the medieval understanding of love hygiene.

Hygienic regimens, like the one written by Peter Fagarola, were not uncommon during the Middle Ages. Specialized hygienists created daily regimes personalized for each individual and crafted based on their specific needs and unique body. The definition of “good” hygiene was not constant. A useful regimen for one person was not necessarily beneficial for another. Additionally, hygiene required the input and willing participation of the patient. Hygienists worked with patients to create a plan that worked for their specific needs, but it was ultimately self-directed, as the patient was left to manage his or her own hygiene. Ordinary individuals, from concerned fathers and mothers to authors and poets, could create regimens and offer advice that was considered equally valuable as that of a specialized hygienist. In twelfth- and thirteenth-century Iberia, love was considered to be a passion of the soul and a matter of hygiene and good health. Love regimens were useful tools to help navigate the hazards and turbulence of love, but
few had access to a personal hygienist to aid them in the pursuit of love. It was here that medieval Iberian authors intervened, offering their own versions of a healthy love regimen to the public.

Concepts of health and sickness were neither constant nor consistent in medieval Iberia. The nebulous nature of health makes lovesickness especially difficult to diagnose and describe. Texts such as *Ḥadīth Bayāḍ wa Riyāḍ* (HBR) and *Libro de Buen Amor* (LBA) treat love and the ensuing symptoms as a matter of hygiene rather than as a disease. These texts draw on the Galenic division between hygiene and disease as well as Ovidian and pseudo-Ovidian examples of didactic love treatises in order to offer hygienic regimens for proper love. Both HBR and the LBA represent examples of medieval Iberian didactic texts meant to teach about love. In these two sources, love and all of its accompanying emotions fall under the Galenic division of hygiene. Love is not a pathological illness originating from within the body, but rather an exterior element that affects the body. Additionally, people can learn to control and direct the emotions surrounding love. In HBR, love acts as a positive force and becomes a path toward edification. Bayāḍ, a young merchant and the protagonist of HBR, learns courtly manners through love and, as a result, moves from a mere merchant to part of the courtly elite. *Buen amor*, or good love, described by the LBA is less clear; the text offers a guide to both engage in and avoid sexual liaisons with the opposite gender. But hygienic regimens were not created without subliminal aims and considerable consequences. Because HBR and the LBA acted as guides to proper conduct, they shaped cultural norms and beliefs about love. These medieval love guides wielded tremendous power in determining the line between normal and abnormal behavior.
HBR teaches that feelings of love are natural and common in both men and women. Young lovers must learn to hide their passionate feelings from public view in favor of courtly manners. In this way, love becomes a rite of passage, almost like puberty. Young lovers like Bayāḍ and Riyāḍ experience overwhelming emotions that affect their bodies, minds, and souls. However, with wise counsel, these lovers learn self-control. The LBA, on the other hand, teaches that carnal love is natural and beneficial to men, who can use it as a defense against stronger emotional attachments and to regulate bodily humors. Women, on the other hand, must eschew all forms of love to protect their reputations. The LBA establishes a double standard of normalcy and morality for men and women regarding love. The authors of the LBA and HBR give readers a guide to follow in order to manage love, just as hygienists offered patients a regimen to balance the other non-natural elements. Manners and courtliness are taught to Bayāḍ and the readers of HBR. The LBA demonstrates easy ways to woo a woman and helps standardize the social norms of masculine licentiousness and female virginity. The literary hygienic regimens offered by the LBA and HBR endorse self-control (or a lack thereof, for men in the LBA) in order to establish and maintain social control over love, sex, and emotions. Hygiene also involves personal restraint and regulation. The freedom to act is hardly freedom at all if one is constantly controlled and directed by overwhelming passions of the soul. True personal choice necessitates willpower, discipline, and self-control. Despite an undeniable agenda, love literature that treated love as hygiene always left room for personalization, self-direction, and autonomy.

A Brief Introduction to Medieval Hygiene

The medieval concept of hygiene was rooted in the works of the Greek physician Galen (129 c.e. to c. 200 c.e.). Though he wrote in Late Antiquity, the influence of Galen extended well beyond his own time. Preserved in Greek and translated into Arabic and Latin, Galen served as a
guide for Iberian doctors and scholars of diverse faiths and languages and provided some of the most authoritative sources for medieval scientific medical theory and practice.\(^2\) In his numerous and lengthy works, Galen provides varying definitions of health. Summarizing medieval notions of Galen is further complicated by the indirect and often incomplete access that medieval scholars had to various texts.\(^3\) Nevertheless, Latin translations of Arabic medicine brought the works of Galen and other Greco-Roman physicians into the Latin West and helped define medieval concepts of health, healing, and hygiene.\(^4\)

The first line of Galen’s *Hygiene* delineates a stark distinction between two disciplines within the realm of medicine, a division which shapes the love literature of the Middle Ages. Though Galen describes medicine as “one art pertaining to the body of man,” he immediately divides this single art into two separate disciplines – hygiene and therapeutics.\(^5\) The two specialties serve different functions. Hygiene preserves the existing state of the body, while therapeutics seeks to change it.\(^6\) As with many Galenic concepts, the precise distinction between hygiene and medicine, or between a hygienist and a doctor, is unclear and complicated. Though Galen repeatedly maintains that there is only “one art concerning the body,” he simultaneously stresses that “no proper name has been established for the whole art itself.”\(^7\) Galen envisions one


\(^{6}\) Ibid.

\(^{7}\) Ibid., p. 199 (136K).
over-arching field relating to the treatment, care, and condition of the body. Today, this might be called doctoring, but Galen clearly separates hygienists and physicians, hygiene and medicine. Because Galen does not equate hygiene and medicine, a separation between hygienic texts and medicinal texts is a valid and useful mode of comparison, so long as it is acknowledged that the two realms overlap to a degree. There is a fine and blurry line between doctoring and hygiene.

Galen wrote extensively on the subject of hygiene, completing four treatises wholly on hygiene and another two volumes on closely linked topics, such as exercise. Because hygiene, as defined by Galen, encompasses all processes that preserve and maintain health, it is imperative to understand Galen’s definition of health in order to fully comprehend hygiene’s purpose.

Health, the ultimate goal of both hygienic regimens and therapeutics, is defined as the body functioning “in accord with nature.”

Both Galen and much of medieval medicine adhered to the concept of humourism, developed by the Greek physician Hippocrates (ca. 460-360 b.c.e.). In humourism, a naturally healthy body balances the four humors (blood, phlegm, black bile, and yellow bile) and their corresponding qualities (heat, cold, moist, and dry).

Galen contrasts health with two other states of being – diseased and neutral. These states are not separate but exist on a sliding scale with health on one end and disease on the other. In between these two extremes lies the neutral range in which the body is still able to function but there is some sort of deficiency or imbalance. Throughout his first volume on hygiene, Galen defines

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8 Ibid., pp. 17-19 (12K).
10 Ibid., pp. 98-9.
and redefines health numerous times. In general, being healthy constitutes not feeling pain and not being impeded in any “functions pertaining to life.” A person’s natural state operates on an individual scale, for Galen insists that health is a range and not the same for all people. Personal attributes, such as strength and weakness and even old age, are not necessarily signs of disease. Disease operates against the natural functions of the body, while weakness (or strength) is an inherent quality of the body and a natural state of existence. Similarly, although the body functions differently in old age, as long as the body continues to operate as it should at the given age of the individual, it is not diseased.

The ambiguity of Galen’s definition of health leaves certain important details open to debate. Since Galen concludes that the natural state of a body differs from one individual to the next, health becomes a relative, rather than standard, term. What is “natural” and healthy for one individual is not necessarily healthy for another. This is compounded when considering bodies across time, space, and cultures. Something considered natural in one era or culture may not be considered natural in another culture or at a different point in history. Medieval Galenism was only a distant relation of classical Galenism. Practices and theory underwent numerous cultural and linguistic translations and alterations. The medical practices popular in Latin Christendom were more closely related to Arabic techniques, which in turn were founded on classical authors. Nevertheless, evidence of Galen’s continued influence is apparent in the medieval division between bodily categories known as the natural, the non-natural, and the pathological.

12 Ibid., p. 27 (18K).
13 Ibid., p. 33 (22K): “It will be sufficient for our present purposes to take this much only from these – that the range of health is very wide and is not exactly the same for all of us.”
14 Ibid., p. 29 (19K-20K).
15 Ibid., p. 31 (21-22K).
16 García-Ballester, “Artifex factivus sanitatis,” pp. 131-44. See also, Dols, Majnūn, pp. 131-44.
which facilitated the separation between hygienic regimens and disease treatment that influenced medieval Iberian love literature.

Medieval Galenism understood the body to be intricately connected to and affected by three factors: “natural things” (*res naturales*), “pathological things” (*res praeter naturam*), and “non-natural things” (*res non naturales*). These three factors were discussed in the works of Galen, and later solidified and definitively labeled in Alexandrian Galenism and Arabic medicine. *Res naturales* consisted of everything that composed the human body and allowed it to function, such as the humors. *Res praeter naturam* were phenomena related to illness and disease. Lastly, *res non naturales* were external elements, habits, and feelings that were not a physical part of the body nor a disease but still impacted overall health. Medieval hygiene can be defined as the proper management of the non-natural things, and concern over hygiene led to the creation of hygienic regimens. Non-natural things were not a part of the body per se, but they affected both the body and health to such a degree that they required a separate form of medical art known as hygiene. There were six *res non naturales*: “air and environment, motion and rest, food and drink, sleep and waking, evacuation and repletion, and affections of the

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20 Ibid.
21 Ibid.
22 Magner, *A History of Medicine*, p. 146: “Texts known by the Latin term *regimen sanitates*, which served as practical guides to health and its preservation, were originally written for wealthy individuals in order to teach them the fundamentals of the concepts used by physicians to justify their therapeutic practices. These health handbooks explicated the Galenic threefold organization of medicine into the following: the naturals (such as the humors and so forth); the contranaturals (diseases and symptoms); the non-naturals (things that affect the body). Guided by the physician, an individual would adopt an appropriate *regimen*, that is, an elaborate plan, for managing the six non-naturals.”
soul.” All of these non-natural things fall into the realm of hygiene. Hygienic regimens were not medicine. Hygiene dealt with the non-naturals, while medicine focused on the pathological. When love is considered to be a non-natural passion of the soul, it falls under the realm of hygiene, but when love mutates into lovesickness it becomes a matter of medicine. As a matter of hygiene, love falls under the purview of hygienists as well as authors, clergymen, and well-meaning fathers.

The division between hygiene and medicine and “non-natural things” and “pathological things” does not diminish the importance of hygiene. In fact, according to Galenism, it is the “non-natural things” that make up “the physical, social and even moral surroundings of the living being.” Everyone and everything had a stake in hygiene. Because of this, the influence of Galenism transcended the healthcare sphere. Scholars and scientists, politicians and priests were all concerned with hygiene and the proper balance of the “non-natural things.” By the latter half of the twelfth century, many non-medical personnel were familiar with the major medical treatises and translations as well as hygienic regimens. Hygiene became a household concept. The pervasiveness of medieval Galenism in intellectual, elite, and even lower-class circles suggests that, at the very least, popular Galenic concepts would have seeped into medieval literature. Love literature focuses on one of Galen’s non-naturals – passions of the soul. Emotions such as love were considered to be affections of the soul and, in Galenism, intricately connected to the health of an individual. Physicians and hygienists created elaborate regimens

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23 Ibid.
25 Ibid., pp. 135-6.
26 Elena Carrera, “Anger and the Mind-Body Connection,” in Emotions and Health, 1200-1700, ed. Elena Carrera (Boston: Brill, 2013), p. 116: “Anger, fear, sadness and joy were frequently discussed by medieval Muslim and Jewish Galenic authors (such as Joannitius, Isaac Israeli, Haly Abbas and Avicena) under a category usually translated into medieval Latin as
to maintain the proper balance of non-natural elements, establishing a concrete link between love (and other emotions) and health.

Of the six non-naturals delineated by Galen, the accidents of the soul are the most difficult to correlate with modern terminology. Often translated as accidents, passions, or movements of the soul, the sixth non-natural roughly corresponds to modern concepts of emotion. Medical historian Michael R. Solomon explains the broad definition of emotional hygiene:

As a hygienic concern, love (amor) appears in the category of the six non-naturals dedicated to movements or accidents of the soul...The term ‘movements of the soul’ corresponds awkwardly with the modern notion of emotions. While there is little trouble identifying rage, fear, and sadness as emotional states, other medieval movements of the souls such as pity, generosity, avarice, and cunning would seem to be better categorized as moral virtues or defects, rather than straightforward emotions. Clearly, if we are to think of the sixth non-natural as a hygienic regulation of emotive states, we must do so by accepting the most capacious definition possible of the term ‘emotion.’

According to Galenism, the sixth non-natural includes love. Consequently, feelings of love can physically affect the body, and balancing these emotions requires a hygienic regimen. Although the passions of the soul fall under the realm of hygiene, Solomon notes a distinct lack of hygienic treatises regarding the emotions in medical literature of the Middle Ages, and he argues that “non-natural love does not emerge in the medical guides designed to help lay people preserve their health.” However, he confines his study to only medical treatises. Medieval hygiene

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accidentia animae. In medieval and early modern medical texts, the ‘accidents of the soul’ or ‘affections of the mind’ were normally considered the sixth of the non-natural factors of health and disease.”


28 Ibid., pp. 155-7.
encompassed much more than merely the field of medicine, and interest in hygiene extended far beyond the scope of medical practitioners.

While examples of love as a *res non naturalis* may be largely absent from many strictly medical treatises, cases of love as hygiene can be found in medieval didactic literature. Solomon neglects a wealth of early and high medieval texts that treat love as hygiene because he limits his study solely to medical works. He insists that “medieval non-natural hygiene, while offering patients basic guidelines on controlling their consumption of food and drink, and on the proper amount of rest, exercise, sleep, waking bathing and bowel movements, failed to provide any advice on managing the emotion of love.” But it stands to reason that if love was considered a matter of hygiene rather than a disease, then, there should be fewer purely medical texts on love. This does not mean that the sixth non-natural was not explored nor that hygienic regimens for love were not created. Medical texts simply do not offer the best sources of early and high medieval hygienic love manuals. It is instead literary sources that contemplate love as a hygienic art.

*Ḥadīth Bayāḍ wa Riyāḍ as Hygienic Regimen*

Love literature such as HBR and the LBA adopt the didactic style often found in classical literature and hygienic regimens to instruct readers on balancing and controlling one specific non-natural passion – love. The thirteenth-century Arabic manuscript HBR is the only surviving copy of an Arabic narrative romance which combines both poetry and prose. The manuscript has been preserved in the Vatican library since at least 1535 and was most likely read by a

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29 Ibid., p. 157.
middle-class or elite audience. Unfortunately, both the beginning and end folios are missing from the manuscript, and, as a result, the author, exact date of compilation, any possible patron, and other pertinent details remain a mystery.\textsuperscript{31} The text was most likely composed between 1175 and 1230, during the decline of Almohad power in al-Andalus.\textsuperscript{32} Although written before the Christian conquests of capital cities such as Sevilla and Córdoba, the unified Almohad state already faced internal fissure.\textsuperscript{33} The manuscript’s un-Almohad emphasis on poetry and courtly love suggests that it was most likely created in one of the smaller loci of individual power and influence unrelated to the generally more conservative Almohad court.\textsuperscript{34} HBR represents the only surviving example of an illustrated Andalusian manuscript concerning a secular theme.\textsuperscript{35} It recounts the tale of passionate Bayāḍ’s love for the slave-girl Riyāḍ, narrated by the clever ‘ajūza (wise old woman), and depicted in a series of beautiful illuminations. Though often associated with Fernando de Rojas’ Celestina due to the presence of the ‘ajūza, the female intermediary who helps unite the lovers Bayāḍ and Riyāḍ,\textsuperscript{36} HBR is more closely related to Ovid and the LBA because it presents a didactic lesson in proper love disguised as a slave-narrative romance.\textsuperscript{37} Although the text is less overtly instructive than the LBA, the didactic nature of the

\textsuperscript{31} Ibid.  
\textsuperscript{32} Ibid., pp. 113-7.  
\textsuperscript{33} Ibid., pp. 113-25.  
\textsuperscript{34} Ibid., pp. 113-47. See also, Jerrilynn D. Dodds, María Rosa Menocal, and Abigail Krasner Balbale, \textit{The Arts of Intimacy: Christians, Jews, and Muslims in the Making of Castilian Culture} (New Haven: Yale University Press, 2008), pp. 128-9.  
\textsuperscript{35} Ibid., pp. 2-3.  
\textsuperscript{36} See the commentary by A.R. Nykl, \textit{Historia de los Amores de Bayāḍ y Riyāḍ: Una Chantefable Oriental en Estilo Persa} (Vat. Ar. 368), \textit{Hispanic Notes & Monographs: Essays, Studies, and Brief Biographies Issued by the Hispanic Society of America} (New York: Hispanic Society of America, 1941), p. ix.  
\textsuperscript{37} The slave-narrative was a common trope in Arabic literature and poetry in which a male protagonist falls in love with a beautiful concubine or slave-girl. For the slave-narrative in medieval Iberian literature, see, Robinson, \textit{Courtly Culture}, p. 124. See also, María Jesús Rubiera Mata, \textit{Literatura Hispanoárabe} (San Vicente del Raspeig: Publicaciones de la Universidad de
story surfaces as audiences follow the failures, trials, and eventual success of the young merchant Bayāḍ.

The Qur’anic critique of entertainment literature resulted in a mistrust of literature written solely for enjoyment. As a result, many narrative texts also contained a didactic purpose hidden beneath an entertaining story. HBR seeks to teach readers how to love. Most likely, HBR is an Andalusian re-writing of an old Abbasid slave-narrative recently discovered in a Maghrebī manuscript. The Abbasid version includes characters with the same name and a similar plot, except that in this much shorter version Riyāḍ dies at the end of the majlis (garden party with musical accompaniment). The changes in HBR, including the extended majlis scene and the happy ending, show that HBR, unlike its predecessors, acts as more than merely a critique of and


The critique in question can be found in the Qur’anic āyah 31:6 which states:

“ومن الناس من يشترى لهو الحديث ليضل عن سبيل الله بغير علم ويتخذها هزواً أولئك لهم عذاب مهين”

For English renditions, see the following translations: “And of mankind are (they) who trade diverting discourses to lead into error away from the way of Allah without knowledge, and to take it to themselves in mockery; those will have a degrading torment” (Dr. Mohammad Mahmoud Ghali); “And of mankind is he who payeth for mere pastime of discourse, that he may mislead from Allah’s way without knowledge, and maketh in the butt of mockery. For such there is a shameful doom” (Marmaduke Pickthall); and “But the re are, among men, those who purchase idle tales, without knowledge (or meaning), to mislead (men) from the Path of Allah and throw ridicule (on the Path): for such there will be a Humiliating Penalty” (Abdullah Yusuf Ali). From these three translations alone, it is easy to see that “لهو الحديث” has been translated with a wide range of meanings from “diverting discourses” to “idle tales.” Some have interpreted this āyah to mean that all forms of pure entertainment, that is diversions with no underlying instructional or moral purpose, are forbidden. Such a prohibition would include non-didactic works of fiction. For more on this discussion see, Pierre Cachia, “Arabic Literatures, ‘Elite’ and ‘Folk’ Junctions and Disjunctions,” Quaderni di Studi Arabi 3 (2008): p. 142. See also, Muhammad al-Atawneh, “Leisure and Entertainment (malāḥī) in Contemporary Islamic Legal Thought: Music and the Audio-Visual Media,” Islamic Law and Society 19, no. 4 (2012): pp. 399-413.


Robinson, Courtly Culture, p. 119.
caution against love. The entire plot focuses on “the proper and improper (or, ‘courtly’ and ‘uncourtly’) ways in which love’s practice might be undertaken.” HBR’s subliminal lesson in courtly manners instructs readers to follow Bayāḍ’s example in order to attain the status of a proper lover.

Both HBR and the LBA present models of proper love, but the depictions of good love and appropriate love hygiene in the two texts differ greatly. HBR presents a very clear, straightforward depiction of good love and its appropriate hygienic regimen. True love can only be felt toward one woman at a time, and it must be kept secret and under control at all times. Despite being familiar with a plethora of beautiful slave girls, Bayāḍ loves only Riyāḍ. His love for her does not waver, and his eyes do not stray. Hygienic love constitutes loving only one woman. Additionally, love should be kept a secret and controlled. Riyāḍ’s actions compared to Bayāḍ’s growth demonstrate both improper and proper love respectively. Both Bayāḍ and Riyāḍ initially display passionate, public signs of love. Before the majlis begins, the ‘ajūza visits the sayyida (honored lady, mistress of the house) at the palace to confirm the details of the rendezvous. When she sees Riyāḍ, the ‘ajūza questions her in order to discover the depth of her love for Bayāḍ. Although Riyāḍ denies knowing the name Bayāḍ, when the ‘ajūza further describes him, she faints – a disgraceful, public sign of her love. Then, when Bayāḍ first arrives at the majlis, he sings from the other side of the wall. The ladies hear Bayāḍ singing a poem of his own compilation, and though he does not mention her name, Riyāḍ becomes embarrassed and

41 Ibid, p. 117.
43 Ḥadīth Bayāḍ wa Riyāḍ, in Historia de los Amores de Bayāḍ y Riyāḍ: Una Chantefable Oriental en Estilo Persa (Vat. Ar. 368), ed. A.R. Nykl (New York: Hispanic Society of America, 1941), 3r-3v, p. 5.
attempts to climb up into a tree. Riyāḍ’s obvious and childish reaction draws the attention of the sayyida and betrays her passion for the poet. Whether she was attempting to hide her feelings in the shrubbery or merely catch a glimpse of Bayāḍ from over the wall, Riyāḍ openly exhibits her love.

Riyāḍ is not alone in being unable to control herself at the majlis. As the ladies and Bayāḍ exchange poems, Bayāḍ, too, begins to demonstrate his lack of calm and control. Unable to quietly wait his turn to perform again, Bayāḍ reaches over and tears the oud from Riyāḍ’s hands. He immediately begins singing of his immense love, revealing to all present his agitated state. At the end of the majlis, the women ask Bayāḍ to describe Riyāḍ in poetry. At first, he demurs, but then he relents, and his final poem exposes his love for Riyāḍ. In the last lines of the poem, Bayāḍ sings:

Bayāḍ uses the first person when he describes Riyāḍ’s poetic lover. Instead of singing about a courtly appropriate anonymous lover, he describes his personal love for Riyāḍ, inserting himself into the poem and publicly admitting his love for the beautiful slave-girl. This faux pas results in a premature ending to the majlis and the separation of the lovers.

Bayāḍ’s numerous mistakes prove that he is unschooled in the ways of love. Luckily, he has the ‘ajūza at his side to instruct both him and readers. The ‘ajūza repeatedly mentions that Bayāḍ is gharīb, or foreign. This is not an anomalous label, considering that Bayāḍ is the son of a merchant who traveled to the unnamed country to sell his wares. But Bayāḍ’s foreignness

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44 Ibid., 6v, p. 10.
45 Ibid., 11v, p. 18. For English, see, Robinson, Courtly Culture, 11 v, p. 34: “She deprived me of the forces of my patience and I do not hope / For remedy for my love in this world, if it come not from her.”
46 Ibid., 2r, p. 3.
can also be read as an unfamiliarity with love. Bayāḍ’s constant questions to the ‘ajūza and her subsequent advice demonstrate that he has never before been in love. Bayāḍ is a stranger to love, a foreigner who finds himself lost in a new and confusing environment. Like a child to his parent, Bayāḍ asks the ‘ajūza how to cope with being in love with the powerful hājib’s (chamberlain/ chief minister) favorite slave. The ‘ajūza responds with examples of famous lovers:

The ‘ajūza explains love to Bayāḍ as a teacher would a student or a parent a child. It is clear that he is inexperienced in the ways of love from the simplicity of her counsel. An astute lover would already know the advice the ‘ajūza offers. In order for Bayāḍ to be a proper lover, he needs to listen to and follow the counsel of the ‘ajūza. For Cynthia Robinson, the large role the ‘ajūza plays in the story and her role as narrator point to the didactic nature of the manuscript. Not only does she act as intermediary between Bayāḍ and Riyāḍ, but she also acts as mentor to the young merchant and curious readers. She mediates the advice of the text to readers.

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47 Ibid., 2r, pp. 3-4. For English, see, Robinson, Courtly Culture, 2r, p. 17: “And I said to him, ‘Oh my son, Love without misfortune and shame is only possible through secrecy; indeed, from what we know of great lovers like Qays and Kuthair and ‘Urwa and the ḥāfif of passion – listing all of them would take forever – they were all put to the test through speaking of their beloveds in poetry, through divulging secrets and making themselves notorious, and they fell into madness and fainting, following the wrong road until they lost all possibility of being pardoned, while of those who conceal their secrets, and veil them, not one thing is known of them! There is no mention of them – a lot of people fall in love but the only ones we know about are the ones who disclose their secrets and make them known.’”

48 Robinson, Courtly Culture, p. 137.
The ‘ajūza informs Bayāḍ that proper love requires complete secrecy. In order to be considered a respectable member of the *ahl al-‘ishq* (passionate lovers), no one should be able to perceive his feelings. The ‘ajūza gives examples of improper lovers such as Qays and Kuthair who succumbed to demonstrative passion and committed every sin in the proverbial book of love. These lovers incorporated their beloved’s actual name into poetry, fainted publicly, and even went crazy. Conversely, no one knows the names of proper lovers because they kept their feelings to themselves. The ‘ajūza encourages Bayāḍ to act like the anonymous lovers rather than the inappropriate – but famous – lovers who openly shared their passion. The ‘ajūza acts as a teacher, instructing Bayāḍ, and through him the readers, on how to appropriately behave when in love. After listening to the ‘ajūza, Bayāḍ admits that he cannot follow such standards. He is unwilling or unable to control his passion. Bayāḍ’s self-proclaimed inability to conduct himself in the proper manner underscores his position as a novice lover. Bayāḍ is not yet ready to be a proper lover, and as a result, the readers vicariously follow him and learn from his failures and eventual growth.

The ‘ajūza’s advice is meant for more than merely Bayāḍ’s ears. After she successfully secures Bayāḍ an invitation to the sayyida’s majlis where Riyāḍ will be present, she once again instructs Bayāḍ to act appropriately during the party. After Bayāḍ thanks the ‘ajūza for the invitation and her advice, she proceeds to yet again echo her previous statements and remind Bayāḍ to mind his manners:

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50 Ḥadīth Bayāḍ wa Riyāḍ, 3r, p. 5.
Bayāḍ is young and naive, not stupid. There is no need for the ʿajūza to repeat the same rules three times to him. The plot of the story could progress, if it were nothing more than a fictional tale. But the repetition is not for Bayāḍ’s ears, but rather, those of the readers. Bayāḍ clearly listens to the words of the ʿajūza, and the author reiterates the same sentiment two more times in order to imbed the advice into the minds of the audience. It is not only Bayāḍ who must conceal his love, everyone else should too.

Proper love, according to HBR, can be passionate and intense, but it must be kept a secret. Secrecy, in HBR and Arabic love literature at large, is an important component of noble love. Love hygiene incorporates secrecy as a component of healthy love because secret love can be controlled and contained, allowing the lover to live a full and balanced life. Secrecy also demonstrates good breeding, an elite education, and sincere devotion. While Bayāḍ and Riyāḍ must endeavor to keep their love hidden, their secrecy does not necessarily equate to misconduct. Secrecy is quite different from deception, especially in medieval matters of the heart. Even the etymology of sirr, the Arabic word for secret, demonstrates that it is only tangentially linked to dishonesty and duplicity. Rather, sirr is more closely related to positive concepts of intimacy and sexuality. Medieval Arabic love literature extols the virtues of secrecy, which allows for

51 Ibid., 3r, pp. 4-5. For English, see, Robinson, *Courty Culture*, 3r, p. 17: “What I want from you is that you keep your head about you and weight your words and mind your elegant manners when you enter the castle of a noble woman!”
53 Ibid.: “By and large, this word has a positive connotation in the early Arabic lexica – a number of its meanings are expressive of concepts concerned with intimacy and sexuality. And in the medieval Arabic romances under consideration in this essay, it is precisely this cluster of concepts – intimacy, love and/or sexuality – that is almost always intertwined with secrecy.”
privacy. All forms of love, both licit and illicit, are associated with secrecy.\(^{54}\) The importance of secrecy in love was established in Arabic literature long before HBR. Early love literature such as Abū al-Faraj al--Islāfānī’s *Kitāb al-Aghānī* and Muḥammad ibn Dāwūd al-Islāfānī’s *Kitāb al-Zahrah* praise secrecy as one of the signifiers of true love.\(^{55}\) The concept of secrecy spread to the Iberian Peninsula where, roughly three centuries before the conception of HBR, Andalusian author Ibn Ḥazm included secrecy as one of the positive facets of love.\(^{56}\) Ibn Ḥazm offers various reasons a man might keep his love a secret, including concern for the reputation of his beloved, avoiding the negative consequences of loving someone above his station, circumventing mockery and public humiliation if his love grows weary of his suit, and even shyness.\(^{57}\) HBR is a narrative story written in a less formal language and style than the more scholarly writings of Ibn Ḥazm. It would have been recited and performed in public, making it much more accessible to the general public. Bayāḍ is not successful until he learns to properly mask his devotion for Riyāḍ and can go about the normal functions of daily life without incident.

Months pass and Bayāḍ slowly learns to conduct himself appropriately. He spends time with the ‘ajūza’s relative (*qarīb*), a young man of his own age who becomes his constant companion. He takes walks, he regales his hosts with stories of his homeland, and he plays chess. In fact, Bayāḍ has improved to such a degree that when the ‘ajūza visits Riyāḍ, she tells her that she must learn to act more like Bayāḍ who has learned to control himself in spite of his

\(^{54}\) Ibid.

\(^{55}\) Ibid., p. 243.

\(^{56}\) Ibid.

continued passion for her.\textsuperscript{58} Bayāḍ has become the model of how to behave while in love. His new status as a proper lover is further underscored when the ‘ajūza returns home from visiting Riyāḍ and the sayyida to find Bayāḍ at home playing chess.\textsuperscript{59} At one time, Bayāḍ would have been pacing the floor, anxiously awaiting the ‘ajūza’s return and word about his beloved. He would have been sobbing, sighing, and composing poetry. Bayāḍ would never have been able to compartmentalize his feelings and control his passion enough to play a complicated strategic game, especially when he knew the ‘ajūza was on an errand of upmost importance.

Bayāḍ’s choice to play chess with the ‘ajūza’s relative is significant. Galen suggests contests of skill as distractions from the passions of love.\textsuperscript{60} Though not as violent as a hunt or as dangerous as swordplay, chess involves an intense mental battle, foresight, and acumen. Bayāḍ’s ability to keep his thoughts off of Riyāḍ and on the game shows his newfound emotional control. Additionally, during the Middle Ages, chess was regarded as an ennobling pastime.\textsuperscript{61} By engaging in games of chess with the ‘ajūza’s relative, Bayāḍ augments his personal nobility. Bayāḍ has finally learned to be a proper lover – he is controlled and calm but harbors an unceasing secret passion for his one beloved, Riyāḍ. Through the help of the ‘ajūza and her relative, he has adopted a healthy regimen of games, walks, good food, and good company to manage his excess passion. Bayāḍ exchanges weeping and fainting for intellectual conversation, friends, and diverting games. He does not stifle his love, but he is no longer at the mercy of his feelings. By the end of HBR, Bayāḍ learns how to be a proper lover through experience as well

\textsuperscript{58} Ḥadīth Bayāḍ wa Riyāḍ, 25v, p. 43.
\textsuperscript{59} Ibid., 27v, p. 48.
\textsuperscript{60} Dols, Majnūn, p. 35.
\textsuperscript{61} Robinson, Courtly Culture, p. 159.
as the invaluable advice of the ‘ajūza. As a result, he is welcomed into the realm of great lovers and the arms of his beloved.

*Good Hygiene According to Ḥadīth Bayāḏ wa Riyāḏ*

Both the LBA and HBR are written to instruct readers in the art of hygienic love, a component of the passions of the soul, which, in turn, is one of the six Galenic *res non naturales*. The exact definition of proper love differs greatly between the two texts. In HBR, good love is a constant, hidden, and controlled love for a single woman. The text then outlines the proper hygienic regimen to acquire this form of good love. Learning from both the ‘ajūza and Bayāḏ, readers can manage the passions of the soul through a regimen of engaging conversation with good company, vigorous walks, strategic games, and delicious food rather than indulging their melancholic emotions. As guides to love, HBR and the LBA are neither disinterested nor impartial instructors of personal conduct. The works espouse certain ideologies and modes of behavior which, in turn, influence their intended audiences. These didactic texts aim to regulate human behavior and bodies. The roots of governing bodies through health management can be found in medieval Galenism. Based on ideas of balance and control, Galenism “endeavored to regulate human life from the standpoint of medicine.”

Though hygiene was not technically a part of therapeutics, it was a component of healthy living and an aspect of Galen’s comprehensive definition of medicine. Hygienic regimens regulated eating, bathing, sleep, sex, and exercise. Love and other emotions were simply one more facet manipulated and controlled by hygiene regimens and didactic guides to love. Medieval humourism envisioned the human body “in relation to its physical, social and moral surroundings.”

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62 García-Ballester, *“Artifex factivus sanitatis,”* p. 135.
63 Ibid., p. 134.
directly connected to morality and social behaviors. Good hygiene, just like good morals, was a subjective and moldable classification. Anyone involved in medieval hygiene, from physicians to clients, was involved in the process of determining the difference between good and bad hygiene. Luis García-Ballester asserts that physicians and their clients contributed to demarcating the “line between what was normal and what was pathological” through the “correct, or incorrect, quantitative and/or qualitative management of each of these ‘six non-natural things.’”\(^{64}\) But it was not only hygienists and their clients that influenced hygiene. Didactic hygiene texts such as HBR and the LBA were as influential to ideas of health and hygiene as physicians. By providing examples of proper and improper hygiene to a number of readers, these texts reached a far more extensive audience than any single medical practitioner and, therefore, played an enormous role in defining proper and improper behavior. The authors behind these texts understood that they were defining social codes and sought to manipulate bodies, bodily functions, and social norms through storytelling.

The author and intended audience of HBR are unknown, but, significantly, the manuscript offers an example of a text “concerned with courtly themes in a literary register which lies somewhere between the high and the low.”\(^{65}\) HBR seems to be aimed at both those associated with the court (be that Almohad or a more localized center of power) and the educated common people. The fact that it is written in prose, accessible to both the elite and commoners, also points to a desire to reach as many readers as possible.\(^{66}\) While the style of HBR appeals to elite and popular culture alike, Robinson maintains that the upper-middle-class and merchants would have been the target audience of HBR since its hero, Bayāḍ, hails from the same social

\(^{64}\) Ibid.
\(^{65}\) Robinson, *Courtly Culture*, p. 121.
\(^{66}\) Cachia, “Arabic Literatures,” p. 141.
echelon. HBR aims to educate members of the middle class who aspire to join the ranks of the elite. Readers learn courtly habits from the wisdom of the ‘ajūza and the experiences of Bayāḍ. The underlying message of HBR claims that only uneducated, ill-mannered members of the lower class allow their emotions free reign. Education provides a means to control emotions and to prove one’s nobility. Consequently, HBR offers an incredible opportunity to the middle and lower classes. By learning the rules and mimicking the habitus of the elite, middle- and lower-class readers can gain social mobility, the unique ability to move from their own social sphere and access the world of the elite. Such mobility is a powerful type of freedom.

**Reading the Libro de Buen Amor as a Hygienic Regimen**

Like HBR, the mid-fourteenth century Castilian work *Libro de Buen Amor* provides a clear (though complex) example of medieval didacticism. The text was most likely written during the reign of Alfonso XI of Castile-Leon, roughly a century after the largest Christian Reconquista incursion into Arab lands. Consequently, the kingdom of Castile-Leon boasted a diverse, multilingual, multiethnic, and multireligious culture. However, the generally more liberal atmosphere fostered under the reign of Alfonso X was slowly giving way to a more homogenous identity as Catholic Castilians. The text has been preserved in three extant

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67 Robinson, *Courtly Culture*, p. 17.
70 Ibid.
71 Ibid.
manuscripts designated as Salamanca (S), Toledo (T), and Gayoso (G). The LBA is a frame tale narrative and the pseudo-autobiography of Juan Ruiz, the Archpriest of Hita, written in four-line stanzas of mono-rhymed Alexandrian verse (better known as cuaderna via), a style popular in university circles and monasteries of Western Europe during the twelfth and thirteenth centuries. There is ample evidence that the anonymous author lived in a multicultural and multilingual frontier city like Toledo, and that his work would have been read in popular and elite circles alike. Narrator Juan Ruiz, the Archpriest of Hita, merrily recounts his adventures and misadventures in love, allegedly all in the service of teaching good love, or buen amor. In the prologue, Juan Ruiz claims that he wrote the LBA in order to teach others good love as well as to aid in avoiding bad love (amor loco). The Arçipreste maintains that amor loco abounds and leads people to sin. Mankind should seek out good love for the greater glory of God. However, Juan Ruiz admits that in order to show buen amor, he must also demonstrate amor


75 Juan Ruiz is the name of the narrator stylizing himself as author of the LBA. Literary historians disagree on whether a historical Juan Ruiz, Archpriest of Hita, ever existed, but it is commonly accepted that Juan Ruiz is a convenient nom de plume for the author. For the sake of clarity, Juan Ruiz will only be used to refer to the narrator of the LBA. For more on the authorial debate, see, John Dagenais, *The Ethics of Reading in Manuscript Culture: Glossing the Libro de Buen Amor* (Princeton: Princeton University Press, 1994), pp. 176-208. See also, Laurence de Looze, “Text, Author, Reader, Reception: The Reflections of Theory and the Libro de Buen Amor,” *A Companion to the Libro de Buen Amor*, ed. Louise M. Haywood and Louise O. Vasvári (Rochester: Tamesis, 2004), pp. 131-150.

loco. As a result, those who are looking for a guide to bad love can find one in the poem as well.\textsuperscript{77} Ruiz argues that though he writes in order to instruct readers toward \textit{buen amor} and God, he cannot control what they learn from his poem. The many examples of bad love are ostensibly present in order to teach readers how to guard against the tricks of \textit{amor loco}.\textsuperscript{78} The intent of the historical author is debated to this very day, with some reading the poem as nothing more than parody encouraging lasciviousness and others seeing the ambiguity as a means to provoke reflection.\textsuperscript{79} Because it has inspired debate and controversy since its inception, the LBA is obviously more complex than a mere health regime or guide to love, but the density of the work does not diminish its didactic properties. The poem following the prologue continues in an instructive fashion, as Juan Ruiz and other characters narrate a series of exempla and fables that each contain a moral.

There are significant parallels between Juan Ruiz’s work and the Ovidian guide to love \textit{Ars Amatoria (The Art of Love)}.\textsuperscript{80} Publius Ovidius Naso (43 b.c.e. to 17/18 c.e.), or Ovid, author of the \textit{Metamorphoses}, was a famous Roman poet, esteemed and imitated in Late Antiquity and the Middle Ages. The inconsistent nature of the narrator in the LBA is very similar to the unreliable and contradictory Ovidian narrator.\textsuperscript{81} Like Ovid, the \textit{Arcipreste} creates a didactic poem with a complicated author-narrator who often offers paradoxical advice. Ovid opens his poem on love in a distinctly didactic style. The first lines of the text entreat readers to heed his words and, from them, learn the art of love: “Siquis in hoc artem populo non novit amandi, / Hoc

\textsuperscript{77} Ibid., prologue, lines 112-8.
\textsuperscript{78} Ibid., prologue, lines 129-31.
\textsuperscript{81} Ibid., p. 341.
left et lecto carmine doctus amet.”

During the Middle Ages, both Ovid and the LBA were read as moralizing texts. Already linked by genre, the anonymous author of the LBA draws numerous connections between his own text and that of Ovid. Following the tale of Doña Endrina and Don Melón, for instance, Juan Ruiz asks his readers for forgiveness, claiming that the obscene parts of the tale came from “Pánfilo e Nasón.” Much of the Doña Endrina and Don Melón episode does indeed derive from the pseudo-Ovidian *Pamphilus, de Amore*, the preeminent medieval Latin comedic play composed in Western Europe sometime during the twelfth century. The manuscript circulated in Italy, Castile, France, Provence, England, and Germany during the thirteenth and fourteenth centuries, and there is evidence that it traveled as far as Holland and Norway. Like the LBA, *Pamphilus* tells the story of naïve Galatea who is tricked by a wily female intermediary and raped by the besotted Pamphilus. The similarities between *Pamphilus* and the Doña Endrina and Don Melón episode are undeniable, but *Pamphilus* is only a pseudo-Ovidian text. It is quite possible that the author of the LBA never actually read Ovid. Regardless, it is clear that the author intends his text to be linked to Ovid’s, whether or not he has read the original. In fact, the personification of love himself, Don Amor, first mentions Ovid. He tells Ruiz that much can be learned from reading his previous pupil –

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86 Ibid.

Ovid: “Si leyeres Ovidio, el que fue mi criado, / en él fallarás fablas que le ove yo mostrado, / muchas buenas maneras para enamorado: / Pánfilo e Nasón yo los ove castigado.” The repeated name-dropping in the LBA suggests that Ruiz wants his poem to be closely associated with that of Ovid. Ruiz writes a guide to love, just like his predecessor Ovid. He provides a didactic text that not only teaches what love is, but also shows how to acquire it. The LBA offers a regimen of love that can be self-learned. Whether readers seek to avoid carnal love or indulge in it, find buen amor or pursue amor loco, the LBA is the perfect manual. Readers do not need to seek out a doctor to manage love, they can instead simply follow Ruiz’s instructions.

In the prologue, Juan Ruiz promises to teach good love, but the exact nature of buen amor remains vague and contradictory in the thousands of stanzas that follow his promise. Throughout the text as a whole, love is simultaneously characterized as an ennobling and refining force as well as a source of ruin. Love, in the LBA, is sensual and spiritual, bad and good, everything and nothing. The prologue insists that buen amor is love of God: “escoge e ama el buen amor, que es el de Dios.” However, there are few examples of this type of good love in the following verses. Rather, the Arçipreste unabashedly recounts his sexual exploits, failed romances, and tricks of the trade with much delight and little thought of spirituality. Read exclusively through the lens of Juan Ruiz’s failures, the LBA can be viewed as a moralizing, 

88 Ruiz, LBA, stanza 429. For English, see, Ruiz, The Book of the Archpriest of Hita, trans. Mark Singleton, stanza 429: “Seek Ovid’s splendid guidance – he was once my protégé! / Peruse his learned apothegms – I taught him what to say! / In love affairs you’ll then escape the threat of great disaster, / For Ovid, Sir, and Pamphilus considered me their master.”


91 Ruiz, LBA, prologue, lines 34-5. For English, see, Ruiz, The Book of the Archpriest of Hita, trans. Mark Singleton, p. 2: “After the soul with good understanding and good will and good memory chooseth and cherisheth the loving-kindness which the love of God is...”
didactic work, where the pursuit of love fails because the *Arçipreste* immorally pursues women and sex rather than the divine love of God. At the same time, Juan Ruiz himself admits that his text can also be used as a handbook for those seeking other forms of more earthly, carnal love: “Enpero, porque es umanal cosa el pecar, si algunos los que non los consejo, quisieren usar del loco amor, aquí fallarán algunas maneras para ello.” In a text filled with contradictions, Alicia de Colombi-Monguíó suggests that *buen amor* itself is a paradoxical concept due in large part to the duplicity of Don Amor, the personification of love. Annoyed by his repeated failures to woo a woman, Juan Ruiz curses love. Don Amor claims that he will answer the *Arçipreste*’s complaints against love, but, in reality, he sidesteps the issues and ignores the criticism. If Love himself cannot be trusted, *buen amor* and *amor loco* become topsy-turvy. Who’s to say that *buen amor* is not carnal love?

*Buen amor* seems to have “different meanings in different contexts. It is love of God, courtly love and carnal love. Like a number of other things such as wine, money, and women it is ‘good’ relative to the circumstances.” The ambiguity of *buen amor* and the dubious sincerity of Ruiz’s advice are both derivative of Ovid. *Buen amor* is somehow both carnal and spiritual,

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92 Classen, “Epistemology at the Courts,” p. 35.
93 Ruiz, LBA, prologue, lines 112-4. For English, see, Ruiz, *The Book of the Archpriest of Hita*, trans. Mark Singleton, p. 3: “However, because it is our human lot to sin, if some persons should want to practice lust (which I do not counsel them to do), they will find in this book some ways of doing it.”
95 Ruiz, LBA, stanza 422.
98 Ibid., p. 346: “Not surprisingly, critical response to Ovid’s poetry parallels in several ways reaction to the LBA…His attitude toward his advice has sometimes been seen as sincere, again as tongue-in-cheek.”
and at the same time, neither of those labels fully encapsulates love. The author skillfully mixes religion and the more mundane aspects of the human world. The poem itself is written in *cuaderna via*, a form primarily used for religious or heroic poetry, while the stories enacted within those lines are mostly about sexual love – a perfect blend of the divine and the human.99 The prologue of the LBA ostensibly suggests that carnal love should be avoided in favor of God’s love, but the reality depicted in the subsequent poem presents a very different message.100 While the exact definition of good love may be relative in the LBA, carnal love is certainly the most discussed and desired form of love in the text. It is also the most universal and constant form of love, according to the *Arçipreste*. Men, he claims, are always striving for two things – food and sex: “Como dize Aristóteles, cosa es verdadera./ el mundo por dos cosas trabaja: la primera,/ por aver mantençia; la otra cosa era/ por aver juntamiento con fentbra plazentera.”101 God is not mentioned on Juan Ruiz’s very short list.

Even Love fails to mention anything about God when he converses personally with Juan Ruiz about love. Don Amor speaks of Ovid, the characteristics of willing women, intermediaries, and his own personal methods for wooing women, but never once does Don Amor mention God or anything vaguely religious.102 If *buen amor* is truly love of God, Don Amor should have mentioned *something* about God in his detailed response to the *Archipreste*. Instead, Love is entirely preoccupied with carnal matters. Neither Juan Ruiz nor Don Amor present a singular,

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99 Ibid., p. 349. For more on *buen amor* as both carnal and spiritual love, see, Catherine Brown, *Contrary Things: Exegesis, Dialectic, and the Poetics of Didacticism* (Stanford: Stanford University Press, 1998), pp.116-44.
100 Dagenais, *The Ethics of Reading in Manuscript Culture*, p. 84.
101 Ruiz, LBA, stanza 71. For English, see, Ruiz, *The Book of the Archpriest of Hita*, trans. Mark Singleton, p. 10: “Now Aristotle truly says: ‘Since things were first begun, / For two things – two things only – hath the world longed: Number one: / Some nourishment to find, and in addition (Number Two): / With females have conjunction in a cozy rendezvous.’”
102 Ibid., stanzas 423-56.
concise, and clear explanation of *buen amor*. Undeniably, the LBA is a text that offers many different perspectives about many types of love. Most of the poem, however, is dedicated to descriptions and depictions of carnal love. Additionally, Juan Ruiz’s actions within the text speak much louder than his paradoxical words. The *Arçipreste* relates tales of successful conquests and failed sexual encounters to create a handbook of Juan Ruiz’s version of hygienic love.

The *Arçipreste* slowly learns to trade feelings of love for those of lust. Juan Ruiz turns his critical eye inward and admits that he, like all men, must “sienpre tener alguna enamorada.”\textsuperscript{103} He openly acknowledges that the passions of the soul play an important role in all men’s choices, actions, and lives. Juan Ruiz spends the entire text in love with one woman or another. His first two loves reject his advances, but he finally manages to successfully woo a mistress. Their love is short-lived, however, for the lady dies not long after they consummate their relationship. Upon her death, the *Arçipreste* spends two full days in bed mourning.\textsuperscript{104} His grief overwhelms him, so much so that he cannot even rise from bed. However, his sorrow fades significantly after a mere two days. Juan Ruiz leaves town and takes solace in the mountain air and a particular shepherd-girl he meets along the way. From his first successful affair to the end of the poem, the *Arçipreste* displays a steady pattern of less interest and increased callousness with each subsequent relationship. Though he is enamored of a widow, when she refuses him, Juan Ruiz’s feelings are not discussed. His matchmaker, Trotaconventos feels “muy triste,” but Juan Ruiz

\textsuperscript{103} Ibid., stanza 168. For English, see, Ruiz, *The Book of the Archpriest of Hita*, trans. Mark Singleton, p. 18: “By youngers ‘tis a custom universally obeyed / Within an easy reach to hold a loved and loving maid. / I too sought me a pleasure which is blend of loves compounded.”

\textsuperscript{104} Ibid., stanza 944.
feels nothing at all. He does not rant, sigh, mourn, or grieve. The Arçipreste spends no days curled up in bed as he did after the loss of his first consummated love.

Moreover, by the very next stanza, Juan Ruiz has fallen in love with another woman, and seems to have forgotten all about the widow. The Arçipreste inures himself to rejection and loss. He responds to his failure with the widow by simply redirecting his attentions to another woman. Juan Ruiz quickly shifts his focus to a beautiful lady saying her prayers, a lover that he is able to successfully seduce. He learns to prevent love’s more unpleasant emotions by quickly transferring his devotion to another girl. Try and try until you succeed seems to be the Arçipreste’s advice. Every successful or unsuccessful attempt at a relationship leads to positive outcomes. If the woman is willing, the Arçipreste enjoys the delights of carnal love. If a woman is unwilling, her rebuff only thickens his skin and inures Juan Ruiz to future rejection. By the end of the poem, the Arçipreste proves to be very proficient at his habitus. He has taught himself to repeatedly, habitually, and doggedly pursue women with his penis rather than his passions. When Trotaconventos fails to win the Moorish girl, Juan Ruiz’s feelings are not even mentioned. Juan Ruiz has mastered the art of callous, disinterested lust and, by doing so, has created his own regimen to prevent love and other non-naturals from causing him bodily harm.

The LBA outlines Juan Ruiz’s personal hygienic habitus. Readers can imitate Juan Ruiz by adopting a regimen of medieval behavioral therapy. Repeated exposure to rejection’s unpleasant sting thickens Ruiz’s metaphorical skin and heart. Additionally, Ruiz implies that lust is better fulfilled with the help of a skilled wingman, or, more precisely wing-woman, like

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106 Ibid., stanzas 1321-31.
107 Ibid., stanzas, 1508-12.
Trotaconventos. Lust is more primal and less complicated than the passions of the soul. Additionally, it is more easily controlled and diverted. The passions of the soul wreck emotional havoc on the unaware. But readers of the LBA can mimic the Arçipreste’s own habitus and create a habit of shifting love to lust. Juan Ruiz’s sex drive is satiated through the help of randy shepherdesses and lusty widows. Medieval readers may not have had such exotic options, but they did have wives, mistresses, and easily accessible prostitutes. The LBA, like HBR, was a vernacular text written for mass consumption rather than merely the educated elite. However, buen amor and the hygienic regimen outlined by the LBA to achieve good love are drastically different in the LBA than in HBR.

Gendered Hygiene

The LBA offers advice to a variety of audiences. Men, women, old, young, moral, and immoral can all find something of value in the text. Some scholars argue that the LBA was exclusively written for an educated, elite audience, that is to say, nobility and clergy. Others claim that the author actually intended his text to be read by a diverse audience and interpreted in several different ways. Buen amor and amor loco are available to all and open to interpretation. The LBA presents a how-to guide for men who want a love affair and a hygienic regimen to thicken skin. With the LBA as their guide, men have the freedom to pursue their desires. According to John Dagenais, medieval reading culture operated on the basis of opposing pairs such as “good and bad” or “praise and blame.” Dagenais claims that the LBA should be


read in terms of the praise-blame dynamic.\textsuperscript{110} He argues that the actions of Trotaconventos, Don Amor, and Juan Ruiz would have been read by medieval audiences as blameworthy, while the women who reject the \textit{Arçipreste} deserve praise.\textsuperscript{111} Yet this easy binary is perhaps too simplistic to fully encapsulate the many turnings of the LBA.

Don Melón and Juan Ruiz are never held accountable for their actions. If Ruiz and Don Melón are truly at fault, it follows that they would suffer the consequences of their actions. But when Don Melón rapes Doña Endrina, it is women who are immediately chastised in the following verses: “Dueñas, abrit orejas, oíd buena liçión, / entendet bien las fablas, guardatvos del varón; / guardat non vos acaya como con el león/ al asno sin orejas e sin su coraçón.”\textsuperscript{112} Juan Ruiz moves from one sexual partner to another with little to no consequences. The actions of Juan Ruiz and Don Melón seem reprehensible to modern readers, but there is little presented in the text to actively discourage following in their paths. The repercussions of engaging in love and lovemaking differ greatly for men and women in the LBA. Men receive a bawdy poem rife with examples of how to seduce, ensnare, and otherwise entangle women and force them into a sexual liaison. The example of the \textit{Arçipreste} teaches men to use women as a means of receiving sexual pleasure while expending little to no emotional involvement. Passionate emotions are controlled by a rapid succession of sexual partners. As a narrator, Juan Ruiz devotes little space to religious love after the prologue, and as a character, he openly embraces carnal, sexual love with moderate success and no consequences.

\textsuperscript{110} Dagenais, \textit{The Ethics of Reading in Manuscript Culture}, p. 101.
\textsuperscript{111} Ibid., pp. 101-2.
\textsuperscript{112} Ruiz, LBA, stanza 892: For English, see, Ruiz, \textit{The Book of the Archpriest of Hita}, trans. Mark Singleton, p. 86: “Oh, ladies, heed my message and follow my instructions. / Take profit from my narrative: Beware of men’s seductions! / Avoid a Donkey’s mishap which befell him once, alas! / When eaten where his heart and ears ere eaten was the Ass.”
Since the LBA addresses itself to “todo omne o muger,” the author intended his book to be read by women as well. Women receive a very different lesson from the LBA. For women, the LBA offers both a manual of how to strategically arrange a sexual liaison under the guise of refusal as well as a warning for women to guard themselves against men and their tricks. The exact extent of manuscript diffusion past clerical circles into the broader public is unknown, but the LBA was most likely read by a male and female audience. Entertainers memorized and performed selections from the text, ensuring that, at the very least, women listened to the LBA. Although sex has no repercussions for Juan Ruiz, many of the women that Ruiz manages to seduce die before the end of the poem. Even Trotaconventos, the female intermediary who aids Ruiz in obtaining partners, dies in an unlucky fall. The audience cannot help but notice that the women who sleep with Juan Ruiz often meet their demise shortly thereafter. Perhaps not particularly troublesome to male readers, the outcome would certainly alarm female readers and provide a strong motive for avoiding sex until marriage. The women who reject Ruiz repeatedly cite shame, gossip, and social ruin as some of their reasons for declining his offer. The exempla offered by Doña Endrina and others highlight how even those with the best of intentions can be led astray by tricks. These women are not merely annoyed by Juan Ruiz’s offers – they are terrified.

113 Ruiz, LBA, prologue, line 115. For English, see, Ruiz, The Book of the Archpriest of Hita, trans. Mark Singleton, p. 3: “…to every man and woman…”
115 Ibid., p. 261.
116 Ruiz, LBA, stanzas 941-3 and stanzas 1505-6.
117 Ibid., stanzas 1520-1576.
After Doña Endrina suffers the rape of Don Melón, the narrator blames the unfortunate victim for her fate. He tells women that they must guard themselves against people like Don Melón and his intermediary. According to the LBA, it is Doña Endrina’s fault that she was raped because she did not know how to protect herself from the wiles of amorous men. Women learn that they must constantly be on guard and never trust declarations of love. While a man may desire secrecy in order to facilitate easier access to sexual partners, women must keep their love a secret at all costs. Rumors and gossip negatively affect women regardless of the status of her virginity. The LBA perpetuates the idea that a woman’s reputation, especially her virginal status, is of utmost importance. Even the slightest suspicion of immorality can permanently stain a woman’s most valuable asset – her reputation. Additionally, a lack of virginity is always the woman’s fault, even in cases of rape like Doña Endrina. Women learn to fear and repress sexual urges and amorous feelings, because giving in to desire leads to social and literal death.

Careful female readers can learn from the examples of the women who reject Juan Ruiz. The Arçipreste’s first and second loves reject him with exempla. These women exercise their wit to gently refuse without giving offense. The Moorish girl, however, replies to Trotaconventos with short, one-word refusals such as “Ascut!” (Silence or even shut up) and “Amxí, Amxí!” (Go away or scram). The Moorish girl does not waste time bantering with Trotaconventos. Instead, she immediately sends her away with harsh words that leave little space for misunderstanding. This same tactic is used by Doña Fulana who publicly dismisses Juan Ruiz’s second, less successful go-between. The women in the Arçipreste’s life demonstrate that it does not take a

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119 Ruiz, LBA, stanza 892.
120 Ibid., stanzas 81-97 and stanzas 166-80.
122 Ibid., stanza 1625.
genius or even extensive knowledge of fables to reject men. Of course, such tales and trappings are useful when bantering with a slippery go-between, but a harsh word or two will serve the purpose equally well. Refusal comes in all forms.

Shrewd female readers can also learn how to surreptitiously solicit affairs while under the guise of refusal. Despite numerous snubs, several women do decide to sleep with the Arçipreste. Juan Ruiz spies a beautiful lady saying her prayers who willingly enters a relationship with him. She does not die but stops the affair when she is about to be married.123 The Serrana who cuckolds her husband by lying with the Arçipreste while her husband is away experiences no negative consequences.124 Even the cloistered nun Garoza willingly enters Juan Ruiz’s bed, though only after she has heard a description of his physical attributes.125 The LBA outlines a habitus of secrecy for women who desire sex. The need for love affairs to be conducted in secret is perhaps best exemplified by a comparison between Trotaconventos and Juan Ruiz’s second, unnamed go-between. Although not always triumphant, Trotaconventos occasionally succeeds in quietly ensnaring a willing woman for the Arçipreste. After Trotaconventos dies, Juan Ruiz is forced to turn to an inferior intermediary. This second intermediary fails to win the Arçipreste’s suit because he recites verses to Doña Fulana in public: “Dil aquestos cantares al que dé Dios mal fado;/ ívaselos deziendo por todo el Mercado;/ díxol Doña Fulana: ‘¡Tírate allá, pecado!,/ que a mí non te enbía nin quiero tu mandados.”126 The go-between proclaims Ruiz’s love in a

123 Ibid., stanzas 1321-31.
124 Ibid, stanzas 972-86.
125 Ibid., stanzas 1501-5. For more on the female gaze in the LBA, see, Hutcheston, “Garoza’s Gaze,” pp. 262 and 279-85.
126 Ibid., stanza 1625. For English, see, Ruiz, The Book of the Archpriest of Hita, trans. Mark Singleton, p. 151: “The dolt I gave my little songs – dear Lord deny him grace! / Their verses Ferret sang aloud around the market-place! / ‘Be still – go ‘way, you devil!’ said my new and nameless dear. ‘No message-such was writ to me, and no one sent you here!’”
crowded market square and is, quite appropriately, harshly rebuffed by the lady in question. While it is unclear whether the woman would have been amenable to the affair if approached quietly, the public setting ensures that she will reject the proposal. Love and love affairs must be conducted in private, for privacy is the only way to ensure that a woman’s reputation remains untarnished.

According to the LBA, most women do not reject affairs due to lack of interest. Instead, married women decline love affairs because they do not want to sin, and they fear the shameful repercussions of gossip. In Juan Ruiz’s world, being the subject of gossip is tantamount to the loss of one’s soul. Secrecy, in the LBA, is a tool that men can use to make women more willing to engage in intercourse. But secrecy can also be wielded by women. Intelligent female readers find a guide to conducting love affairs like men. They learn that through public rebuffs and clandestine encounters, they can satisfy their desires like any man all while keeping their reputations intact. Secrecy is a double-edged sword that can be manipulated by men and women, husbands and wives. At face value, the LBA contains a more sinister lesson for women than men. At the same time, it gives women the tools and knowledge to avoid the traps and snares of clever go-betweens and lovelorn, lustful suitors. It also teaches that secrecy can be a way to indulge in desire and even find love. The LBA offers women the freedom to circumvent unwanted attachments and pursue their own desires. As a guide, it offers them the freedom and the means to say no and, perhaps more importantly, the freedom and means to say yes.

Hygiene belonged to all people. Well-intentioned fathers wrote to their sons away at school. Caring mothers monitored the well-being of their children. Hygienists worked with

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127 Ibid., stanza 1330.
128 Ibid., stanza 1385.
clients to find a *habitut* for their specific body. Hygiene was specialized for each person and required the input and willing participation of the individual in question. Consequently, hygiene always included an aspect of personal freedom. Those following a hygienic regime had the ultimate control. They could follow advice or ignore it as they saw fit. Texts such as the LBA and HBR offered their own versions of hygienic habits regarding love. The ideas in these works had a much wider dissemination than any single hygienist. Their regimens influenced thousands of readers and impacted social behavior and mores. Though still coercive, hygienic regimens allowed more room for personal decisions, options, and interpretations. The hygienic love *habitut* found in HBR gives the middle class the freedom to access the world of the upper class.

In the LBA, male and female readers alike find a guide to eschew or enjoy lust, sex, and love. The medieval didactic texts the LBA and HBR act as handbooks for healthy love. While the exact definition of “healthy love” differs between and within the texts, love is seen as an edifying, valuable, and ultimately, positive force. This all changes when love becomes a disease rather than a matter of hygiene.
Chapter Two

Medicalizing the Medieval Mind – *Amor* Becomes an Ailment

*Prelude*

On the ninth of February 1383, Bernat Giner clutched the precious letter in his hand while waiting to appear in court before magistrate Johan de Cervató. Giner was a physician by trade and a recent transplant to the city of Valencia in the kingdom of Aragón. Though he had honed his craft for many years, one of the new *furs*, or laws, decreed by King Alfons IV in 1329 stated that all doctors practicing in Valencia had to possess a medical degree proving that they studied medicine for a minimum of four years in a *studium generale*. Bernat Giner had no such degree. Additionally, all newly arrived medical professionals hoping to practice in Valencia had to undergo an examination by a two-member committee composed of the city’s leading physicians. Noncompliance resulted in either a fine of one hundred gold *morabatins* or expulsion from the city.

However, accommodations had to be made. A lack of skilled physicians coupled with the limitations imposed by the *furs* created a shortage of medical practitioners in the kingdom. Giner had already passed his examination in front of Jacme Maderes and Pere Gironés, Master and Bachelor of medicine respectively. Despite his lack of a formal education, Giner proved his extensive medical knowledge, and, moreover, he was able to produce references from numerous physicians attesting to his competence. As a result, the examiners decided that Giner could practice so long as he refrained from operating on any excessively dangerous wounds or illnesses without additional supervision. The letter Bernat Giner held in his hand said as much, but he still had to present it to the judge and receive his official license.
Finally, his turn came. Bernat Giner waited anxiously while Johan de Cervató read the letter. A nod from the justiciar confirmed that everything was in order, and Giner let out a sigh of relief. The next steps were more perfunctory than problematical. Giner swore on the Bible that he would practice medicine to the best of his abilities and obey the stipulations set out in his examination letter. Johan de Cervató ordered an official copy of his new medical license to be made for Bernat. Finally, after weeks of waiting and worry, Bernat Giner stepped outside the courthouse and into the frigid February air, authorized to welcome his first patients.1

Chapter Two

Medical practitioners like Bernat Giner experienced first-hand the changes to the medical profession that occurred during the late Middle Ages. New laws governing doctors were established and enforced. University degrees were often required to practice medicine. As fewer priests and curates acted as doctors, the field slowly distanced itself from religion. Scientific cures were preferred over spiritual ones. Although they continued to aid in childbirth and female illnesses, women found it more difficult than ever before to practice medicine.2 Even offering


home-remedies became suspect. The number of Latin translations of Arabic and Greek medicine surged; texts were both re-circulated and new translations were made. Medicine, medical practitioners, and medical practices in Iberia, and Europe at large, transformed between the thirteenth and fourteenth centuries and the late fifteenth and early sixteenth centuries. Before long, the changes in medicine affected society as a whole. New medical translations, the rise of the university-educated doctor, and the effects of the Black Plague were all partial instigators of an increased medical awareness seen in later Iberian culture and literature. A more medicalized culture led to a more medicalized portrayal of love and the bodily sensations associated with it. Previously categorized with other emotions and “non-naturals” as matter of hygiene, intense, passionate love suddenly became an illness. Ardent love could no longer be regulated by the lover through a hygienic remedy, but instead, was re-imagined as a festering disease that required the aid of a physician.

As society medicalized, so did literature. Medical jargon and metaphors became increasingly prevalent, and lovesickness was realistically depicted as an actual medical ailment infecting the characters. In this chapter, I examine the changes in medicine in Iberia and Latin Christendom at large between the thirteenth and fifteenth centuries in order to demonstrate a medicalization of culture, literature, and love. I first explore crucial transformations in the

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4 The term “medicalization” emerged in the 1970s to describe a process in which states of being or problems that were previously considered nonmedical issues are classified and treated as medical ailments. The idea originated in the fields of sociology and psychiatry and has found further traction in fields such as psychology, anthropology, and history. Although medicalization often involves negative connotations that critique the overmedicalization of modern society, I use the term in the purest sense of the word, meaning “to make something medical.” For more on the history of the concept of medicalization, see, Peter Conrad, *The Medicalization of Society: On the Transformation of Human Conditions into Treatable Disorders* (Baltimore: Johns Hopkins University Press, 2007). See also, Peter Conrad, “Medicalization and Social Control,” *Annual Review of Sociology* 18 (1992), pp. 209-32 and Horacio Fabrega Jr., “The Idea of
medieval medical sphere that helped trigger the medicalization of fifteenth-century culture. I then trace the evolution of love as a disease in Arabic and Latin medicine. With this historical and theoretical background, I analyze late fifteenth-century amatory fiction in light of contemporaneous medieval medicine to illustrate how the medicalized culture seeped into love literature, particularly through medical language, depictions of medically oriented characters, and the creation of medicalized fictional worlds. The medically oriented characters and fully medicalized worlds created by the authors helped substantiate love as a disease, standardize conceptions of lovesickness, and validate a medical approach to love.

_A More Medicalized Culture – Translations, “New Galenism,” and the Plague_

The medicalization of culture that occurred by the end of the Middle Ages was greatly aided by “new” Galenic sources emerging from the translations of Greek and Arab medicine. Long before the period under discussion, a diffusion of knowledge had taken place flowing from East to West and vice versa. This was partly the result of the eighth-century Muslim conquest of the Iberian Peninsula but also reflects a broader cultural exchange in the Mediterranean basin. Cities such as Toledo, under Muslim rule until 1085, were filled with Arab and Greco-Arab texts as well as translators who could render important works into Latin and Romance languages. Scholars, priests, popes, and kings all took advantage of the enormous intellectual wealth uncovered through exchange, trade, and conquest. The Iberian cities of Toledo and Córdoba contained troves of valuable medical sources. Translations of Arabic medicine spread to Latin

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Christendom as early as the eleventh-century through the work of Constantine the African who translated numerous works into Latin including those of Galen, Hippocrates, and Ibn al-Jazzār. The early twelfth century saw a surge of translations which augmented the extant classical corpus. Few works by authors such as Hippocrates and Galen were available in the early Middle Ages, but the numerous translations of the late eleventh and early twelfth centuries ensured the growth of accessible classical and Arabic sources. By the middle of the twelfth century, Toledo was considered the foremost center for medical translations in all of Europe. The Toledo translation school was visited by esteemed European scholars such as court astrologer and mathematician Michael Scot (1175–c. 1232) and scientific translator and astronomer Gerard of Cremona (c. 1114-1187). When visiting scholars returned to their native countries, they took copies of their translations with them, further disseminating the new medicine.

By the end of the Middle Ages, vernacular medical translations were on the rise. For example, Bernardo Gordonio’s Lilium Medicinae was translated into Castilian by Juan de Aviñón in the middle of the fourteenth-century, and the Sevillana Medicina was translated into

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Castilian in 1545.\(^\text{10}\) In the Crown of Aragón alone, over seventy-five translations were made between the twelfth and fifteenth centuries.\(^\text{11}\) In general, the majority of twelfth- and thirteenth-century translations were from Arabic or Hebrew into Latin, while the fourteenth and fifteenth centuries show an upsurge in vernacular translations.\(^\text{12}\) The translation patterns in the Kingdom of Aragón demonstrate the steady but slow dissemination of medical knowledge from Arabic into Latin and then eventually into the vernacular. Medicine and medical texts slowly became more accessible – first to those who knew Latin and then to anyone who could read the common tongue. Due to the time it takes for new translations to be embraced as standard medical texts, the full effects of these translations cannot be seen until a century or two later.

Naturally, it took time for the new knowledge to translate into practice. It was not until the thirteenth and fourteenth centuries, or later, that the medical advances and sources became standard techniques and texts.\(^\text{13}\) The translations made in Toledo and other European cities impacted the medical curriculum taught at universities. Valencian translator and physician Arnau de Vilanova advocated for “New Galenism” and the introduction of thirty-five new Galenic texts, the Latinized Canon (al-Qānūn) of Ibn Sīnā, and Ibn Rushd’s Colliget (al-Kulliyat fi al-Tibb) as a standard part of the medical corpus at the University of Montpellier.\(^\text{14}\) The works

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\(^\text{10}\) Granjel, *La Medicina Española*, p. 97.
\(^\text{11}\) Antoni Cardoner i Planas, *Historia de la Medicina a la Corona d’Aragó (1162-1479)* (Barcelona: Editorial Scientia, 1973), p. 54: Early translations included *Comentari Galen* (1199), Ibn Sīnā’s *al-Qānūn* (1262, 1260, and 1274), and al-Rāzī’s *Liber Almansorem* (1264).
\(^\text{12}\) Ibid.
\(^\text{14}\) Faith Wallis, *Medieval Medicine: A Reader* (Toronto: University of Toronto Press, 2010), p. 56. Of course, the “new” Galenic texts were not recently composed, but rather, recently re-discovered through manuscript translation and circulation. Additionally, many of the works of Galen were actually pseudo-Galenic texts. For more on Galenic authentication, see, Vivian Nutton, “Pseudonymity and the Critic: Authenticating the Medieval Galen,” *Between Text and...*
advocated by the proponents of “New Galenism” slowly became standard medical texts. By the end of the thirteenth century, major universities had already adopted the new translations of Galen’s re-discovered works and Arabic medical texts as a part of their curriculum. Changes to medical thought did not happen overnight. It took many years for translations to be made and disseminated and even longer for these translations to become accepted as canonical works at major universities. Many of the translations completed during the twelfth and thirteenth centuries were not firmly established in medical curriculum until the fourteenth and fifteenth centuries. The increased availability of medical texts and translations corresponds to a rise in medical language and themes in late medieval literature.

The advent of the Black Plague only exacerbated late medieval concerns about sickness. The Plague is not a watershed moment in history, marking a time before medical worries and a time when people were overly anxious about medicine. However, it would be erroneous to completely ignore the repercussions of the Black Death in Europe and to the medical field at large. One of the most noticeable effects of the Plague was the rapid publication of plague tracts – treatises written to explain the causes, symptoms, and even hopeful cures for the disease ravaging the known world. The Bubonic Plague devastated Europe, leaving millions dead and their survivors wondering if they would be next. To help assuage these fears, doctors – Jewish,
Muslim, and Christian alike – wrote hundreds of plague tracts, creating an entirely new genre of medical literature. Doctors and healers penned treatises on the plague that were distributed, read, and memorized by scared citizens hoping to save themselves and their loved ones. These new treatises circulated amongst physicians and commoners alike, causing more people to absorb medical terminology and envision the world with a medicalized worldview. The Plague was not the only factor helping to medicalize Europe, but it certainly played a significant role in drawing attention to the potentially devastating outcome of sickness and reminding people of their own mortality.

Love in Medieval Medicine

Love was not exempt from the wave of medicalization that swept through Europe from the twelfth to fourteenth centuries. Medieval concepts of disease, health, and medicine were rooted in Galen, but lovesickness is hardly mentioned in Galen’s works. The only reference to lovesickness occurs in *On Prognosis* where he describes the case of a young woman who became sick with love for the dancer Pylades. Concepts of lovesickness did not originate with Galen, nor were ideas of lovesickness transmitted primarily through Galenic texts. Instead, lovesickness developed in the Middle Ages through what Mary Frances Wack calls a “double route,” deriving from both classical antiquity and Arabic medicine. In fact, Wack’s “double route” was more like a converging of many small streams to form a great river, than a simple joining of two paths. Greek medical texts, classical literature such as Ovid, Biblical stories and

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18 Ibid., p. 165; See also, Wallis, *Medieval Medicine*, p. 422.
sources (for example, Amnon’s love for his sister Thamar and passages from the Song of Songs), popular folktale, folk cures, and love magic, and Arabic medicine, poetry, and adab literature all contributed to the medieval conceptions of love and lovesickness.\textsuperscript{21}

The Latin translations of Arabic medical texts such as Ibn Sīnā’s \textit{al-Qānūn fī al-Ṭibb} (\textit{The Canon of Medicine}) helped cement love as an illness rather than a non-natural \textit{habitus}. Celebrated physician Ibn Sīnā classified obsessive love as ‘\textit{ishq}, a disease similar to melancholia. The basic definition of ‘\textit{ishq}’ is:

\begin{quote}
في العشق: هذا مرض وواسي شبيه بالمالنخوليا، يكون الإنسان قد جله إلى نفسه بتسليط فكرته على استحسان بعض الصور، والشملات التي له، ثم أعادته على ذلك شهوته أو لم تعن.\textsuperscript{22}
\end{quote}

According to \textit{al-Qānūn}, ‘\textit{ishq}’ is a fixation on another person, an obsession so intense that all thoughts of appearances, morals, and manners are overshadowed. Symptoms include hollow eyes, dry eyes (except when weeping), fluttering eyelids, deep sighing, insomnia, and manic laughter. The patient experiences intense mood swings whenever he hears \textit{ghazal} (love poetry) recited. His pulse is especially telling. Though always erratic, the pulse changes when the lover sees his beloved or hears her name.\textsuperscript{23}

Ibn Sīnā also includes a list of treatments and cures for ‘\textit{ishq}’ including, but not limited to, uniting the lovers. If this is impossible, he advises preoccupying the lover’s mind with

\begin{footnotesize}
\textsuperscript{21} Ibid., pp. 5-38. See, also, Dangler, \textit{Mediating Fictions}, p. 98.
\end{footnotesize}
entertainment, recreation, hunting, and visits from important people.

Sexual intercourse is also an alternative. Ibn Sīnā suggests acquiring slave girls in order to re-direct the lover’s attention and passion elsewhere. Depending on the individual in question, Ibn Sīnā also recommends offering either well-meant advice or stinging ridicule to warn or mock the lover respectively. Another option is procuring old women or effeminate men who can disparage the beloved while showing inappropriate and shameful parts of their body, which should repel the lovesick patient from all women.

According to Ibn Sīnā, ‘ishq is a deadly disease that can be fatal without proper treatment. Though written in Persia in the tenth century, *al-Qānūn* made its way to Europe and was translated into Latin in the thirteenth century. Of course, given the flourishing of Arabic culture in Iberia, Iberian physicians who read Arabic had earlier access to *al-Qānūn*. Through the help of translators, *al-Qānūn*’s influence pervaded Europe. It became the seminal medical text in Latin Christendom from the thirteenth century onwards. During the Middle Ages, Ibn Sīnā’s text was “the standard of medical orthodoxy” in both Eastern and Western medicine. Consequently, Ibn Sīnā’s model of ‘ishq also became a mainstream theory in medieval medicine.

European medical professionals read, studied, and copied the works of Ibn Sīnā. *Al-Qānūn* was translated into Latin, where ‘ishq was Latinized as *ilisci*. Pamphlets and tracts

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24 Ibn Sīnā, p. 112.
25 Ibid., p. 113.

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devoted to lovesickness soon sprang up all over Europe. Esteemed physicians such as Bernardo Gordonio, Petrus Hispanus, and Arnau de Vilanova wrote specifically about lovesickness, renamed as *amor hereos*. This obsessive love was described with the same symptoms and often the same cures as that of Ibn Sīnā’s *ishq*. The term *amor hereos* first appeared in the *Viaticum* of Constantine the African (death c. 1087), a scholar, monk, and physician from North Africa who served as a master translator and teacher in the scriptorium of the Benedictine abbey of Montecassino. The *Viaticum* is an eleventh-century work heavily based on Ibn al-Jazzār’s *Zād al-Musāfir* (tenth-century). Constantine’s *Viaticum* was the first text to present both a theory and vocabulary for lovesickness in the West. Petrus Hispanus was a thirteenth-century doctor and philosopher who wrote a series of commentaries on the *Viaticum* before ascending to the papacy to become Pope Johannes XXI. Although *amor hereos* was often described as a primarily male-dominated disease, Petrus Hispanus raised important questions regarding women’s amorous and sexual abilities. Literary sources often portrayed lovesick men and women, but in the medical sphere, lovesickness was predominantly a male disease, otherwise cures such as sex with slave girls would have little purchase. Women either did not suffer from

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lovesickness or were left to fend off the disease on their own. Petrus Hispanus deviated slightly from the generally male-centered worldview of intellectuals and physicians, and his inclusion of women in the discussion of amor hereos paved the way for the disease to become more gender-neutral. Other physicians and scholars were soon drawn to study amor hereos. When Arnau de Vilanova worked as part of the royal service for the kings of Aragón, he wrote one of the first European tracts dedicated exclusively to lovesickness entitled *Tractatus de Amore Heroico.*

Arnau probably felt the need to re-write, synthesize, and systematize concepts of amor hereos, which he re-named amore heroicus, because the sporadic information he was able to glean from various texts did not yet present a full picture of the disease. Other authors such as Gerard of Solo (*Determinatio de Amore Heroes*) and Bernardo Gordonio (*Lilium Medicinae*) penned their own treatises on amor hereos. The Latin treatises on lovesickness were eventually translated to the vernacular, making them even more accessible to doctors and curious readers alike.

At the turn of the twentieth century, John Livingston Lowes wrote his seminal article describing the medieval ailment lovesickness in its various guises and with its many names. He traces the evolution and dissemination of the lover’s malady, alternatively known in the Middle Ages as amor hereos, amor heroycus, and the lover’s maladye of hereos, depending on author and language of composition. Lowes emphasizes that the term “lovesickness,” the Arabic ‘ishq, and the Latin amor hereos are all fundamentally the same condition. It is a passionate and

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39 Ibid., p. 40.
obsessive emotion involving the imaginative faculty of the brain.\textsuperscript{40} The love is never platonic or familial, and always encompasses a strong sexual component.\textsuperscript{41} However, this type of love is more than just sexual attraction or biological urgings. The mental component combined with sexualized passion plays an important role in differentiating \textit{amor hereos} from other competing types of love, such as courtly love, Christian love, carnal love, and love as friendship.\textsuperscript{42}

Lovesickness, of course, was never a completely static concept. Even among medieval scholars and physicians of the same language, culture, and era, debate surrounded the causes and cures of lovesickness. Translation, cultural changes, and the passage of time all influenced interpretations of lovesickness as well. However, the scholars, physicians, and patients who studied, treated, and suffered from lovesickness, \textit{amor hereos}, and ‘ishq were all concerned with the same illness. Most importantly, despite the change in name, these medical treatises all portray lovesickness as a lethal illness, not a matter of hygiene.\textsuperscript{43} There are no hygienic remedies one can perform in order to avoid lovesickness, only cures for after one has contracted the disease. Fifteenth-century physician Francisco López de Villalobos offers one of the most drastic solutions when he suggests that the lovesick man avoid his beloved like the plague: “aparten con gran diligencia / d’aquella señora como en pestilencia / se apartan los hombres del ayre dañado.”\textsuperscript{44} In this brief simile, Villalobos firmly establishes lovesickness as a deadly disease and equates the coveted woman with pestilence.

\textsuperscript{40} Robert Folger, \textit{Images in Mind: Lovesickness, Spanish Sentimental Fiction and Don Quijote} (Chapel Hill: U.N.C. Dept. of Romance Languages, 2002), pp. 19-81.
\textsuperscript{41} Ibid.
\textsuperscript{42} Ibid., p. 13.
\textsuperscript{43} Solomon, “Non-natural Love,” p. 156.
\textsuperscript{44} Francisco López de Villalobos, \textit{Sumario de la Medicina con un Tratado sobre las Pestíferas Bubas} (Salamanca: Antonio Nebrija, 1498), 4r. For English, see, Solomon, “Non-natural Love,” p. 156: “Villalobos simply suggests that the stricken man flee from the beloved ‘like the way men flee from harmful air in times of pestilence.’”
That being said, some of the recommended ways to treat lovesickness are quite similar to the hygienic advice given in earlier works. For example, Juan Ruiz’s regimen of sexual encounters and Bayāḍ’s hygienic program of wise advice, diverting recreation, and friendly company roughly correspond to the advice given by Ibn Sīnā for treating ‘ishq.\textsuperscript{45} When it comes to lovesickness, there is clearly some overlap between hygiene and medicine. This gray area points to the gradual medicalization of lovesickness over time as well as the close kinship between hygiene and therapeutics. Love did not transform from a matter of hygiene to a disease overnight. Instead, love was slowly associated with medicine and doctors in both medical treatises and works of fiction until the overall concept of love changed. Many of the practicalities and procedures used to manage love remained largely the same, but ideas and theories regarding love altered dramatically. People no longer sought out regimens for hygienic love but instead medical cures for lovesickness. The medieval amatory fiction of late fifteenth-century Iberia captures the moment in the evolution of love when it transforms from an art to an ailment. 

**Lovesickness and Medicalized Literature of the Fifteenth Century**

By the fifteenth-century, lovesickness was commonly represented in Iberian courtly literature. Though being sick with love was a common literary trope since antiquity, lovesickness, portrayed as a pathological illness, did not gain true literary ground until the fourteenth-century “interpenetration” of “literary and medical culture.”\textsuperscript{46} The depictions of love in sentimental fictions and *Celestina* are rife with medical language and symbolism. Although the importance of medicine in late-medieval Castilian literature has been recognized, with the

\textsuperscript{45} For Juan Ruiz’s hygienic regimen, see my arguments in Chapter 1, especially, pp. 31-35. For Bayāḍ’s regimen, see my argument in Chapter 1, pp. 20-2. For Ibn Sīnā’s cures for ‘ishq, see, Ibn Sīnā, *al-Qānūn*, pp. 112-3.

\textsuperscript{46} Solomon, “Non-natural Love,” p. 156.
exception of scholars such as Antonio Cortijo Ocaña, Robert Folger, and Pedro M. Cátedra, few scholars have dealt with medicinal depictions of *amor hereos* in sentimental fiction, instead concentrating only on lovesickness in *Celestina*. Medicine plays a crucial role in the composition and narratives of much late fifteenth-century Iberian love literature. Through their respective texts, late medieval Iberian authors validate a medical approach to love and standardize depictions of lovesickness, further legitimizing male physicians as the only authorized voice to speak about love, sickness, and lovesickness.

Often cited as the first sentimental romance, Luis de Lucena’s *Repetición de Amores* includes a long quasi-scholastic rumination on love. The fifteenth-century text was probably written by a young Luis de Lucena between 1494 and 1499 for Prince Juan, possibly to commemorate his marriage to Margaretha of Austria or at his death. Scholars know little about the life of Lucena. At the time when he wrote this work, he was a young scholar at the University of Salamanca, well-educated in Latin and the classics, and part of the humanist university milieu of the late fifteenth century. Some scholars have suggested that he was a *converso* (Jewish convert to Catholicism). *Repetición de Amores* engages with the debate on women genre popularized in thirteenth and fourteenth century Italy and France before becoming prevalent in Spain during the fifteenth century. In his work, Lucena briefly depicts his own tale of

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49 Ibid., pp. 2-10.
50 Ibid.
51 Ibid., pp. 12-32.
unrequited love and the remedies he sought to cure his lovesickness. Despite his personal anecdote, Lucena attempts to approach love academically, citing numerous classical authors in order to understand the various facets of love. According to his sources, love is most certainly a disease. Lucena quotes from both Ovid and Aristotle, claiming that these esteemed authors call love a sickness that proves most difficult to cure. He also cites classical medicine, furthering the concept of love as illness with the help of Hippocrates and Macrobius. Lucena deftly mixes long-standing love language with new medical images. If readers are set ablaze by the “llamas de semejante amor,” Lucena begs them not to flee from remedies, like a feverish man who refuses his doctor’s counsel. In this passage, he links the recognizable classical expression “flames of love” with medical imagery.

In order to be cured, writes Lucena, one must listen to his doctor. And there is no better physician than Lucena himself, who has already survived the illness: “…los cuales, si quieren sanar, conviene que con diligencia agan lo que el médico los manda. Pues, ¿quién mayor médico de mí, que he passado por todo, ni quién fue así enfermo, que si lo fuera, no fuera muerto?” In this brief metaphor, Lucena equates love with illness, the feelings of love with a burning fever, and himself with a doctor. He advertises his text as the perfect medicine. His words can cure all who suffer from lovesickness because Lucena himself survived the ordeal. Lucena blends medical allusions and classical references to corroborate his views and support his cure. Love,

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53 Ibid., pp. 119-20.
54 Ibid., p. 135.
55 Ibid., pp. 133-4. English: “the flames of a similar love.”
56 Ibid. English: “If they want to be healed, they should diligently follow their doctor’s instructions. And, who is a better doctor than me, who has already experienced this sickness, for there is no one left alive who was as sick as I and did not die.”
according to both the ancient physicians and Lucena, is a perilous ailment, but it can be cured with proper treatment. Rather than turning to a doctor’s pamphlet or a physical treatment, Lucena offers a literary cure for love. Lovesick male patients can read his treatise expounding upon the numerous faults of women, including, but not limited to, their lascivious natures, malicious lies, and foolish thoughts.\textsuperscript{57} Once the vile truth about women is revealed, men will easily drop their nonsensical attachments to women. But it is only by comparing himself to a doctor that Lucena can firmly establish his own expertise and validity. Love is an illness, and the cure requires a doctor – either a medical or literary physician.

Other sentimental romances use similar language to describe the pain of unrequited or unattainable love. In aristocratic Galician poet Juan Rodríguez del Padrón’s (1390-1450) \textit{Siervo Libre de Amor}, Liesa’s and Ardanlier’s passion burns with a “fuego venéreo.”\textsuperscript{58} Their love is described as a venereal fire, words explicitly associated with both sex and disease. Of all the adjectives that could be used to illustrate the passionate fire of love, Rodríguez del Padrón chose one closely linked with highly contagious sexually transmitted diseases. In Juan de Flores’ (c.1455-c.1525) \textit{Historia de Grisel y Mirabella}, Grisel’s passion for the beautiful Mirabella pushes him to seek a “remedio,” in his case, using the cover of night to spy on her while she is locked away in her room.\textsuperscript{59} The language of love begins to change. Even in his angry tirade against love, Juan Ruiz never goes as far as to call love a disease. Ruiz accuses love of being the

\textsuperscript{57} Ibid., pp. 135-49.
root of all the seven deadly sins.\textsuperscript{60} He calls love a “mal enemigo” and even admits that love wounds him.\textsuperscript{61} Despite his bumps and bruises, the love Juan Ruiz describes is a powerful force but not an illness. The specific medical analogies and terminology present in sentimental fiction reveal that love in the late Middle Ages fell firmly in the realm of disease and was considered a matter of medicine.

Other texts further medicalized love by depicting characters who suffer from the very real ailment of lovesickness. In \textit{Estoria muy Verdadera de Dos Amantes}, Piccolomini depicts Lucrecia and Euríalo’s entire relationship in terms of sickness and health. Eneas Silvio Piccolomini (1405-1464), who later became Pope Pius II, penned his tract at the request of Mariano Sozino, a law professor at the University of Siena.\textsuperscript{62} The original was in Italian, then translated to Castilian where it enjoyed wide popularity in Iberia.\textsuperscript{63} Today, three Castilian editions dating from the late fifteenth and early sixteenth centuries survive in manuscript form.\textsuperscript{64} The text tells the story of Lucrecia, a married woman, who falls in love with the soldier Euríalo when Emperor Sigismundo’s army encamps in the town of Sena. Trapped in a loveless marriage and enamored of a visiting soldier, Lucrecia tells her manservant Sosias that, “Por cierto, si en mi mano fuesse, no sería enferma como lo soy.”\textsuperscript{65} Lucrecia self-diagnoses her adverse condition. She classifies her feelings not as emotions but as an illness. Moreover, Lucrecia prescribes a cure

\textsuperscript{60} Juan Ruiz, \textit{Libro de Buen Amor}, ed. Alberto Blecua, 13\textsuperscript{th} Edition (Madrid: Cátedra, 2016), stanzas, 207-422.

\textsuperscript{61} Ibid., stanzas 372 (English: “evil enemy”) and 588-9, respectively.

\textsuperscript{62} Cátedra, \textit{Tratados de Amor en el Entorno de Celestina}, pp. 163-4.

\textsuperscript{63} Ibid.

\textsuperscript{64} Ibid.

– if she had Euríalo, it would alleviate her symptoms. Sosias, too, refers to Lucrecia’s condition as an “enfermedad,” but he believes she will be cured with time rather than through a love affair.66 Lucrecia even goes as far as to diagnose Euríalo as well, claiming that he sickens with the same love that will surely kill her.67 Lucrecia plays doctor, diagnosing both her own condition and that of her lover. She expands Luis de Lucena’s argument, explaining her love not just through medical metaphors but as an actual medical ailment. Repeatedly, Lucrecia declares that she is not merely feeling trite emotions; her body is wracked with illness.

Her ailment proves deadly when Euríalo, ever the loyal soldier, leaves town with the army and their love affair is forced to a close. Teary-eyed, Lucrecia watches Euríalo depart from her bedroom window. As soon as he disappears from view, she:

…caída en tierra, la llevaron a la cama sus siervas hasta que tornasse cobrar el espíritu; la cual, como en sí tornó, las vestiduras de brocado, de púrpura y todos los atavíos de fiesta y alegría encerró y de su vista apartó, y de camarros y otras vestiduras viles se vistió. Y de allí adelante nunca fue vista reir ni cantar como solía; con ningunos plazeres, donaires ni juegos, jamás pudo ser en alegria tornada. Y algunos días en esto perseverando en gran enfermedad cayó, de la qual por ningún beneficio de medicina pudo ser curada y porque su corazón estaba de su cuerpo ausente y ninguna consolación se podía dar a su alma, entre los braços de su llorosa madre y de los parientes que en balde la consolavan, la indignante alma del ansioso y trabajoso cuerpo salió fuera.68

Knowing that she will never again see her lover, Lucrecia succumbs to lovesickness. Her death unfolds according to standard medical interpretations of lovesickness. Gerard of Berry’s

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66 Ibid., p. 178.
67 Ibid., p. 191.
68 Ibid., p. 216. English: “[She] fell to the ground, [and] her maidservants took her to bed until she recovered her senses; which, once returned, [she] removed her purple brocaded garments and all trappings of celebration and joy from sight and dressed [instead] in vile garments. And from then on, she was never seen laughing or singing as was her wont; and she never found happiness in pleasures, delights, or games. As days passed, she grew gravely ill, but no medicine could heal [her] because her heart had left her body and her soul found no consolation, [so], embraced in the arms of her weeping mother and her relatives who tried in vain to comfort her, her anxious soul and laboring body [finally] expired.”
commentary of the *Viaticum* describes patients undergoing the same symptoms as Lucrecia, and he suggests diversion as a remedy. Lucrecia’s servants carry her to a sickbed, and the family attempts to alleviate her illness through entertainment and pleasurable pastimes. But no treatment successfully remedies Lucrecia’s condition, and she finally dies in the arms of her parents. By the time Piccolomini pens his romance, lovesickness has been established as a common and genuine disease in medieval society and fiction. Both Lucrecia and Sosias recognize the symptoms. Lucrecia’s family has clearly read enough medical pamphlets to diagnose her condition and attempt a cure. In the world imagined by the future Pope Pious II, love is unquestionably dangerous and potentially deadly.

Castilian noble Juan de Flores (c.1455-c.1525) depicts a similarly medicalized world in *El Breve Tratado de Grimalte y Gradissa* (c.1480-6), a continuation of Boccaccio’s *Elegia di Madonna Fiammetta*. Grimalte advises lovelorn Fiometa that “el buen sentido es contra las turbaciones remedio.” The remedy Grimalte suggests is similar to the recommendation of Bernardo Gordonio: “…e si es obediente, quítenlo de aquella falsa opinión o imaginación algund varón sabio de quien tema e de quien aya verguença con palabras e amonestaciones, mostrándole

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70 Pamela Waley, “The Influence of Boccaccio in *Grimalte y Gradissa*,” *Grimalte y Gradissa*, ed. Pamela Waley (London: Tamesis Books, 1971), pp. xxviii-xl. Juan de Flores wrote a sequel to Italian author Giovanni Boccaccio’s (1313-1375) *Elegia di Madonna Fiammetta*. The Italian original, probably written between 1343 and 1344, is narrated by Fiammetta, who recounts her love affair with Panfilo, his departure which ends the affair, and her realization that he has returned to his other lover. She warns other women not to make her mistakes, contemplates suicide, and eventually regains a modicum of hope when she discovers that Panfilo may be returning to Naples. See also, Barbara Matluka, *The Novels of Juan de Flores and Their European Diffusion: A Study in Comparative Literature* (New York: Institute of French Studies, 1931), pp. 445-58.

Grimalte understands Fiometa’s feelings for Pánfilo, since he himself harbors unrequited love for Gradisa. He advises Fiometa, acting as a doctor and offering a remedy. Despite his initial failure to cure Fiometa, Grimalte continues to play doctor to other characters in the text. He uses medical language when describing Pánfilo, observing that “Y así, Pánfilo buscó piedad forçada, y con sus calientes lágrimas mojava el su descolorido gesto. Y después, de muchos remedios para su salud mostrados, abrió los agenos ojos y con turbada vista le comenzó a mirar, queriendo de nuevo tornar a las passadas razones.” Grimalte notes the discoloration of Pánfilo’s visage and attempts to lessen his most grievous symptoms. After undergoing numerous remedies, Pánfilo finally opens his eyes and returns to a semi-sane self. Since Grimalte and Pánfilo are alone in the wilderness and Pánfilo is in no condition to treat himself, it can be inferred that Grimalte is the one who knows and supplies the remedies that aid Pánfilo. Grimalte is unable to fully cure Pánfilo, but he does lessen his symptoms. Although incapable of helping Fiometa, Grimalte demonstrates that he is not completely inept as a physician. In both instances, Grimalte recognizes lovesickness and takes a medical approach to curing it. Flores creates fully medicalized characters, who both experience and recognize lovesickness and know enough basic medicine to provide rudimentary treatment.

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72 Bernardo Gordonio, *Lilio de Medicina*, Spanish Version, Sevilla 1945, ed. John Cull and Brian Dutton (Madison: Hispanic Seminary of Medieval Studies, 1991), Libro II, Capítulo XX, p. 108. English: “And if he is reasonable, any wise man whom he fears can embarrass him with words and admonitions by showing him the dangers of the world, the Day of Judgement, and the delights of Paradise, and consequently remove from him his false opinion and imaginings.”

73 Flores, *Grimalte y Gradissa*, p. 144. English: “And so, Pánfilo sought forced piety and his hot tears wet his pale face. And then, after [Grimalte] tried many health remedies, he [Pánfilo] opened his eyes and looked at Grimalte with an unsettled gaze, wanting nothing more than to return to his previous irrational state.”
One of the most medically inclined sentimental romance authors was Diego de San Pedro (c.1437-c.1498), a possible *converso* (Christian convert from Judaism) connected to the court at the very least in a minor fashion and author of both *Cárcel de Amor* and *Tractado de Amores de Arnalte y Lucenda*. San Pedro’s *Cárcel de Amor* abounds with medical terminology, diagnoses, and cures straight from one of the many medical tracts on lovesickness popular at the end of the fifteenth century. When first asked to reply to Leriano’s letter, Laureola employs the standard Galenic dogma of opposites curing opposites in an attempt to dissuade Leriano from contacting her. She tells him it would be better to cruelly ignore his plea because then his love would be cured. In being kind and replying, she only increases his love for her and furthers his pain and suffering. Even Laureola, a princess who has lived her life sheltered in the royal court, knows enough Galenic medicine to use it against Leriano. She wields medicine like a weapon, using it to try to avoid an unwanted attachment. In *Cárcel de Amor*, Diego de San Pedro portrays love as a medical condition, and Leriano’s love-struck state follows popular medical theories of lovesickness. For example, the mere image of a beautiful woman holds Leriano captive as he is taken to the *cárcel de amor*. Additionally, the sections of the brain believed to be responsible for lovesickness, such as understanding, reason, and memory, all consent to Leriano’s

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76 Ibid., p. 110.

imprisonment.\textsuperscript{78} Leriano’s lovesick condition is repeatedly referred to as needing a \textit{remedio}, or remedy, a word intimately connected to the medical sphere.\textsuperscript{79} The only \textit{remedio} capable of curing Leriano’s illness is Laureola’s love. Eventually, Laureola’s resolve wavers, and she acquiesces to Leriano’s entreaty for a letter. Although he is weak and close to death, a single letter from Laureola’s hand instantly alleviates his ailments.\textsuperscript{80}

The missive Laureola gives Leriano through the hands of the \textit{auctor} acts as a potent elixir, more powerful than any known medicine. Laureola sends Leriano a letter which immediately remedies his incapacitated state.\textsuperscript{81} When the \textit{auctor} returns to deliver Laureola’s letter, he finds Leriano lying on the floor, barely breathing and nearly dead. But the moment Laureola’s letter reaches Leriano’s hand, its acts like a panacea, instantly reversing his grave condition to one of perfect health. The couple exchanges letters until jealous Persio exaggerates their relationship to the king who imprisons his daughter. Leriano wages war to free his love, but, after Laureola is freed, she refuses to resume her correspondence with Leriano who once again falls prey to lovesickness. When Laureola refuses to send Leriano another letter, the \textit{auctor} describes Leriano’s condition: “Ni culpava su flaqueza, ni avergonçava su desfallecimiento.”\textsuperscript{82}

The \textit{auctor} monitors Leriano’s health, noting his thinness and fainting spells like any good doctor. Similar to Piccolomini’s Lucena, Leriano is taken to a sickbed where he refuses all food


\textsuperscript{79} San Pedro, \textit{Cárcel}, p. 104.

\textsuperscript{80} Ibid., pp. 105-113.

\textsuperscript{81} Ibid., pp. 112-3.

\textsuperscript{82} Ibid., p. 154. “[Leriano] Neither blamed his weakness, nor [felt] ashamed of his fainting [spells].”
and drink. \footnote{Ibid., pp. 154-5.} Leriano exhibits the same symptoms described by Ibn Sīnā and the European authors of treatises on amor hereos. \footnote{See, for example, Constantinus Africanus, \textit{Viatricum} I.20, lines 17-24, in Wack, \textit{Lovesickness in the Middle Ages: The Viaticum and Its Commentaries} (Philadelphia: University of Pennsylvania Press, 1990), pp. 188-9.} However, the characters in San Pedro’s text need no physicians or aid. They know exactly what ails Leriano. The \textit{auctor} states that “aquella enfermedad se havía curar con sabias razones,” \footnote{San Pedro, \textit{Cárcel}, p. 155. English: “This disease had been cured with wise reasoning…”} showing that both author and characters recognize the illness as lovesickness \textit{and} know how to cure it.

Leriano’s family and friends watch him like a doctor observing his patient, examining him for symptoms that indicate death. The fictional society has been fully medicalized to the point that characters automatically imitate doctors. Obviously, the symptoms of lovesickness are known to the populace of San Pedro’s fictional kingdom, for no one consults a doctor or wonders about Leriano’s lovesick state. Instead, they immediately turn to some of the treatments advised by the tracts on amor hereos and ‘ishq:

…y como aquella enfermedad se havía de curar con sabias razones, cada uno aguzava el seso lo mejor que podía; y como un cavallero llamado Tefeo fuse grande amigo de Leriano, viendo que su mal era de enamorada pasión, puesto que quién la causava él ni nadie lo sabia, díxole infinitas males de las mugeres; y para favorecer su habla truxo todas las razones que en disfamia dellas pudo pensar, creyendo por allí restituil la vida. \footnote{Ibid., p. 155. English: “And since this disease had been cured with wise reasoning, everyone sharpened his mind as best he could; like the gentleman Tefeo, a great friend of Leriano, recognizing that Leriano’s illness was lovesickness, but not knowing who caused it, told him [Leriano] of the infinite evils of women and, to support his speech, Tefeo offered all the defamation of women he could think of, believing it would restore Leriano’s life.”}

The \textit{auctor}, Tefeo, and Leriano’s family recognize Leriano’s illness and know that possible cures include rational advice and disparaging women, two treatments explicitly advocated by Ibn Sīnā
and his successors such as Bernardo Gordonio. Tefeo provides fifteen customary arguments against women, but Leriano refutes his friend in a lengthy defense of women. Constantine the African suggests bringing in wise friends, like Tefeo, who can offer advice. Tefeo correctly diagnoses Leriano’s lovesickness and quickly employs one of the most common cures for the ailment – a denunciation of women. The characters in Cárcel de Amor recognize, understand, and believe in lovesickness. Additionally, they trust the healing power of the various cures outlined in medical texts. Similarly, the entire family recognizes the “nuevas señales,” which signal that Leriano is approaching death. Adept at reading and understanding symptoms, the family knows Leriano has only moments left. Medicine is so ingrained into late medieval culture, Diego de San Pedro’s daily life, and the world he creates in his text, that every character is a doctor to some degree. They read and recognize symptoms, attempt cures, and view the world in medical terms.

The end of the novel reverses the medicinal properties of Laureola’s letters turning them into a poison. Even Leriano’s death is shrouded with medical symbolism. Before he dies, Leriano asks his servants to “traer una copa de agua, y hechas las cartas pedaços echólas en ella, y acabado esto, mandó que le sentasen en la cama, y sentado, bevióselas en el agua y assí quedó contenta su voluntad; y llegada ya la hora de su fin.” Leriano dissolves Laureola’s love letters in water as if mixing a medicine, albeit a particularly fatal one. In a parody of medicinal remedies, the letters create a tonic that rather than increasing health, actively works to aggravate his condition and lead to his demise. Instead of alleviating Leriano’s love, the remedio prepared

89 Constantinus Africanus, Viaticum, pp. 190-3.
91 Ibid., p. 176.
by the love letters cures him of his pain – through death. However, given his agonizing existence, the letters could be seen as a medicinal drink that hastens his death and eases the pain of his sorrow. The love letters act as both medicine and poison. They relieve Leriano’s suffering while simultaneously hastening his death.

Diego de San Pedro’s other sentimental romance, *Tractado de Amores de Arnalte y Lucenda* (c.1491), has a similarly one-sided love affair between Arnalte and Lucenda. San Pedro’s *autor*, an anonymous narrator like the *auctor* of Cárcel, describes Arnalte in a series of medically conscious terms, noting his “sospiros,” “grand flaqeza,” and “descolor.” The *autor* is a completely medicalized character. He gazes at Arnalte through the clinical eyes of a physician, noting his breathing, body weight (or lack thereof), and color. Arnalte himself recognizes his own lovesick condition and searches for a “remedio.” Although it is unclear if the desired remedy is Lucenda’s love or some sort of elixir that can expunge his love, Arnalte, like many characters in other sentimental romances, expresses his love in medicalized language. He also speaks in medical idioms when he asks for Lucenda’s love. He tells her of his illness and asks her for a remedy. Lucenda employs the same terms when refusing Arnalte. Even Arnalte’s sister Belisa resorts to medical language when she tries to convince Lucenda to accept Arnalte’s proposal, saying that she is the only cure for what ails her brother. Love is repeatedly portrayed in sentimental romances as an illness, and lovesickness is not a new or unfamiliar ailment.

Characters understand lovesickness; they know both its causes and cures. Medicine imbues the

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93 Ibid., p. 102.
94 Ibid., p. 106. See also, p. 107.
95 Ibid., p. 108.
96 Ibid., p. 125.
worldview illustrated in late medieval romances. All characters – from the most regal of princesses to the humblest of servants – speak and act like doctors, clinically analyzing their own state of health and other people’s conditions. And no work illustrates the permeation of medicine into love better than *Celestina*.

*Lovesickness and Medicine in Celestina*

*Celestina*, written under the pseudonym Fernando de Rojas 97 at the turn of the fifteenth century, was composed in the university town of Salamanca. The city was filled with scholars debating the most recent medical publications, and, consequently, the text features many references to medicine, physicians, patients, disease, and treatments.98 The French doctor Bernardo Gordonio wrote the *Lilium Medicinae* as a summary for the most inexperienced, but still Latin-educated, physicians.99 Completed around 1305, the text was later translated into Castilian and published in 1495.100 The Universidad de Salamanca possesses a copy of an incomplete manuscript of the Castilian version of the *Lilium* from around this time, suggesting that the translation was circulated in university circles immediately upon publication.101 The

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97 Current scholarship on the authorship of *Celestina* suggests that Fernando de Rojas was a penname used by the anonymous author of the text. It is also highly likely that the first act was written by a different author. To simplify authorial references in my dissertation, I will refer to the anonymous author(s) as the author of *Celestina*. See, for example, Henk DeVries, “La Autoria de la ‘Comedia,’” *Celestinesca* 24 (2000), pp. 69-76; Antonio Sánchez-Serrano, “‘Auctor,’ ‘Autor’ y otros problemas semánticos concernientes a la autoría, gestación y ediciones de la *Celestina.*” *Celestinesca* 35 (2011), pp. 85-136; and Jesús Fernando Cáseda Teresa, “El autor del primer acto de la *Comedia de Calixto y Melibea*: el arcipreste de Talavera, Alfonso Martínez de Toledo,” *Celestinesca* 42 (2018), pp. 9-56.


100 Ibid., p. xvii.

101 Ibid., p. xv. See also, p. xix.
author of Celestina was a student at the Universidad de Salamanca at the end of the fifteenth century. Such a manuscript would have provided medical students and other interested parties the first Spanish edition of this material. The Salamanca manuscript indicates that scholars, authors, and students at the University of Salamanca in the late Middle Ages had access to a translated version of Bernardo Gordonio. As a Salamanca student, the author of Celestina would have heard excited students discussing the text and debating esoteric minutiae. He could have even read the manuscript himself. Medicine was an important emerging university field during the author’s tenure at university, and, as a result, plays a crucial role in his famous work.

In Celestina, Sempronio explicitly cites Bernardo when he tells Calisto: “Oye a Salomón, do dize que las mugeres y el vino hazen a los hombres renegar. Conséjate con Séneca y verás en qué las tiene. Escucha al Aristóteles, mira a Bernardo.” While it is unclear whether the Bernardo mentioned by the author is Bernardo Gordonio, the author could have read Gordonio’s work in translation. The passages about lovesickness in the Spanish translation of the Lilium would certainly make a worthy addition to Sempronio’s list of authors that caution against women. It is, however, important to note that Sempronio displays an uncommonly high-quality education for a servant. Sempronio cites Solomon, Seneca, and Aristotle as if he attended the finest university rather than worked as Calisto’s manservant.


Dennis P. Seniff suggests that the character of Calisto exemplifies the lover’s malady described in Gordonio’s *Lilium Medicinae*. Calisto’s lovesickness begins when he sees Melibea, just like Leriano falls for Laureola in a single glance. Once again, the eyes and the image of the beloved are the primary means of contracting lovesickness. The author’s portrayal of Calisto’s illness adheres to the theories of lovesickness of his time. Similarly, the signs of lovesickness correspond to the symptoms described by Petrus Hispanus, Bernardo Gordonio, and their contemporaries such as melancholic thoughts and sighing. When Calisto returns home, he immediately begins to show signs of lovesickness. He summons his servant Sempronio and demands:

Cierra la ventana y dexa la tiniebla acompañar al triste, y al desdichado la ceguedad. Mis pensamientos tristes no son dignos de luz. ¡O bienaventurada muerte aquella que deseada a los afligidos viene! ¡O si [vivieses agora Erasistrato, médico, sentirías] mi mal! ¡O piedad [seleucal], inspira en el plebé rico corazón, por que, sin esperanza de salud, no embíe el espíritu perdido con el desastrado Piramo y la desdichada Tisbe!

Calisto falls into a despondent bout of melancholy and insists on total darkness. The lovesickness felt by Calisto (and eventually Melibea) is described in symptoms similar to those outlined in

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107 See, for example, Petrus Hispanus, *Questiones super Viaticum* lines 34-8: “Signa ergo huius passionis sunt hec: profunde cogitaciones; citrina facies; tristica sine causa; oculi profundi et mobiles; suspiria profunda quando fit *sine cum* dilecta; pulsus durus et velox et debilis quando cogitaciones profundantur.” For English, see, Wack, *Lovesickness in the Middle Ages*, p. 235: “The signs of the disease are these: depressed thoughts; a yellowed face; sadness without cause; sunken and mobile eyes; deep sighs when it happens…with the beloved; the pulse is hard and quick and weak when thoughts are depressed.”
108 Rojas, *Celestina*, pp. 229-31. For English, see, Rojas, *Celestina*, trans. Peter Bush, p. 2: “Now shut my window and let darkness accompany this sad, blinded soul! My disappointment doesn’t deserve to see the light of day. Death that gives relief to sorrow is so welcome. If those doctors of old, Galen and Crato, came back now, they’d soon diagnose my illness! I beg the heavens to take pity on me and encourage her father, Pleberio, not to send my spirit, now wandering and terminally sick, to join the wretched souls of Piramis and hapless Thisbe!”
treatises of *amor hereos* such as fatigue, endless crying, insomnia, and fainting.\textsuperscript{109} Calisto claims that only the Greek doctor Erasistratus could possibly understand his ailments. Other versions of the text substitute Erasistratus for “Eras y Crato” and even “Crato y Galieno.”\textsuperscript{110} Regardless of which doctor Calisto wants, he feels that he needs medical attention. Only a doctor can help him in this situation. Lovesickness and its symptoms have become the purview of the medical sphere.

For the author of *Celestina* and his contemporaries, *amor hereos* was a very real, very dangerous illness.\textsuperscript{111} Few scholars deny the legitimacy of Calisto’s condition, though some, like Michael Solomon, believe that Calisto merely feigns his symptoms in order to fulfill his lust.\textsuperscript{112} Even though Solomon maintains that Calisto fakes his illness, he still acknowledges that lovesickness existed as a reality in the medieval Castilian mind. Lovesickness and medicine are common knowledge for the characters in *Celestina*. Upon observing Calisto’s strange behavior, Sempronio endeavors to root out his master’s sickness.\textsuperscript{113} Sempronio does not refer to Calisto’s condition as merely melancholy or madness, but as an illness. In order to cure Calisto, he needs to determine what ails the young nobleman. Upon reviewing Calisto’s behavior, Sempronio concludes that his master suffers from *amor hereos*.\textsuperscript{114} Clearly knowledgeable about


\textsuperscript{112} See, for example, Solomon, “Non-natural Love,” p. 158.

\textsuperscript{113} Rojas, *Celestina*, p. 235.

lovesickness, Sempronio employs the standard defamation of women in an attempt to cure Calisto.\textsuperscript{115} Sempronio seems to know quite a bit about medicine, from the symptoms of specific illnesses to treatments outlined in Latin pamphlets. Though Sempronio knows more medicine than the average servant, members of the lower class were not excluded from medicine and medical practitioners. Physicians were often retained by a wealthy household, a noble family, or a city. Doctors commonly treated all members of the noble household, servants included, and when they were retained by a city, physicians were expected to visit and treat the poor free of charge.\textsuperscript{116} Although the lower class had less access to physicians than wealthy nobles, medicine permeated all levels of society. Medicine was a familiar part of daily life for both upper and lower classes. Calisto and Sempronio, master and servant alike, speak confidently of health, sickness, and healing.

After failing to cure his master, Sempronio suggests enlisting the aid of Celestina, the one person who can cure Calisto: “Yo te la traeré hasta acá. Por eso apréjate; seyle gracioso; seyle franco; estudia, mientras vó yo, de le dezir tu pena tan bien como ella te dará el remedio.”\textsuperscript{117} Sempronio describes Celestina in medical terms. Like a doctor, she will visit Calisto at his house, study his symptoms, make a diagnosis, and provide a cure. Recognizing that the situation is beyond his abilities, Sempronio sends for someone who can facilitate a different remedy for \textit{amor hereos} – sex.\textsuperscript{118} Bernardo Gordonio does not unreservedly suggest sex as a remedy for \textit{amor hereos}. Instead, he writes “el coitu demasiado deseca e el tal no conviene a los hereos o

\textsuperscript{117} Rojas, \textit{Celestina}, p. 249. For English, see, Rojas, \textit{Celestina}, trans. Peter Bush, p. 11: “I’ll bring her here. Meanwhile, you get ready. Be generous, and give it some thought while I go and tell her of your plight, so she can soon come up with a cure.”
\textsuperscript{118} For more on sex as a cure for lovesickness, see, Gerli, \textit{Ends of Desire}, p. 82.
enamorados ni a los tristes ni a los melancólicos, pero a los que es permissio el coitu, bien conviene si el templamiento es fecho…Bien conviente a los que lo tienen permissio, quiere dezir a los que tienen licencia par lo fazer, en tal manera que lo fagan templadamente.”

He believes that sex is not healthy for those who suffer from lovesickness, sadness, or melancholy because it further upsets the humoral balance. Although Sempronio tries to help, as an uneducated servant he is sadly behind the latest medical trends and treatments. Gordonio acknowledges the utility of sex, but only for those who have permission. While Bernardo does not elaborate on what exactly permission entails, it can be understood that illicit lovers like Calisto and Melibea most certainly do not fall under the category of those who have “permissio.”

Celestina acts as a physician when interacting with both Calisto and Melibea. When Celestina first approaches Melibea, she describes Calisto’s condition as a medical sickness rather than love or passion. She tells Melibea, “Yo dexo un enfermo a la muerte, que con sola una palabra de tu noble boca salida, que le lleve metida en mi seno, tiene por fe que sanará, según la mucha devoción tiene en tu gentileza.”

Celestina purposefully misrepresents the situation. She paints Calisto as an anonymous ill patient, not a lovesick admirer. She continues to emphasize Calisto’s sickness, stating that Melibea should answer because Calisto is “…tal enfermo.” Celestina cleverly exploits Melibea’s tenderness and desire to help those who are suffering. She

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119 Gordonio, _Lilio de Medicina_, p. 109. English: “…coitus desiccates, and as such, it does not suit [those suffering from] _hereos_ or lovers or those who are sad or melancholy, but for those to whom coitus is permitted, it is useful so long as it is practiced temperately…[It is] well suited for those who have permission, that is to say, those who have license to do it in such a way that they can do it temperately.”

120 Rojas, _Celestina_, p. 326. For English, see, Rojas, _Celestina_, trans. Peter Bush, p. 52: “I left a sick man at death’s door, but a single word from your noble lips, carried to him on my lips, will surely heal him, as he so adores your pretty ways.”

121 Ibid., p. 330. For English, see, Rojas, _Celestina_, trans. Peter Bush, p. 56: “And he _is_ sick, my lady!”
uses medicine to wedge a crack in the figurative door that guards Melibea. During the course of their conversation, never once is love mentioned by either of the two women. Instead, the entire exchange is couched in medical language. Celestina insists that Calisto asks only for, “Una oración, señora, que le dixerón que sabías, de Sancta Polonia para el dolor de las muelas.” According to Celestina, Calisto merely wants a prayer from her to help his toothache. But Calisto’s toothache is not as innocent as it sounds. The fifteenth-century Spanish populace associated toothaches with frustrated love. The sexual undertones of the ailment would have been understood by fifteenth-century readers and, in all likelihood, Melibea as well. In late-medieval Iberian culture, teeth were linked to sexuality and a toothache, with its unrelenting pain, was a common metaphor for unsatisfied love and unreleased sexual tension. Medicine and illnesses facilitate discussions of emotions and act as the key that allows Celestina to unlock Melibea’s heart.

As if contagious, lovesickness spreads from Calisto to Melibea through Celestina. Soon, Melibea begins to display the tell-tale symptoms of the illness. Melibea’s maid Lucrecia describes her new condition as, “…se siente muy fatigada de desmayos y dolor del corazón.” Melibea catches Calisto’s lovesickness and exhibits the same symptoms as the young nobleman. Her condition, her passions, her emotions, lust, and love for Calisto are all described in medical terms. Melibea even evokes medical language to describe her own situation, calling Celestina the

122 Ibid., p. 331. For English, see, Rojas, Celestina, trans. Peter Bush, p. 55: “I came in search of a prayer, my lady, one they said you knew, to Saint Apollonia for when a molar’s throbbing.
124 Rojas, Celestina, p. 436. For English, see, Rojas, Celestina, trans. Peter Bush, p. 112: “Apart from that, my lady would like you to pay her a visit soon, because she’s very tired, always swooning, and her heart’s in great pain.”
“medianera de mi salud.” She deftly combines mediation and health care, insisting that Celestina is the only one who can cure her because she can communicate with Calisto on her behalf. The entire courtship between Calisto and Melibea is encased in medical language and terminology, making it difficult, if not impossible, to determine where the emotions end and bodily illness begins. In fact, for Calisto and Melibea, they are one and the same. Emotions are a disease.

_Celestina, Cárceles de Amor, Estoria muy Verdadera de Dos Amantes_, and other popular sentimental romances rely on theories found in lovesickness treatises to illustrate love. The examples from literature demonstrate a more medicalized portrayal of love and other bodily sensations attributed to love than found in previous centuries. Disease, doctors, and sickness pervaded late medieval culture, tinting all with a medicalized hue. Love was no exception. Lovesickness became an important malady to be debated at university, depicted in literature, and described in tracts warning of_ amor hereos_. Though the number of physicians was on the rise and medicine was a new department at many universities, the general medieval public did not have yearly check-ups with a doctor or read the latest medical texts and translations. Medieval society was medically conscious, but people’s familiarity with medicine often stemmed from personal experience rather than academic study. Popular literature offered the general public another source of education and insight into love. Fifteenth-century love literature portrayed lovesickness as a real illness, cementing love as a disease in the public imagination. The authors relied on medical texts to depict lovesick characters, thus creating a standardized picture of lovesickness. By describing love as a genuine and deadly illness, amatory fiction helped endorse

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125 Ibid., p. 440. For English, see, Rojas, _Celestina_, trans. Peter Bush, p. 113: “…woman who’s the key to my well-being!”
a medical approach to love, since physicians were the only ones who could possibly cure such a lethal disease. The medicalization of love cast a dark shadow on the emotion. Lovesickness made love a disease and all the negative, undesirable features associated with illnesses transferred to love as well.
Chapter Three
Playing Doctor – Fear, Love, and Pseudo-Physicians

Prelude

In his famed Tawq al-Ḥamāmah, ibn Ḥazm relies on his artistic license as author when recounting the tragic tale of his brother’s death. According to ibn Ḥazm, when his brother Abū Bakr was fourteen years old, he married ‘Atika, the beautiful and virtuous daughter of a powerful landowner. From the very beginning of their courtship, the young couple was head-over-heels in love with each other, and both remained utterly faithful and devoted to their spouse. The couple’s infatuation never faded, but, sadly, in June of 1011, after only eight years of marriage, the plague swept through Cordoba leaving death and devastation in its wake. Pestilence claimed the life of Abū Bakr, and ‘Atika’s world crumbled before her eyes. After losing her beloved husband, ‘Atika found herself unable to eat or sleep. She grew so pale that neighbors and friends said she looked more like a ghost than a human. Nothing could divert her from her indefatigable sorrow, neither friends nor family, not exotic travel, lively music, or beautiful gardens. ‘Atika often mentioned that the only small ray of happiness in her dismal existence was that her husband’s death prevented him from ever being with another woman. Her greatest hope was to join Abū Bakr in death. Soon, her wish was granted. ‘Atika wasted away until she, too, died on the one-year anniversary of her beloved husband’s death.¹

Chapter Three

Poet and philosopher ibn Ḥazm (994-1064) does not offer a historical account of Abū Bakr’s and ‘Atika’s deaths, but instead paints a personal interpretation of lovesickness, more an

allegory of the sack of Cordoba after the collapse of the caliphate than a factual portrayal of a real medical illness. By the sixteenth century, however, lovesickness was not taken so lightly. Rather than creative metaphor or allegory, lovesickness was believed to be a genuine and deadly illness. As a result, love itself became suspect. Love’s dark shadow is especially evident in medieval sentimental romances, a genre that became popular at the turn of the sixteenth century and helped showcase the potentially dire consequences of love and lovesickness. In these romances, love changed from a skill to a disease, a plague that contaminated and annihilated everyone and everything in its path. Love was not merely something to learn – it was a sinister power to fear. Sentimental romances and Celestina work together to malign love, warning readers about the many perils of love and the dangers of inept physicians who try to cure it. Authors helped defend and normalize new medical laws like the injunctions against non-university-trained healers by creating villainous and unskilled pseudo-physician characters.

This chapter begins with key medical texts that discuss the medical repercussions of lovesickness. I then examine literary depictions of love’s catastrophic consequences, such as irrational decisions, insanity, a collapse of social and political bonds, and even death. I identify examples of love’s dire effects in sentimental romances to show how lovesickness literature worked to condition readers to fear love. By using the definition of late-medieval Iberian texts that take a medical approach to devaluing love, I redefine the sentimental genre. Based on my new definition, the medicine in sentimental fictions must be taken seriously, which demonstrates that these texts were written for a greater purpose than parody. I conclude that these works had a subliminal aim of highlighting the shortcomings of untrained, pseudo-physicians as well as maligning female healers and intermediaries in order to wrest control of love from the general public and enforce the authority of male, university-trained physicians.
In the earliest medical tract discussing lovesickness composed in the Western tradition, Constantine the African clearly defines *amor hereos* as a disease: “Amor qui et eros dicitur morbus est cerebro contiguus.”\(^2\) Constantine the African and later physicians who wrote on lovesickness offer in-depth explanations of the signs and symptoms of lovesickness, but they rarely discuss the endgame if the disease is left untreated. Gerard of Berry mentions that both body and soul will suffer: “Quia ergo in amore leditur tam corpus quam anima,”\(^3\) but he does not explain exactly *how* the body and soul will suffer beyond the usual symptoms of the disease. Bona Fortuna’s commentary on the *Viaticum* finally offers brief description of what happens when lovesickness remains uncured: “tum quia quando non curantur fiunt melancolici vel manici.”\(^4\) Those who are not cured of lovesickness fall into melancholy or go insane. Like most diseases, death is the natural outcome of untreated lovesickness. However, medical authors rarely discuss this outcome. Since they wrote for other physicians, these authors are, naturally, more concerned with diagnosis and treatment of the disease than the obvious outcome of a failed cure. Literary authors, on the other hand, wrote for the general public and expounded at length upon the disastrous consequences to both body and society if lovesickness was left untreated. Lovesickness causes men to act irrationally, breaks down bonds between men, and leads to political and social turmoil. The threat of love is repeatedly depicted in sentimental romances and *Celestina* in order to purposefully indoctrinate readers against succumbing to love.

\(^2\) Constantinus Africanus, *Viaticum I.20*, line 1, in Wack, *Lovesickness in the Middle Ages*, p. 186. English, p. 187: “The love that is also called ‘eros’ is a disease touching the brain.”

\(^3\) Gerard of Berry, *Glosule Super Viaticum*, lines 84-5, in Wack, *Lovesickness in the Middle Ages*, p. 204. English, p. 205: “Because, therefore, the body suffers in love as well as the soul.”

The Dangers of Love in Late-Medieval Fiction

Love is suspect and devalued in much of late-medieval amatory fiction. It festers in the brain, corrupting reason and causing lovers to act in unpredictable and irrational ways. For example, in Juan de Flores’ *Grimalte y Gradisa*, a quasi-sequel to Boccaccio’s *Elegia di Madonna Fiametta*, Pánfilo refuses to reconcile with Fiometa, claiming that he should not be forced to uphold promises made while he was “fuera de mi sentido.” Overcome by the first overwhelming feelings of passion, Pánfilo promised Fiometa his undying love, but his feelings have now changed. He tells Grimalte that love fades and desires change. Nothing, not even love, remains constant. Additionally, love causes men to make unfathomable choices. Men, claims Pánfilo, often spurn grand ladies for mere servants while under love’s sway. Such illogical choices can only be the result of madness. No one in their right mind would reject a rich, powerful, and titled lady for the advances of her serving girl. Love warps the mind and leads to insane actions. It involves a loss of reason, a madness, in which lovers say and do things they would normally not even consider. Consequently, when the lover regains his senses, he cannot be beholden to the lunacies he spouted while in love.

Sometimes, love’s power is so intense that it leads to more than just irrational choices and empty promises. Unrequited and unattainable love can cause complete insanity. Though he cared little for her when she was alive, news of Fiometa’s suicide devastates Pánfilo. Unable to live

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7 Ibid., p. 139.
8 Ibid.
with his role in Fiometa’s death, he tells Grimalte that he is going into exile: “Otra manera se
deve dar a mi vida y la que he escogido quiero que la sepáis. La cual es pasar a los desabitados
desierts y tierra adonde los animales brutos no biven, y allí de fazeres y de vestidos desnudo,
dándome tales consuelos cuales los desesperados corazones suelen rescebir de soledad.”

Pánfilo’s self-imposed exile is much more than a lonely hermit’s existence. He ventures into the
uninhabited desert completely alone and naked. When Gradisa later rejects Grimalte, he seeks
out the self-exiled Pánfilo. Grimalte eventually finds Pánfilo, but Pánfilo is not the same man.
Nor is he a sane man. He has lost everything that constitutes a “persona razonable” and instead
lives on his hands and knees like an animal, completely naked with his hair and beard
untrimmed. In the end, Grimalte chooses to imitate Pánfilo and live in the wild like an animal
because Gradisa will never return his love. Love drives both Pánfilo and Grimalte out of their
minds. Flores depicts love as a mental disease that drives men insane.

Grimalte and Pánfilo are not the only protagonists who lose their minds to love. Arnalte,
the tragic hero of Diego de San Pedro’s Tractado de Amores de Arnalte y Lucenda, fails to win
the hand of his beloved Lucenda. Defeated, Arnalte tells the fictitious author:

…y como la carga de los muchos pensamientos en mí descargase, entre muchas cosas
[pensadas], que era buen acuerdo el tomado pensé, viendo como [mi] desdichada ventura
de las gentes extraño me fizo; y vi que era bien entre las bestias salvajes vivir,
como quiero que en el sentir su condición y la mia diversas fuesen. Pues como, después
de muchos días haver caminado, en esta áspera y sola montaña [to]pase, vi que el asiento de
tal vivienda de derecho me venía…

9 Flores, Grimalte y Gradissa, pp. 195-6. English: “I must spend my life another way and
I want you to know what I have chosen: which is to go into the uninhabited land and deserts
where even the wild animals do not live, and there, naked, will I find such comforts that
desperate hearts can only receive from loneliness.”
10 Ibid., pp. 209-10.
11 Ibid., pp. 223-4.
12 Diego de San Pedro, Tractado de Amores de Arnalte y Lucenda, in Obras Completas, I,
ed. Keith Whinnom (Madrid: Clásicos Castalia, 1985), p. 169. English: “…and as the burden of
my many thoughts slowly released, among the many things [thought], I thought of a good idea,
Arnalte, too, eschews society to live with wild animals alone on a mountain. Unable to attain their loves, Grimalte, Pamphilo, and Arnalte no longer belong in society. Arnalte even mentions how the disastrous consequences of his love have made him “estraño.” He is a stranger, a foreigner, or even alien to normal society. The men cast themselves out into the wilderness, living the remainder of their lives like wild beasts. Naked, crawling on all fours, living in caves and mountains, and rejecting all the comforts of society, these three men demonstrate the dire consequences of falling in love. If a man’s love is unrequited, it leaves him irrational and inhuman, no better than a savage beast.

The dangers of love entail much more than a loss of reason. The irrational choices, words, and deeds that stem from love break down the bonds between men, crucial bonds which underpin patriarchal society, government, politics, religion, and ethics. In medieval society, the political relationships between men should outweigh any feelings a man might have for a woman. Men swore loyalty to kings, forged treaties, and pledged to fight side by side. In order for the social system to continue without disruption, these bonds must be ironclad. Sol Miguel-Prendes elaborates on the circles of masculine friendships forged through shared classical educations which fostered similar worldviews and thus bound rational men together against the “feminine chaos.”

Love disrupts these ties and pits men against each other. For example, in Tractado de Amores de Arnalte y Lucenda, Arnalte confides in his friend Elierso about his love for Lucenda. However, Elierso forsakes his friendship with Arnalte and becomes betrothed to

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seeing how [my] unfortunate venture amongst people alienated me; I saw that it was good to live among the wild beasts, no matter that my condition differed from theirs. And, after many days of walking, I came across this rough and lonely mountain, and in it, I saw the seat of a perfect dwelling…”

13 Miguel-Prendes, Narrating Desire, pp. 42-8 and 280-1.
14 San Pedro, Tractado de Amores de Arnalte y Lucenda, pp. 121-2.
Lucenda himself. When Arnalte receives news of the engagement, he calls out his old friend and challenges him to a duel. He writes Elierso a publicly humiliating letter, calling out his supposed friend’s treachery and deceit:

…tu yerro te avergüence y ninguna desculpa te salve. Acuérdate cuánta amistad tanto tiempo en estrecho amor nos ha tenido, y trae a la memoria con cuánta seguridad que de ti tenía, de todos mis secretos te di parte sin nada negarte…Pero quéxome porque tan enemigo de tu voluntad y de mí ser quesiste, en especial sabiendo tú cuánto las obras del amistad a la verdad son conformes; antes, esto no mirando, de tu clara fealdad tu memoria escurecer quesiste; y más a ti que a otro lo que fecho has te toca, porque así en tu limpio linaje más tu yerro se paresce. Y porque de vieja falta nueva vergüenza recibias, te rebo y fago saber que con las armas que devisar quisieres, te mataré o echaré del campo o faré conoscer que la mayor fealdad que pensarse puede feziste; y con ayuda de Dios, mis manos e tu maldad me darán de ti entera vengança. Por eso las armas que dadas te son a escojer escoje, que darte el campo y señalarte el día, en viendo tu respuesta lo faré. Arnalte and Elierso disregard all courtly and chivalric rules when they fall for the same woman. The brothers-at-arms forsake years of friendship for Lucenda. These men have fought together, bled together, pledged their loyalty to the same king, and shared years of comradery. Yet, they irrationally give up their friendship and fight one another for a woman they just met. In fact, Arnalte seems more upset about Elierso’s betrayal of friendship and loyalty than by the loss of Lucenda. His letter cites their years of friendship, their love for each other, and their close relationship. This important bond was broken when Elierso betrayed Arnalte’s trust. He publicly besmirches Elierso’s honor and demands that he meet him on the field of battle to answer for his

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15 Ibid., p. 143.
16 Ibid., pp. 143-4. English: “…your error shames you and no apology saves you. Remember our long friendship and close love, and it brings to mind how much confidence I had in you that I told you all my secrets, withholding nothing…But I complain because you acted as an enemy of your will and my entire being, especially knowing how much friendship demands the truth, before, not seeing this, your clear ugliness was obscured by memory, and you have hurt yourself more than another, because your error has marred your good lineage [and clean name]. And because of an old fault you will receive new shame. I challenge you, so choose your desired weapons, I will kill you or throw you off the field of battle or my worst. And with the help of God, my hands shall take vengeance against your evil.”
duplicit. Even longstanding loyalties and close personal friendships cannot be trusted. Love makes men unable to rely on their closest friends, which causes anxiety and doubt. No soldier wants misgivings about the man standing next to him on the battlefield. No friend should be suspicious of his best friend’s motives. Arnalte, in turn, refuses to spare Elierso, his best friend.17 While Elierso may have stolen the woman Arnalte desired, this small betrayal is trifling compared to Arnalte abandoning a life-long friendship and killing his best friend over a woman. After the duel, Lucenda declines Arnalte’s marriage proposal.18 Her rejection illustrates that Arnalte, not Elierso, committed the graver crime. Since Arnalte does not succeed in winning Lucenda, his actions are rendered meaningless. Instead of losing a woman but keeping his best friend, Arnalte loses everything. Through Elierso and Arnalte’s confrontation, San Pedro illustrates that male friendships should be valued over the capricious love for a woman, but love muddles the brain and makes men act out of character.

Two lovesick knights make the same mistake at the beginning of Juan de Flores’ La Historia de Grisel y Mirabella. Grisel and another unnamed knight spar first with words and then with swords over beautiful Mirabella, until Grisel kills the other knight.19 The two knights have merely seen Mirabella. Neither of them has spoken to her, and they do not know if she returns their affections. Yet they willingly abandon their sacred oaths to each other and fight to the death, demonstrating love’s ability to breakdown male bonds that should remain intact. The duel is especially frightening because it destabilizes the entire political order – all for a woman. Knights are expected to fight and perhaps even die, but their deaths should be offered for king

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17 Ibid., p. 146.
and country. Kings and nobles alike do not want to lose worthy knights in battle, especially in a fight amongst themselves that gains neither power nor territory. Additional political ramifications of jealous lovers are evident in Persio’s actions in Diego de San Pedro’s *Cárcel de Amor*. Persio envies Leriano’s closeness with Laureola and exaggerates their intimacy to the king.\(^{20}\) His lies land Laureola in prison, which, in turn, leads to Leriano declaring war against the king in an attempt to free his beloved. The war ravages the kingdom. Two-thirds of the king’s men die and much of Leriano’s army as well.\(^{21}\) Alliances are shattered, and thousands of lives are lost in a brutal war over one man’s love. Long-established male bonds that should be unwavering and steadfast, crumble and collapse when exposed to love’s corroding influence.

The lovers in sentimental romances leave a trail of bodies in their wake. Secondary characters often die, showing love’s negative effects on those around a lover. Grisel recklessly kills the anonymous knight before he utters a single word to Mirabella.\(^{22}\) Though a minor act in relation to the story at large, the indiscriminate murder committed by besotted lovers would make anyone uneasy. Arnalte kills Elierso, his former friend and the husband of Lucenda.\(^{23}\) Leriano’s rebellion leads to over three thousand deaths.\(^{24}\) Celestina, Pármeno, and Sempronio are

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\(^{21}\) Ibid., pp. 145-6.

\(^{22}\) Flores, *Grisel y Mirabella*, pp. 55-7.


\(^{24}\) San Pedro, *Cárcel*, pp. 141-6: Leriano begins the battle with at least two hundred men. One of his captain’s has “ciento honbres darmas” (100 armed men) and another two of his captains have “cincuenta cavalleros” (50 knights) each. The king, in turn, attacks Leriano’s forces with an army of “cinco mill honbres darmas” (5,000 armed men). In addition to the first skirmish, five other battles occur between Leriano’s and the king’s forces in the space of five months. At the end of all the combat, the king has lost “de mucha parta de sus cavalleros” (most of his knights) and “fallecian ya las dos partes de su gente” (two thirds of his men). Two thirds of five thousand soldiers is roughly 3,333 soldiers. Leriano, too, has “perdió muchos honbres principales” (lost many of his main men). Though no number was given, we can assume he lost
all tangential victims of Calisto and Melibea’s love. Pármeno and Sempronio kill Celestina for the part of the golden chain and then promptly jump out the window to try to elude capture. The gold that spawned such brutal actions was gifted by Calisto and would never have been given to Celestina had he not fallen for Melibea. Though Pármeno, Sempronio, and Celestina are unarguably victims of their own greed, nevertheless, Calisto and Melibea’s relationship helps foster the particular circumstances that lead to the deaths of Celestina and her colleagues. The deaths of each lover’s friends and family as well as innocent bystanders show love’s injurious influence on anyone who plays a role in a lover’s life.

It is not only secondary characters who lay down their lives for love. Not one of the love affairs depicted in sentimental romances ends well, and most often, love leads to death for the protagonists. In *Estoria muy Verdadera de Dos Amantes*, as soon as Euríalo departs from Lucrecia’s view, Lucrecia falls to the floor sick and eventually dies in the arms of her parents. Both Melibea and Calisto die before the end of *Celestina*. Grisel and Mirabella also die in their own tragic tale. Fiameta kills herself when Pánfilo rejects her. *Siervo Libre de Amor* ends with Liessa stabbed through the stomach by her father-in-law, and her love, Ardanlier, kills himself to join her in the afterlife. Leriano, who unsurprisingly also dies at the end of *Cárcel de Amor*, perhaps best exemplifies the inevitable deadly outcome for all who love.

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at least a quarter of his forces, or another fifty soldiers. Consequently, at least 3,353 people perished in the war between Leriano and the king.


He seems to plan his suicide from the very beginning of his imprisonment in Love’s castle. When captured at the beginning, Leriano tells the auctor “como puedes ver en este preso que lievo a la Cárcel de Amor, donde con solo morir se espera librar.” Themes of death continue throughout the romance. In his letter to Laureola, Leriano desperately guilts her into replying by claiming that he will die without an answer from her. Leriano constantly mentions his own death, foreshadowing his eventual demise. It comes as no surprise that Leriano perishes at the end of his tale. In sentimental romances, death is the inescapable outcome of love.

Pleberio’s final lament at the end of Celestina epitomizes the deadly nature of love, desire, and all human life. Pleberio finally realizes what the authors of sentimental fiction, Celestina, and medical tracts on love have been trying to demonstrate. Love is nearly inescapable, and, if left uncured, only ends in death. The bleak reality of love’s grim promise taints all amorous activities. Love cannot lead to anything but annihilation and destruction.

The loss of life affects the families of the departed in negative ways, and the harsh repercussions of love do not end with the protagonists’ deaths. In Siervo Libre de Amor, Ardanlier is the only son of the king of Creos. When he dies, his father is left without an heir to the kingdom. Liessa carries Ardanlier’s child, the grandchild of the king and future heir to Creos. When confronted by her irate father-in-law, Liessa begs for mercy in the name of the child she carries: “¡A[h] señor, piadat de tu verdadero nieto que traygo en mis yjadas! ¡No seas carniçero de tu propia sangre! ¡No te duelas de mí, ynoçente, mas de tu lympia y clara sangre! Condenas la

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28 San Pedro, Cárcel, p. 84. English: “As you can see, I am a prisoner in the Jail of Love, where the only hope of freedom is through death.”

29 Ibid., p. 107.


31 Rodríguez del Padrón, Siervo Libre de Amor, p. 88.
triste madre; salua la ymagen suya, no por memoria de mí, mas de tu único hijo, Ardanlier, al cual obedeci.”  

But the king ruthlessly stabs Liessa through the stomach, killing both his daughter-in-law and his heir in one blow.  

When Ardanlier dies to join his love, his family dynasty is at an end. The stability and prosperity promised by a royal heir is replaced with uncertainty and confusion. With the death of Ardanlier, the king of Creos loses both a son and a monarchical dynasty. Not only has his family suffered a tragic personal loss, but the well-being of the entire kingdom is put at risk. The security of the nation is in jeopardy to invading monarchs, scheming nobles, and others who will take advantage of the lack of clear sovereign inheritance. The king’s actions immediately provoke invading forces who seek to avenge Ardanlier and take advantage of the loss of an heir. Before he dies, Ardanlier sends missives to the princess of France and the king of Hungary, urging them to avenge Liessa’s wrongful murder.  

Additionally, Ardanlier’s loyal servant appears before the emperor of Colonia who, quite conveniently, is entertaining the king of Poland, ambassadors from the kingdoms of Amlaçia, Daçia and Traçia, and a number of powerful nobles.  

The emperor himself writes to the king of Creos proclaiming eternal enmity and promising to conquer his kingdom for Liessa’s sake.  

The letter reveals that the emperor has united with kings from every other realm in order to conquer Creos. The king of Creos, jealous because his son loved Liessa more than him, ensured the destruction of his family, his reign, and his entire country in a single blow. But

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32 Ibid., pp. 89-90. English: “Oh lord, have mercy on your true grandson that I carry in my womb! Do not be a butcher of your own flesh and blood; do not hurt me, an innocent, and do not tarnish your clean and clear bloodline. Condemn the sad mother, save your image, not for memory of me but rather for your only son, Ardanlier, whom I obeyed.”  

33 Ibid.  

34 Ibid., pp. 93-5.  


36 Ibid., pp. 98-9.
though the King’s hand bore the blade, love is the root of the entire catastrophe: Ardanlier’s love for Liessa, the King’s insane love for his son, Liessa’s devotion to her husband, and Ardanlier’s perceived lack of love for his father. All the political upheaval and tragedy stems from misguided and misunderstood love.

Much like Ardanlier, Mirabella is the only daughter of the king of Scotland, an aging monarch long past his prime who has no sons. Mirabella throws herself from the parapets, killing herself and, in essence, ending her family line. Both Mirabella and Ardanlier represent not only the continuation of their lineage, but their families’ claim to the throne. When the consequences of their ill-fated love affairs claim their lives, the parents lose all hope of a future. This sentiment is desolately echoed in Pleberio’s lament upon the discovery of the death of his daughter Melibea. Pleberio cries, “¿Para quién edifiqué torres? ¿Para quién adquirí honras? ¿Para quién planté árbores? ¿Para quién fabriqué navíos?” Without Melibea, Pleberio loses everything. He still owns his home and possesses his personal honor, but they are rendered worthless because he has no one to inherit them in the future. Pleberio’s family name will not pass on to grand-children and great-grand-children. Upon his death, his family home will be purchased by another rather than belong to his daughter and her family. The loss of a child is difficult to bear, but the end of familial lineage is devastating. The deaths of the protagonists result in the extinction of their family lines, political and social upheaval, and, in the most extreme cases, civil war.

37 Flores, Grisel y Mirabella, p. 54.
The Sentimental Genre – Debated, Contested, and Revised

With the exception of Celestina, the aforementioned texts are often classified as “sentimental romances,” a complicated and highly debated genre. At the end of the fifteenth and beginning of the sixteenth centuries, a flurry of romances were written in Castilian that were somewhat dubiously grouped together as sentimental fiction at the turn of the twentieth century by Menéndez y Pelayo and other prominent literary scholars. The genre includes well-known works such as Diego de San Pedro’s Cárce de Amor and Juan de Flores’ Grisel y Mirabella and Grimalte y Gradi as well as lesser known amorous tales like Estoria muy Verdadera de Dos Amantes by Eneas Silvio Piccolomini. Sentimental fictions often center on the theme of love and frequently include autobiographical narrators, allegory, a mix of poetry and prose, and the standard late-medieval debate for and against women. Scholars created schematics and diagrams to try to codify the typical plotline of sentimental romances. The chart drawn by Regula Rohland de Langbehn demonstrates that the basic narrative of sentimental fictions includes an initial situation, followed by the use of intermediaries, the obstacle, the failure, and

40 Piccolomini’s text was originally written in Italian during the middle of the fifteenth century (c. 1444), before the heyday of the Spanish sentimental fiction. The Spanish translation, however, was first printed in Salamanca in 1496 during the height of the sentimental fiction’s popularity. The text’s author, Eneas Silvio Piccolomini, became Pope Pius II in 1458. See, Rudolph Schevill, “Ovid and the Renascence in Spain,” Modern Philology Volume IV, ed. Charles M. Gayley, H.K. Schilling, and Rudolph Schevill (Berkeley: University of California Publications, 1913), pp. 112-3.
consequences. But these carefully constructed diagrams, lists, tables, and catalogues all collapse when specific texts are analyzed against them in more than the most general manner.

Not all works of sentimental fiction contain intermediaries, the obstacles faced by the protagonists differ, and the final consequences vary. Moreover, no single text contains all of the so-called standard elements of sentimental fiction. The lack of even one example of the archetypical sentimental romance has more recent critics denouncing a genre that is porous to the point of vagueness. Twentieth-century scholarship regularly differentiates between the genres of sentimental romance and chivalric romance (works such as Libro del Caballero Zifar, Amadís de Gaula, and La Gran Conquista de Ultramar). However, works are often a blend of genres which make them difficult to classify. Cárcel de Amor, for example, includes chivalric duels and battle scenes written with such precision that it becomes challenging to define the work as a strictly sentimental romance and not a chivalric romance. Siervo Libre de Amor, once lauded as the exemplar sentimental romance, is now considered more of a religious allegory than a

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42 Regula Rohland de Langbehn, La Unidad Genérica de la Novela Sentimental Española de los Siglos XV Y XVI (London: Dept. of Hispanic Studies, Queen Mary and Westfield College, 1999), pp. 52-6.
43 Gerli admits to the failing of sentimental fictions to contain all the criteria of the genre; Gerli, “Towards a Poetics,” p. 474.
sentimental love story. Late-medieval sentimental fictions are difficult to classify, contain, and describe. Recent scholarship proclaims the demise of the genre of sentimental romance in favor of combining both sentimental fictions and chivalric romances under the umbrella-term “romance.” Scholars are highly critical of the genre of sentimental fiction because the works only seem related to one another in the most general manner. Sol Miguel-Prendes acknowledges sentimental fiction as a hybrid genre sharing traits with cancionero poetry, penitential consolations, grammar school disputations, and chivalric tales. And yet, for all of its apparent faults, the genre of sentimental fiction is still a worthwhile and necessary sub-genre of medieval Iberian fiction. Sentimental fiction delineates a group of texts bound together not by style but by theme and agenda. For, as E. Michael Gerli states, if “the Spanish sentimental romance does indeed exist…it is best defined by mood and interest rather than by form.” With proper revisions, the genre of sentimental fiction is a highly functional generic division that can be used to delineate a group of texts written in Iberia during the late fifteenth and early sixteenth centuries that are conscious of late-medieval medical theory and purposefully denigrate love to advance a male-dominated social and political agenda.

While sentimental fictions have varying plots, stylistic elements, and form, they are uniform in their approach to love. When the genre of sentimental fiction is re-defined as late-medieval works that depict a medicalized approach to love and emphasize love’s corrosive

47 See, for example, Barbara Weissberger, “The Gendered Taxonomy of Spanish Romance,” La Corónica: A Journal of Medieval Hispanic Languages, Literatures, and Cultures 29, no. 1, p. 205.
49 Miguel-Prendes, Narrating Desire, pp. 280-1.
influence, works often considered a standard part of the sentimental romance corpus\textsuperscript{51} and even Fernando de Rojas’ *Celestina* (usually seen as a reaction to the sentimental fictions) all belong to the genre of sentimental fiction. The destructive power of love is seen in irrational character decisions, insanity, the breakdown of bonds between men, political turmoil, and the deaths of the protagonists and secondary characters. The genre of sentimental fiction is not moribund; instead, it needs to be re-fashioned. The theoretical framework provided by medicine demonstrates a clear divide in literary approaches to love between the thirteenth and fifteenth centuries. The obsessive feelings of love in LBA and HBR can be regulated through emotional hygiene, but feelings of obsessive love in the newly defined sentimental fictions are a disease which causes love to be devalued and feared.

*Taking Medicine Seriously in Sentimental Fiction*

Re-defining sentimental fictions based on medical theory necessitates accepting that the illnesses and medicine portrayed in sentimental romances were valid medical conditions and serious medical practices, which, in turn, offers a new perspective on late-medieval Iberian fiction in general. Many scholars consider sentimental romances to be merely parodic works which mock the popular courtly love genre and the early, more serious sentimental romances. For example, Dorothy Severin believes that only the very first sentimental romances, such as *Siervo Libre de Amor*, were written in earnest. Everything that follows parodies those first few romances.\textsuperscript{52} Even if certain sentimental fictions were intended as parody, Severin admits that the

\textsuperscript{51} Texts usually included in the genre of sentimental romance are: Juan Rodríguez del Padrón’s *Siervo Libre de Amor*, Diego de San Pedro’s *Tratado de Amores de Arnalte y Lucenda* and *Cárcel de Amor*, Juan de Flores’ *Breve Tratado de Grimalte y Gradisa* and *Historia de Grisel y Mirabella*, Luis de Lucena’s *Repetición de Amores*, and Enea Silvo Piccolomini’s *Historia de dos Amantes*.

\textsuperscript{52} Dorothy Sherman Severin, “The Sentimental Genre: Romance, Novel, or Parody?” *La Corónica: A Journal of Medieval Hispanic Languages, Literatures, and Cultures* 31, no. 2
printing press, mass-distribution, and the passage of time, helped the novels lose “their exclusive audience which understood the parodic nuances, and they were reinterpreted as serious works representing a serious interpretation of the love ethic of their time.” Though the love treatises and sentimental fictions may have been written as a form of pedagogic parody, they were taken seriously by readers and medics alike. Additionally, Dennis Seniff highlights the importance of Bernardus Gordonius’ *Lilium Medicinae* on the author of *Celestina* and his text by suggesting that “the entire notion of courtly love in Spain may well benefit from an examination of this scientific work.” Medicine imbued late-fifteenth and early-sixteenth century Iberian culture and literature. The portrayal of medicine and, in particular, the disease *amore hereos* is much more than a parody of courtly love. Authors strategically used medicine in their works to redefine love as a sickness and warn readers of the many dangers of love. E. Michael Gerli argues that the author of *Celestina* concludes that all love must lead to death. The love in *Celestina* and the sentimental fictions does indeed culminate in death and devastation, but there is a purpose behind the catastrophic endings. The authors use the unhappy endings to classify love as a dangerous disease and limit those who could intervene in the art of love. As a matter of hygiene, everyone, both men and women, trained hygienists and ordinary citizens, could play a legitimate role in love. Re-defining love as a disease limited those who could intercede in the process of love. The authors of sentimental fictions deliberately used medicine to strategically highlight the

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53 Ibid., p. 313.


failings of pseudo-doctors and traditionally trained healers in favor of the emerging university-educated, male, Christian physician.

*The Perils and Pitfalls of a Pseudo-Physician*

Untrained, pseudo-doctors were suspect in late medieval culture and disparaged in love literature as propaganda to support the emerging university-trained medic. Sentimental romances abound with examples of inept and incapable quasi-physicians who display flawed techniques and jump to erroneous conclusions. These self-styled medics mistakenly believe they are helping and even healing their unfortunate patients, when in reality, they only prolong and exacerbate illness. For example, in Juan de Flores’ *Breve Tratado de Grimalte y Gradisa*, Grimalte spends an incalculable number of months with Fiometta, scouring the world for Pamphilo and then more time ferrying letters between the pair until he finally unites the ex-lovers. Over the course of their time together, Grimalte has had numerous opportunities to observe Fiometta’s fragile mental and emotional state. Whenever she speaks, Fiometta laments her lost love, often dissolving into tears or hysterics.\(^{56}\) Grimalte mentions how even time cannot seem to calm her or heal her wounds.\(^ {57}\) Acting like a medieval physician, Grimalte diagnoses Fiometta as lovesick and proceeds with a treatment. He sees a hysterical, furious, and lovesick young woman – and talks at her. Pamphilo abandons Fiometta for a second time, leaving her bawling, and Grimalte tells Fiometta, “yo soy cierto que con vuestro saber la salud vuestra para tales danyos sabreys buscar…Y si a mis conseios quereys la voluntad vuestra inclinar, no seran a vos danyosos.”\(^ {58}\) Unfortunately, Grimalte proves to be a bungling doctor and harm does come from following his


\(^{57}\) Ibid., p. 17.

\(^{58}\) Ibid., p. 48. English: “I am certain that with knowledge you can find a way to heal the damages to your health…And if you follow my advice, it will not harm you.”
prescribed treatment. He tells Fiometta that she “deveys de pensar…para combater al enemigo amor.”\textsuperscript{59} Despite Grimalte listing numerous reasons that Fiometta should alter her thinking and fall out of love with Pamphilo, Fiometta ultimately kills herself. Grimalte is no doctor. Though his remedy of good sense is somewhat hesitantly advised in the medical pamphlets of the time, Grimalte misunderstands and misapplies the medicine. Physician Bernardo Gordonio suggests using reason to cure a “varón sabio” who is “obediente.”\textsuperscript{60} Gordonio advises against trying to reason with young men since they are unmoved by practical advice and need more concrete remedies.\textsuperscript{61} Grimalte, an untrained layman, misuses Gordonio’s medical tracts and, as a result, indirectly causes Fiometta’s death. Once he recognized Fiometta’s lovesick state, he should have brought in a qualified professional instead of playing physician.

The anonymous \textit{auctor} makes similar mistakes in Diego de San Pedro’s \textit{Cárcel de Amor}. He tries to find “aquel remedio” for Leriano’s lovesickness but, in the end, he fails.\textsuperscript{62} The \textit{auctor} successfully extorts Laureola to write letters to Leriano, which instantly alleviate his condition.\textsuperscript{63} However, these letters are nothing but a flimsy Band-Aid placed over a gaping wound. The \textit{auctor} does not cure Leriano of his lovesickness. His failure is especially evident after Laureola’s imprisonment, when she refuses to resume her correspondence with Leriano. With no hope of future correspondence, Leriano immediately reverts to his previous condition illustrating that he was not cured at all.\textsuperscript{64} His lovesickness was merely bandaged rather than truly healed.

\textsuperscript{59} Ibid., pp. 48-9. English: “She should think…in order to combat the enemy which is love.”
\textsuperscript{61} Ibid.
\textsuperscript{63} Ibid., pp. 110-4.
\textsuperscript{64} Ibid., pp. 154-5.
The *auctor* proves to be an unsuccessful and unqualified doctor, and Leriano dies under his amateur care. Strangely, no one ever calls for a real doctor during the entirety of Leriano’s illness. When Leriano takes to his sickbed, news spreads throughout the kingdom and he is surrounded by his friends and relatives. Yet, no one summons a physician to attend him. Instead, the mourners seem to believe that their inexpert skills will be sufficient to heal their friend. Tefeo, Leriano’s best friend, recognizes his lovesickness, but like Grimalte, he tries to cure Leriano with “sabias razones.” Tefeo appears to be familiar with lovesickness and some of the medical tracts outlining cures. However, just like Grimalte, he misreads Bernardo Gordonio and prescribes the incorrect cure. Instead of allowing a professional physician to heal Leriano, Tefeo acts as a clumsy pseudo-doctor, ineptly applying his inexpert understanding of medicine to a situation that clearly requires the assistance of a professionally trained physician.

Lucrecia dies of lovesickness at the end of *Estoria Muy Verdadera de dos Amantes*. As in the aforementioned sentimental fictions, she is not treated by a professional physician. Her servants carry her to her bed, and she is surrounded by her mother and other relatives, but, once again, no one thinks to call a trained doctor. Piccolomini’s text does mention that Lucrecia is given “medicina,” though the medicine has no effect. This brief reference to medicine by no means implies the presence of a doctor in Lucrecia’s sickroom. There is no evidence that a qualified medic administers the medicine. In fact, it is much more likely that the medicine is a home-remedy dispensed by either her mother or another female as was common in the Middle

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65 Ibid., p. 155.  
68 Ibid.
Maria Montserrat Cabré insists that “the house-hold was the primary locus of the medieval provision of health care.” Common illnesses and minor injuries were treated by wives, mothers, daughters, friends, and neighbors. Women ran the household and inherited many of the responsibilities for caring for the sick as well as maintaining the health of the well. Piccolomini shows that the home-remedies of well-meaning women cannot compare to the emerging university medicine. The women should have sent for a trained doctor instead of trying to heal Lucrecia themselves.

Sempronio, Calisto’s servant in Celestina, offers another example of an incompetent physician. He immediately recognizes that his master suffers from lovesickness. Clearly knowledgeable about lovesickness, Sempronio employs the standard defamation of women in an


70 Ibid., p. 25.

71 Ibid., p. 26: The “basic activities of daily care were conducted by women within the domestic environment. Both in health and in illness, the control of the six non-naturals embraced the everyday management of the regimes of sleep and waking, exercise, and bodily retention and evacuation. Together with the supervision of the quality of the air, the attempt to balance the passions of the mind, and the regulation of food intake, these were the basic tenets of a conceptualization of health and disease that was loosely rooted in Hippocratic-Galenic principles and was broadly shared, with different degrees of elaboration.” See, also, pp. 27-8: Montserrat Cabré cites the cases of men such as Bartomeu Sancho, who refused the doctor’s aid and preferred to be taken care of by his wife, who bought medicinal remedies from a local woman. See also, Ana del Campo Gutiérrez, “Enfermar, Morir y Descansar: El Caso de Francisca Monpaón en la Zaragoza de 1399,” Turiaso 17 (2003), pp. 183: Another example of women healers working in the home is that of Francisca Monpaón, a widow living in Zaragoza at the end of the fourteenth century who was tended by María de Tena. Although she was also visited by the Jewish physician Mosé Alazar, doña Francisca received the bulk of her care from María de Tena.

72 Rojas, Celestina, pp. 231-2.
attempt to cure Calisto. The remedy proves ineffective both because of the poor examples Sempronio chooses and the fact that Sempronio himself is also in love. A sufferer of lovesickness himself, albeit in a less dramatic way, Sempronio cannot hope to cure Calisto. He only infects and contaminates. A genuine physician would have better sense than to use a lovelorn man to cure another’s lovesickness. Though he means well and tries to aide his master, Sempronio cannot cure Calisto’s lovesickness, since he suffers from the same disease. Trying to cure Calisto on his own is Sempronio’s first mistake as a fraudulent physician. His second mistake is worse – and much more deadly. When his remedy fails, Sempronio suggests commissioning the aid of the bawd Celestina. He does not send for a university-trained, male doctor, but instead a female with no formal training who takes advantage of the situation for personal profit.

Doctors were only called for extreme cases, but the dire states of Fiometta, Leriano, Lucrecia, and Calisto would certainly have warranted a visit by a doctor. The suspicious absence of skilled doctors explains why no one in sentimental fictions is cured of lovesickness. Characters repeatedly rely on their own amateurish knowledge or the substandard pseudo-medicine of friends and relatives, who, no matter how versed in contemporaneous medieval medical practices, prove to be no substitute for a professionally educated physician. Because no lovesick character seeks proper medical treatment and no one calls a trained doctor, the lovesick characters die from their disease.

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73 Ibid., pp. 240-2.
Once love was considered a medical issue, doctors, especially, male, Christian, university-educated doctors, could intervene in a subject in which they were previously held at arm’s length. Prior to the rise of university-based medicine, the church was the primary center of healing. During the early and high Middle Ages, the clergy followed the Isidorian medical tradition, practiced medicine, and cared for the sick and wounded. Despite a continued presence of priests in the medical profession, clerical physicians slowly declined as university-educated doctors became more prevalent. When Guy de Chauliac, attending physician to Pope Clement VI, published his *Chirurgia Magna* in 1363 he completely separates therapeutics and religion. The surgical text cautions against religious cures and extols the virtues of therapeutic medicine unrelated to the spiritual sphere. Guy de Chauliac claims that only foolish people, such as women and the ignorant, pray for healing. Slowly, religious cures and even cleric-physicians declined in favor of more scientific, university-based medicine and medical practitioners. What had previously constituted only one of many ways in which medieval Iberians could mediate illness – that is, by enlisting the services of the learned physician – became finally institutionalized and preferred. The sentimental fictions demonstrate the dangerous consequences of not seeking professional help in order to indoctrinate readers into

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supporting the new standards for medical orthodoxy. Since the body and soul were intertwined, doctors gained acceptance as credible theological sources. Physicians, like Arnau de Vilanova who penned at least five works on theological matters in the 1290s alone, found that they could speak as authorities on the subject of religion as well as medicine. University-trained doctors slowly accessed spaces heretofore considered outside their authority and purview.

Similar to the slowly excluded clerical-physicians, women were also barred from the realm of healing and images of the female healer were denigrated in popular literature to propagandize the knowledge and honesty of male physicians. As the primary caretakers of children, hygiene, the household, and the ill, women were knowledgeable healers and relied on traditions and their close-knit community to heal, nurse, and strengthen those around them. Though they were not licensed doctors, these women undeniably played a large role in caring for — and even curing — the sick. Celestina includes a blatant attack on traditional healers. The bias against informal medical training is evident in the text, especially in the portrayal of Celestina. She is a female physician, trained through an apprenticeship to another woman, and the author clearly demonstrates his prejudice against her methods and integrity. The text strategically uses Celestina’s negative portrayal as a means to convince readers to avoid traditional healers, especially women healers, in favor of the new university-trained physician. Celestina exposes the seedy underbelly of the medical world, a world inhabited by greedy quacks and charlatans who have never attended university. Medics such as surgeons, who were trained through an

apprenticeship rather than at university, were equally suspect in the medieval worldview. When describing her method of healing to Sempronio, Celestina tells him:

Digo que me alegro destas nuevas, como los cirujanos de los descalabrados. Y como aquéllos dañan en los principios las llagas y encarecen el prometimiento de la salud, así entiendo yo fazer a Calisto. Alargarle he la certenidad del remedio porque, como dizen, el esperança luenga aflige el coraçón, y quanto él la perdiere, tanto gela promete[ré].

The portrayal Celestina paints of surgeons is decidedly negative. Her words confirm medieval suspicions that unscrupulous medics sometimes exacerbated diseases in order to make more money. Celestina also reveals her own intentions to intensify Calisto’s lovesickness and extort every penny he is willing to give. Celestina plans to promise Calisto a cure, but then delay the healing process, not unlike the majority of surgeons she knows. She unfavorably compares herself to surgeons, the lowest of the medieval medical hierarchy. Medieval surgeons were universally disparaged because of the pain associated with pre-anesthesia surgery. Additionally, surgeons rarely received a university education. As a result, surgeons were often portrayed as incompetent and avaricious. The association between surgery and her own methods confirms Celestina’s status as a dangerous medical practitioner. She knows her craft, but like surgeons, she uses the pain of others to make a profit. Celestina fantasizes of stepping into a male-dominated role and compares herself to a disingenuous surgeon twice in the text, later

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80 Rojas, Celestina, pp. 253-4. For English see, Rojas, Celestina, trans. Bush, p. 13: “I can tell you your good news pleases me as much as a surgeon greets a broken neck. He sticks an eager knife in, scores the damaged flesh and ups his charges while promising a quick cure, and I’ll follow suit with Calisto. I’ll raise his spirits with a sure-fire remedy, because as they say, ‘Fain hopes depress the heart.’ The more beside himself he gets, the more I’ll egg him on.”

81 For more on surgery as a low-brow medical profession in the Middle Ages, see, York, Health and Wellness, pp. 154-8.

repeating her certainty that no surgeon cures a wound at first. Celestina’s own words expose her deceit. Comparisons to a surgeon reveal Celestina’s ruse to obtain as much money as possible before curing her patient. She is not unable to cure Calisto, merely unwilling to do it quickly.

Celestina promises to cure Calisto – eventually. She does not rush to complete her treatment, because that would also mark the end of Calisto’s monetary favors and gifts. Sempronio, who has been an eager participant in the plan to dupe Calisto from the beginning and, unlike Pármento, has no doubts about Celestina, repeatedly remarks on Celestina’s “espacio” (slowness). He calls out her dawdling, remarking, “Señora Celestina, poco as aguijado.” Sempronio recognizes that Celestina has little motivation to quickly cure Calisto, especially since she has already been paid: “A dineros pagados, braços quebrados.” Though they have already received money from Calisto, Sempronio worries that Calisto’s generosity will fade with a lack of results, or, even worse, Calisto might recover from his lovesickness without their help. Sempronio implores Celestina to complete their task, “Si la oviere ogaño, si no, otro año; si no, nunca. [Suyo será el daño.] Que no ay coas tan difícile de sufrir en sus principios, que el tiempo no la ablande y faga comportable. Ninguna llaga se sintió que por luengo tiempo no afloxe su tormento…” Sempronio worries about the delays. He knows that time heals all

84 Ibid., p. 295.
86 Ibid. For English, see, Rojas, Celestina, trans. Bush, p. 36: “Pay in advance and ensure a slow delivery.”
87 Ibid., pp. 296-7. For English, see, Rojas, Celestina, trans. Bush, p. 36: “Let’s work on her [Melibea] this year, if not, next year, because all suffering that’s hard to begin with soon eases and becomes bearable. Pain from any wound wanes over time…”

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wounds – even those of Calisto. Sempronio fears that if Celestina continues stringing Calisto along at her current sluggish pace, Calisto’s health will be restored by time rather than Celestina and they will receive no recompense. Celestina does not deny Sempronio’s claims. She admits to taking her time with Calisto’s cure, and gives her reasons for a slower pace, explaining to Sempronio that she must “yr y venir” and sometimes force her client to “reciba malas palabras” so that “por los presentes que lo vieren, no digan que se gana holgando el salario.” Celestina does not disagree with Sempronio’s assessment of her slow pace; she simply explains that she must be seen out and about working on Calisto’s cause in order to justify her fee. The conversation between Celestina and Sempronio illustrates Celestina’s priorities. She desires money more than the speedy recovery of her patients. Celestina purposely prolongs Calisto’s suffering in order to line her pockets.

Celestina is not without medical training and years of experience. She apprenticed with the midwife and pediatric physician Claudina and served as a midwife herself, but she does not possess a university degree. All of her education is practical rather than scholastic. Despite her lack of formal training, Celestina is not an incompetent physician. For example, she successfully cures Areúsa’s mal de mujer through sexual stimulation. Celestina follows the proper procedures for treating the “wandering womb” demonstrating her proficiency as a healer.

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88 Ibid., p. 298. For English, see, Rojas, Celestina, trans. Bush, p. 37: “come and go,” “receive bad news,” and, “so all and sundry see him toiling and can’t say he’s got a fee for swanning round.”

89 Ibid., p. 258: “Fazíase física de niños…” For English, see, Rojas, Celestina, trans. Bush, p. 16: “She acted as a children’s doctor.” See also, p. 379: “Si salíamos por la calle, quantos topábamos eran sus ahijados; que fue su principal oficio partera diez y seys años.” For English, see, Rojas, Celestina, trans. Bush, p. 81: “When we were in the street, everyone we bumped into she’d brought into this world. For sixteen years she worked mainly as a midwife.”

90 Ibid., pp. 384-91.

Additionally, Celestina’s workshop contains a plethora of common medicine, useful herbs, and the tools of the trade that any competent healer should possess:

Tenía una cámara llena de alambiques, de redomillas, de barrilejos de barro, de vidrio, de arambre, de estaño, hechos de mill faziones. Hazía solimán, afeyte cozido, argentadas, bujelladas, cerilla, llanillas, unturillas, lustres, luzentores, clarimientes, alvalinos y otras aguas de rostro, de rasuras de gamones, de cortezas de [e]spantalobos, de taraguntía, de hieles, de agraz, de mosto, destiladas y acucharadas. Adelgazava los cueros con çumos de limones, con tuétano de corço y de garça y otras confaciones. Sacava aguas para oler, de rosas, de azahar, de jasmín, de trébol, de madreselva, [de] clavellinas, [mosquetadas] y almizceladas, polvorizadas con vino. Hazía lexías para enrubiar, de sarmientos, de carrasca, de centeno, de marrubios, con salitre, con alumbre y millifolia y otras diversas cosas. Y los untos y mantecas que tenía, es hastío de dezir: de vaca, de osso, de cavallos y de camellos, de culebra y de conejo, de vallena, de garça, y de alcaraván y de gamo y de gaot montés y de texón, de harda, de herizo, de nutria. Aparejos para baños, esto es una maravilla de las yervas y rayzes que tenía en el techo de su casa colgadas: mançanilla y romero, malvaviscos, culantrillo, coronillas, flor de saúco y de mostaza, espliego y laurel blanco, tortarosa y gramonilla, flor salvaje y higueruela, pico de oro y hoja tinta. Los azeytes que sacava para el rostro no es cosa de creer: de estoraque y de jazmín, de limón, de pepitas, de violetas, de menjuy, de alfcigos, de piñones, de granillo, de açofeyfas, de neguilla, de altramuces, de arvejas y de carillas y de yerva paxarera. Y un poquillo de bálsamo tenía ella en redomilla que guardava para aquel rascuño que tiene por las narizes.92

92 Rojas, Celestina, pp. 259-61. For English, see, Rojas, Celestina, trans. Bush, pp. 16-7: “She had a bedroom full of wire coils, narrow-necked vessels, glass, copper, earthen and tin pots of a thousand kinds. She made mercury, concocted creams, silver paint, vials, wax dabs, wool swabs, ointments, brilliantine, pomades, lighteners, clearers, alkalis and other face make-up, distilled from oleander essences, liquorice and dragon-tea bark, bile, unripe grape juice and must, all with sugar added. She smoothed skin with lemon juice, marrow from deer and heron bone and other such extracts. She manufactured water scented with roses, orange blossom, jasmine, clover, honeysuckle and miniature carnation, mixed and macerated with muscatel, frankincense, benjoin and wine. She made rinses to turn hair golden from ash of vine-shoots, dwarf oak, barley, horehound, saltpeter, yarrow and motley ingredients. Not to mention a huge stock of creams and unguments to turn your stomach: from cow and bear, horse and camel, snake and rabbit, whale and stone curlew, deer and wild cat, badger and squirrel, hedgehog and otter. Hers too was a wonderful array of herbs, roots and tools, all hanging from the ceiling of her house ready to spice baths: chamomile and rosemary, marshmallow and southern maidenhair, crown vetch flower of willow and mustard plant, lavender and white laurel, pink bistort and gramonilla, lady’s mantle and Arabian pea. Her selection of face paints beggared belief: gentian and jasmine, melon seeds,
The herbs, spices, flowers, minerals, and animal products in Celestina’s medical cabinet are the ingredients for accepted medical remedies of the time. Though the contents of Celestina’s cupboard are often used as proof of her witchcraft, the materials constitute nothing more than the typical herbs and poultices found in any medieval medicine cabinet.\(^9^3\) For comparison, many of the ingredients owned by Celestina can also be found in the lists of medication compiled by Ibn Sīnā and his Latin medieval commentators for two simple illnesses: nosebleed and cough. For nosebleed, Ibn Sīnā suggests numerous items, the following which are found in Celestina’s collection: coriander, unripe or sour grapes, ink, jujube, musk, rose, saltwater, and wine.\(^9^4\) Even the items that do not directly correspond to Ibn Sīnā’s catalogue are not necessarily evil. Certainly, Ibn Sīnā’s recommended chicken brains, cobwebs, donkey excrement, and frogs sound more witch-like than Celestina’s honeysuckle, chamomile, rosemary, and pistachios.\(^9^5\) Latin commentators added additional medicinal ingredients that are also owned by Celestina such as lemon, lily, mercury, olive oil, salt, and wax.\(^9^6\) Among the many remedies Ibn Sīnā recommends for a cough are alum, balsam, fennel, horehound, lily, maidenhair, mustard, pine, pistachios, rose, storax, sugar, violet, and wine.\(^9^7\) These same ingredients line the shelves of Celestina’s workroom. Many of the materials Celestina owns, like chamomile, lavender, and violets, pistachio, pine-nuts, almonds, curly caterpillar, corn cockle, lupin, tare, string bean and white-hearted cherry, and a little balsam she kept in a narrow-topped flask for cuts to the nose.”

\(^9^3\) Dangler, *Mediating Fictions*, p. 89.
\(^9^5\) Ibid.
\(^9^6\) Ibid., pp. 396-420.
\(^9^7\) Ibid., pp. 449-62
benzoin are still used today for their medicinal properties. Celestina clearly understands medicine and health, despite her lack of a university education.

Some scholars suggest that Celestina is an incompetent physician who employs inadequate methods to treat lovesickness. For example, Jean Dangler repeatedly references Celestina’s “incompetence” and “inability” to cure Calisto. Celestina’s author portrays Celestina in a negative light, but Dangler does not fully grasp the author’s attack on the alcahueta. It is not that Celestina is incompetent. The real danger is that she is a talented healer who chooses to use her abilities for personal gain and greed. The details of Celestina’s backstory and proof of her competence make her willful misuse of medicine even more abhorrent. She could cure Calisto. Unfortunately, her greed overpowers any desire to heal. Celestina deliberately chooses to prolong Calisto’s illness hoping for a larger payout. By painting a horrific picture of Celestina, surgeons, and home-trained physicians, the author deliberately argues in favor of the emerging university-trained medic. In order to cure Calisto, Sempronio should have sent for a real doctor rather than an intermediary. Calisto could have afforded a real doctor since he was a noble and wealthy enough to employ servants. It is unfortunate that Celestina was brought into the love affair, for Melibea, too, was the daughter of a wealthy noble could easily have afforded the new physician-based health care. The author insinuates that a real physician would have cured Melibea and Calisto of their amor hereos, allowing the main characters to live long and prosperous lives. Instead, Celestina irreparably damages the hearts and lives of the characters. Celestina does this not because she does not know any better, but because of her

Celestina’s purported remedies do not work, because she does not intend the remedies to work. She wants Calisto to languish in love for her own purposes. The author of Celestina suggests that lowly surgeons and midwives will not hesitate to take any advantage they can get, but he avoids tarnishing the reputation of university-trained, Christian, male physicians, who would never be so greedy or cruel.

The vilification of pseudo-physicians and female healers in literature occurred concurrently with legal and social prohibitions preventing women from practicing medicine. Despite their prominent role in household medicine and the need for midwives during births, women were, in general, slowly excluded from the medical sphere. The laws preventing practice without a medical degree allowed university-trained doctors to bring unlicensed practitioners to court. Many of these court cases were against female physicians who were unable to attend university and gain the required degree because of their gender. For example, in 1322, the “masters in medicine” at the University of Paris brought a trial against “Jacoba Felicie and others” who practiced medicine “without the knowledge and authority of the said masters.”

The faculty at Paris prosecuted Jacoba because she did not have their authority, authority she was prevented from attaining because women were rarely allowed at university. Jacoba Felicie

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101 For more on Celestina’s greed, see Gerli, Ends of Desire, p. 47.
102 For authors blaming Celestina’s remedies, see, Amasuno Sárraga, “Frente a Frente,” p. 88.
104 Monica H. Green’s study on the paucity of evidence pertaining to medieval women physicians points to the fact that the women who practiced medicine were home-trained or inherited their husband’s or father’s work. She does not offer any evidence that women were allowed to be trained as physicians or surgeons at university. Shirley Kersey argues that an exceptional few women did participate in the university communities of the Middle Ages at universities in Salerno, Bologna, Montpelier, and Salamanca, but she provides no specific
may not have had a university degree, but the medical advice she offered proved her knowledge and expertise. Felicie was charged with inspecting urines, taking pulses, touching bodies and limbs, and offering various medicinal remedies and potions. In short, she did exactly what every good doctor was supposed to do. The witnesses called into the case further attest to her skills as a physician. Former patient Jean Faber claimed that Jacoba had “done well by him, for she cured his illness through her potions.” Nobleman Odo de Cormessiaco, a “brother of the hospital of Paris,” was “seized by a severe illness, to such an extent that his own limbs could not support him.” Master John de Turre, Master Martin, Master Herman, and “many other masters in medicine” visited Odo, but they could not find a cure. Finally, Jacoba gave him a purgative and “worked over him with such great care that he was completely restored to health.” Lastly, the wife of Denis confessed that she had been “seized with a fever” that proved to be incurable by “a certain brother de Cordelis, Master Herman, Manfred, and very many others.” Although examples or evidence. Her findings are largely called into question today. For the most part, female education during the Middle Ages occurred in convent schools where aristocratic girls and women learned basic reading and writing skills. Education also occurred in the home. Noble families sometimes engaged a governess or private tutor to educate young men and women at home. Higher education was closed to women, and female education emphasized communication for domestic matters, foreign languages, and reading for religious purposes. For more on female education in the Middle Ages, see, Monica H. Green, “Documenting Medieval Women’s Medical Practice,” *Practical Medicine from Salerno to the Black Death*, ed. Luis García-Ballester, Roger French, Jon Arrizabalaga, and Andrew Cunningham (Cambridge: Cambridge University Press, 1994), pp. 322-52. See also, Shirley Kersey, “Medieval Education of Girls and Women,” *Educational Horizons* 58, no. 4 (Summer 1980), pp. 188-90; Ursula King, “World Religions, Women and Education,” *Comparative Education* 23, no. 1, Special Number (10): Sex Differences in Education (1987), pp. 45-7; and, Judith R. Baskin, “Some Parallels in the Education of Medieval Jewish and Christian Women,” *Jewish History* 5, no. 1 (Spring, 1991), pp. 41-6.

106 Ibid., p. 367.
107 Ibid.
108 Ibid.
109 Ibid., p. 368.
the “physicians gave her up for dead,” Jacoba conducted her own examination, prescribed medicinal syrups, and cured Denis’ wife.\(^{110}\) The testimonies of the three witnesses prove that Jacoba was practicing medicine without a license, but they also demonstrate Jacoba’s exceptional skill. In two of the aforementioned instances, Jacoba managed to cure the patients after numerous male university-trained doctors had failed. Jacoba’s expertise is superior to that of the so-called master physicians. She is not brought to court because her patients are dying, but because she is successfully curing people the university-educated doctors cannot help. Jacoba represents a threat to male, university-trained practitioners, and she is prosecuted and punished in order that they may retain their authority. Real-world trials, like that of Jacoba Felicie, could not completely justify the exclusion of female medics, though they still continued to persecute and punish those who practiced medicine. Literature offered a fictitious landscape perfect for justifying the prohibition of women physicians through the creation of villainous female doctors like Celestina.

Mediation and love were long intertwined in the Iberian Peninsula. Historically, third-party intervention in the arranging of marriages was near universal in both Western and Eastern traditions.\(^ {111}\) Islamic cultures often relied on the help of a ḥaṭṭāba, an old woman trained in matchmaking to broker marriages between families.\(^ {112}\) Intermediaries were a critical and constructive part of Andalusian court culture as evidenced by positive descriptions of go-betweens in Ibn Ḥazm’s love treatise.\(^ {113}\) Though men occasionally acted as intermediaries, in

\(^{110}\) Ibid.

\(^{111}\) Francisco Márquez-Villanueva, Orígenes y Sociología del Tema Celestinesco (Barcelona: Anthropos, 1993), pp. 24-5.

\(^{112}\) Ibid., pp. 25-6.

both literature and culture, women played the predominate role in mediating love. Their prominent role in love gave women a great deal of power. In Celestina, the author maligns the traditional elderly female matchmaker, portraying her as a greedy, ugly, old whore who corrupts those around her. Good fathers and mothers would be hesitant to enlist the services of such a woman. Defaming Celestina casts fear and doubt on elderly women performing the traditional role of matchmaker and helps remove them from the equation of love. Depictions of evil and avaricious intermediaries leads to fewer families employing the services of these women. Excluding female matchmakers works in the favor of men who gain more control over love as they remove the barrier of the female third-party.

Recognizing lovesickness as a valid medical ailment of the late Middle Ages necessitates a refinement and reassessment of the entire genre of sentimental fiction. Sentimental romances were more than just parodic entertainment. Authors imbued their texts with valid medical ailments and treatments, as well as examples of unscrupulous healers and uncontrollable lovesickness in order to further the agenda of professional physicians. The move from female to male physicians also dictated who was allowed to give opinions on illness, health, disease, normalcy, and hygiene, effectively regulating both men and women’s bodies. As love became the exclusive purview of medicine, doctors gained the power to speak and be heard as valid figures regarding love. The increasingly popular male, Christian, university-educated physician was not the only one to benefit from works depicting love as a disease to be cured by doctors. Changing attitudes toward love impacted religion, politics, and the medieval social order.

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Lovesickness became a useful tool to enforce cultural standards and love was manipulated by physicians and male authors with the support of religious authorities, political factions, and an increasingly patriarchal populace in order to exert control over the bodies and feelings of both men and women.
Chapter Four
Man, I Feel Like a Woman – Lovesickness and Gender

Prelude:

On the thirteenth of December in the year 1474, at only twenty-three years of age, Isabel the first was crowned Queen of Castile and Leon. It was the day after her half-brother Enrique IV’s death, and her political rivals had not yet managed to solidify a proper offense.¹ No one expected Isabel to be queen. Her early upbringing was not that of a future monarch. Born the second child of Juan II of Castile and Isabel of Portugal, Isabel I was third in line for the Castilian throne after both Enrique IV and her younger brother Alfonso. Her upbringing positioned Isabel to play only the typical roles for noblewomen, that of political pawn, wife, and mother.² But a series of premature deaths and successful alliances placed Isabel on the throne.³ Her role as queen was both new and alarming. She continually refused betrothals that left her politically vulnerable and powerless, all the while, secretly negotiating plans to marry Fernando II, heir to Navarre, Aragon, Sicily, and Sardinia.⁴ In early October of 1469, on the pretext of visiting her brother’s tomb in Ávila, Isabel escaped the guardianship of Enrique’s court, while Fernando sneaked into Castile disguised as a servant. The pair eloped and were married in Valladolid on the 19th of October 1469. Isabel then became the future queen consort of Aragon.

³ Guardiola-Griffiths, Legitimizing the Queen, pp. 31-42.
⁴ Ibid.
and Fernando’s holdings in Italy. When Enrique IV died five years later, Isabel had a formidable
ally and powerful army backing her claim to the Castilian throne.\(^5\)

Isabel did not claim the throne of Castile in her husband’s name. Although married,
Isabel was crowned as queen in her own right. Fernando was not even present at her coronation,
clearly establishing that Isabel, not her husband, sat on the throne of Castile.\(^6\) Such an act was
unusual, to say the least. For her entire life, Isabel ruled Castile, never relinquishing her holdings
to her husband. They shared a joint rulership of a united Spain, but Isabel was the proprietary
queen of Castile and Leon.\(^7\) The situation was unique to not only Spain but all of medieval
Europe.\(^8\) Additionally, Isabel insisted that her daughter, and then, when he was born, her son, be

\(^7\) The exact legal terms of the co-monarchy shared between Fernando and Isabel are
complex and were subject to various interpretations. Following Isabel’s accession to the throne,
Fernando became the *de jure uxoris* King of Castile, meaning that he co-ruled Castile by right of
his wife. Isabel, however, remained the proprietary queen of Castile and, as such, more powerful
than her husband. For more, see, John Edwards, *Ferdinand and Isabella: Profiles in Power* (New
York: Pearson Longman, 2005), pp. 22-3: “There were two novelties in the regime of the future
‘Catholic Monarchs’, these being the accession of a woman as ‘proprietary queen’ of Castile and
her exercise of dual monarchy with Ferdinand of Aragon.”
\(^8\) For more on the unique situation of Isabel, see, Theresa Earenfight, “Two Bodies, One
Spirit: Isabel and Fernando’s Construction of Monarchical Partnership,” *Queen Isabel I of
4-12; See also, Theresa Earenfight, *The King’s Other Body: Maria of Castile and the Crown of
F. O’Callaghan, “The Many Roles of the Medieval Queen: Some Examples from Castile,” in
*Queenship and Political Power in Medieval and Early Modern Spain,* ed. Theresa Earenfight
(Burlington: Ashgate, 2005), pp. 54-6: Female rule and queens exercising power were not
completely unprecedented in the history of the Spanish kingdoms. Queen Maria of Castile, the
wife of Alfonso V of Aragon (1416-58) governed Catalonia for twenty-six years while her
husband was away conquering Naples. However, Maria ruled in her absent husband’s stead,
following the protocol established by numerous queen-consorts in the fourteenth and fifteenth
centuries. It was also common practice for the Queen Mother to rule until her son was old
enough to assume the throne, as was the case with Maria de Molina and Fernando IV. In these
cases, the Queen Mother stepped aside as soon as her son reached legal age.
named heir to her kingdom rather than her husband. Isabel’s position as the monarch of Castile, and her wifely duty as queen consort of Aragon made her one of the most powerful women in the world. Through the de facto union of Castile and Aragon, the conquest of Granada, and the claim on goods and lands “discovered” in the so-called New World, the fledgling kingdom of Spain finally emerged as a global power – a global power with a woman on top.

Chapter Four

A female atop the powerful Spanish throne posed a threat to the established patriarchal social order. Isabel’s exceptional position led to a backlash of masculine anxiety explained and explored by Barbara F. Weissberger in her monograph Isabel Rules. The amatory fiction composed in Isabel’s court echoes this unease, albeit in more subtle fashion. Nervous as they might have been, most noblemen, courtiers, and authors could not overtly complain about their new female monarch, even if she presented the threat of marginalized masculine power. The

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9 Guardiola-Griffiths, Legitimizing the Queen, pp. 13-56 and 73-8.
10 Despite her solidified place in history books, Isabel’s actual reign was never entirely stable. The beginning of her rule was marked by civil war when her niece Joanna la Beltraneja and Joanna’s husband Alfonso V of Portugal marched troops into Castile to try to take the throne. Though they were eventually defeated, Isabel’s legitimacy as the monarch of Castile was never guaranteed until her own daughter, Isabel, Princess of Asturias was sworn as heiress. For many, Isabel’s right to reign did not truly solidify until the birth of a male heir, her son, Juan, Prince of Asturias. For more on the instability of Isabel’s rule, see, Guardiola-Griffiths, Legitimizing the Queen, pp. 19-23.
12 A notable exception is the letrado and royal chronicler Alfonso de Palencia, author of the Crónica de Enrique IV. His historical account of the events both preceding and following Isabel’s ascent to the throne offers a more critical assessment of Isabel’s circumvention of the proscribed gender roles. Nevertheless, the chronicle was commissioned by Queen Isabel and, overall, presents a decidedly biased, pro-Isabelline perspective. The reputations of Enrique IV and his daughter Joanna suffer more at Palencia’s hand than that of Isabel. The Crónica was written with the explicit purpose of legitimizing the new queen’s right to rule, and the work was approved by Isabel. For more on Alfonso de Palencia, see, Weissberger, Isabel Rules, pp. 45-6, 71-91, 136, and 167.
intellectual and courtly atmosphere fostered by Isabel’s court and supported by the medical literature of the day underscored male subservience. Medical treatises emphasized love’s ability to reverse the gender hierarchy and place women on top. The resurgence of courtly love poetry and chivalric romances in Isabel’s court further emphasized women’s place on a pedestal, high above their male counterparts. This political and social milieu left men feeling weak, impotent, and emasculated. Worried courtiers used sentimental fictions to express their concerns regarding social changes to the gender dynamics of their time, largely by focusing on the negative changes for men who endorsed and upheld the latest courtly fashion. Feelings of impotence and emasculation are reflected in a feminized depiction of lovesick male characters in sentimental fiction. The texts emphasize how love weakens men. Lovesick protagonists are ridiculed by their inferiors for submitting to women, and characters who fall in love are shown to expose themselves and their households to danger. This initial weakness then worsens as male characters act and dress like women. Finally, male characters deteriorate to the point that they lose all semblance of masculinity and literally become women by suffering from exclusively female ailments. The medicine and depictions of sickness in sentimental fictions reveals a feminization and emasculation of lovesick men. At the same time, women in sentimental fictions often display masculine qualities and operate in spaces of power and control traditionally reserved for men. Love literature was used in an attempt to re-establish masculine control and prevent elite men from subscribing to the women-on-top courtly atmosphere by depicting the gendered consequences of love.

Here, I must both mention my indebtedness to the groundbreaking efforts of Barbara F. Weissberger, E. Michael Gerli, and Antonio Cortijo Ocaña as well as highlight where my own argument departs from their claims. My chapter on gender politics and sentimental fictions
builds on the solid foundation established by these three authors in their respective works. Gerli’s (*Celestina and the Ends of Desire*) and Cortijo’s (*La Evolución Genérica de la Ficción Sentimental de los Siglos XV y XVI: Género Literario y Contexto Social*) scholarly analyses of how sentimental fiction highlights the negative aspects of love and the ridiculousness of the courtly love atmosphere paved the way for my own discussion of love literature.\(^\text{13}\) Weissberger’s well-known feminist study *Isabel Rules: Constructing Queenship, Wielding Power* focuses on the relationship between gender and power in fifteenth-century Iberia.\(^\text{14}\) My own argument furthers Weissberger’s thesis of what she terms “anxious masculinity” in late medieval Spain, by claiming that fifteenth-century men living under Isabel’s rule were not only concerned about a symbolic loss of masculinity, but that they feared literally becoming women. My study deviates from established literary criticism by offering a close reading of medieval medical theory alongside sentimental fiction and *Celestina*. Weissberger and Gerli have already demonstrated the importance of modern psychoanalytic literary theory and feminist thought on these key medieval texts. I, in turn, apply a more medieval lens and base my claims regarding gender and sexuality on the popular medieval medical theories of the time. While medieval science certainly differs greatly from modern medicine, the use of medieval medical theory allows us to approach sentimental fictions, texts intimately tied to the body and mind, from a more medieval – rather than modern – point of view. Understanding medieval medical approaches to sexuality, gender, and the body support the ideas of Weissberger, Gerli, and Cortijo, and push the boundaries of their more symbolic interpretations. Men were not merely afraid of becoming *like* women; they


\(^{14}\) See, Weissberger, *Isabel Rules*, pp. 3-203.
were afraid of literally turning into women. Medical treatises read alongside the amatory fiction of the era demonstrate that the transition to the feminine was not just metaphorical, it was physical.

*Love, Subservience, and Medieval Medicine*

Medical literature painted a picture of the subservience of men in love, an image both terrifying and intolerable for courtly men accustomed to power, control, and dominance. In his love treatise, Valencian physician Arnau de Vilanova (c. 1240-1311) highlights one of the chief concerns of *amor heroico* – the subversion of the power hierarchy between the lover and beloved:

> Dicitur autem amor heroicus quasi dominalis, no quia solum accidit dominis, sed aut quia dominator subiciendo animam et cordi hominis imperando, aut quia talium amantium actus erga rem desideratam similes sunt actibus subditorum erga propios dominos.15

Arnau de Vilanova connects the “*heroicus*” portion of *amor heroicus* not only to *eros* (love) but also *herus*, meaning lord or master.16 The reason for this, Arnau explains, is two-fold. *Amor heroicus* is called *dominalis* because it often happens to noble men, who are accustomed to being the master and dominating those around them. It also bears the name because it “masters the soul” and “makes the lover treat his beloved as his master.”17 For Arnau de Vilanova, one of the most frightening aspects of lovesickness is not the agonizing physical symptoms or even the possibility of death. Rather, the most alarming feature is *amor heroico*’s ability to undermine

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15 Arnaldi de Villanova, “Tractatus de Amore Heroico,” 105v c.2, in *Arnaldi de Villanova Opera Medica Omnia III*, ed. Michael R. McVaugh (Barcelona: Universidad de Barcelona, 1985), lines 22-5. English: “Now *amor heroicus* is called *dominalis* not only because it happens to lords (those accustomed to being *dominalis*) but also because it completely masters the soul and heart of the man under its sway, or rather because such a great love drives the men toward the desired object that it makes the lover treat his beloved as his master.”


17 Ibid.
established power dynamics – the lover submits to his beloved and she holds power over him. In short, she becomes his lord and master. The lovesick nobleman, accustomed to dominating those around him, is doubly dominated. First, by his own feelings, which overpower both his mind and body, and second, by his beloved to whom he willingly submits.

Fifteenth-century physician Francisco López de Villalobos, author of the love tract *Sentencias sobre Amor*, describes the slow degeneration of a man in love: “Y por quanto tu volundad es tu señora, a quien tú sirves y por quien te mueves y te riges…De manera que ya tú no puedes mover ni gobernar por tu voluntad, pues no la tienes; ni puedes tener otra condición ni otro querer más del que tiene la cosa que amas, porque en ella lo enajenaste todo y eres miembro suyo…”¹⁸ Villalobos captures the startling transformation that happens when a man falls in love. Suddenly, he loses his freewill and is ruled by the wishes and desires of his beloved. Additionally, Villalobos demonstrates that men lose more than their will – they lose their very selves. He writes that lovesick men merge with their beloved, willingly obliterating their masculine identity to become a part of a woman. In the worst cases, men literally transform into women. Villalobos tracks the decline of lovesick men, writing, “Assí que el amador parte por el camino de sus amores adelante y en el medio camino se torna mujer y en el término, donde se apea, se torna bestia.”¹⁹ According to Villalobos, love does more than merely reverse the gender and power dynamics. Love turns men into women. Men are emasculated both figuratively and

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¹⁸ Francisco López de Villalobos, *Sentencias sobre Amor*, in *Tratados de Amor en el Entorno de Celestina*, ed. Pedro M. Cátedra (Madrid: Sociedad Estatal España Nuevo Milenio, 2001), p. 223-4. English: “And because your will is your lady, whom you serve and who moves and governs you…You are no longer moved or governed by your own will, for you do not have it; nor can you have another condition or desire other than the [conditions and desires] of your love, because you transferred everything to her and you are a part of her.”

¹⁹ Ibid., p. 227. English: “The lover begins the path of love, and by the middle he becomes a woman and by the end, a beast.”
literally by love which places them in women’s power and, on occasion, transforms them into females.

The Audience of Sentimental Fictions

While sentimental fiction highlights the feminization of men, most of the works were written explicitly for women. Many of the dedicatory materials specify female readers, especially the women at the court of Isabel. Diego de San Pedro opens the Tractado de Amores de Arnalte y Lucenda with a personal letter addressing the “damas de la Reina.” He composed his tract for the benefit of the “virtuosas señoras” that surrounded Queen Isabel on a daily basis. San Pedro claims that text was written upon request, but he does not disclose whether the women asked for the story or if it was commissioned for their edification by another party. Additionally, the prologue to his Cárcel de Amor mentions Doña Marina Manuel, one of Isabel’s ladies-in-waiting, by name and was most certainly circulated in Isabel’s court. Diego de San Pedro was not the only author who addressed his manuscripts to women. Juan de Flores wrote Grisel y Mirabella for “su amiga.” Similarly, the dedication of Luis de Lucena’s Repetición de Amores also states that Lucena wrote his text “…en servicio de la linda dama, su amiga.” Even if the unnamed women are nothing more than fictitious females created by Flores and Lucena, the numerous dedications to women show that the authors intended their works for female

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21 Ibid. English: “virtuous ladies.”
22 Ibid., p. 89.
audiences. Even texts that were not exclusively dedicated to courtly women were often written for a general audience of both men and women. Eneas Silvio Piccolomini, for example, wrote his *Historia muy Verdadera* for the benefit of “todos.” Women at court clearly read, or at least listened to, the works of many sentimental authors. In fact, the sentimental romance has been cited as a unique genre due to its inclusion of female readers. For example, Gregory Kaplan asserts that this was the first time in Spanish literary history, and possibly Western European literary history in general, that an entire body of works was directed at primarily female readers. This inclusion, however, was far from an attempt at equity amongst the reading populace.

The manuscripts circulated in the courts amongst the fashionable ladies and their friends. It is not improbable that some of the works were written with Isabel in mind, and the queen undoubtedly read sentimental fictions and listened to them recited aloud. Like all popular fads, if the queen or her retinue seemed to favor a subject, genre, or author, those around them would emulate the affectation in order to gain acceptance and social standing. As a result, the sentimental romances would have been well-known to both male and female courtly readers. By catering to the tastes of the queen and dedicating their texts to Isabel and her retinue, the authors ensured that their works would be read by all the fashionable ladies and gentlemen of Spain – including the courtly men they criticize and emasculate.

*Lovesickness: Culture and Context*

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28 Ibid., p. 295.
The feminizing aspects of lovesickness cannot be extricated from the social and cultural setting in which it was created. Lovesickness emerged to compete against other types of love popular amongst the courtly elites and establish a contradictory position to courtly love literature. By the late fifteenth century, the popularity of courtly love declined throughout Europe in general, but the themes and styles popularized by troubadour poets and chivalric romances still held sway in fifteenth-century Spanish poetics and literature. Late medieval Spain underwent an “unexpected revival of troubadour poetry and chivalric idealism” that once again brought ideas of courtly love to the forefront of the public mind. Fernando and Isabel fostered a court atmosphere based on the revival of chivalric culture and Arthurian influences. Ideas of

29 For more the on the history of courtly love, see, Roger Boase, The Origin and Meaning of Courtly Love: A Critical Study of European Scholarship (Rowman: Manchester University Press, 1977); Peter L. Allen, The Art of Love: Amatory Fiction from Ovid to the Romance of the Rose (Philadelphia: University of Pennsylvania Press, 1992); John C. Moore, “‘Courtly Love’: A Problem of Terminology,” Journal of the History of Ideas 40, no. 4 (1979); and, Alexander J. Denomy, “Courtly Love and Courtliness,” Speculum 28, no. 1 (Jan., 1953): Courtly and chivalric literature was the height of fashion in many European courts during the high Middle Ages. From the eleventh through thirteenth centuries, a genre of literature now called amour courtois spread through Provence, France, Italy, Iberia, and the Mediterranean region. Amour courtois, a term coined in 1883 by Gaston Paris to describe the love between Lancelot and Guinevere in Chrétien de Troyes’ romance, quickly became a popular subject of medieval scholarship at the turn of the twentieth century. Courtly love is a much-debated literary subject and has been defined and re-defined as everything ranging from a spiritual melding of hearts and minds to a sexual affair. A common element in courtly love literature is the near deification of the beloved as the poet elevates the object of his worship to an extreme degree. The author promises his love and, if necessary, his life to his lady and happily submits to her every desire. Examples of the extreme powerlessness of the courtly male author can be found in cancionero poetry, which flourished in the Spanish courts during the late Middle Ages. Men, supposedly the head of the household and principal players in religion, politics, and society, willingly step down to an inferior position for their love. No longer assertive and in control, these poetic speakers approach their beloveds on bended knee begging for scraps off the table of their generosity. The women are set on pedestals high above men. Although amour courtois was more a poetic pastime than an actual court custom, the literary examples of submissive men and powerful women were dangerous to the masculine social order and identity.


courtly love flourished in the court of Isabel I, where the elevated female characters mirrored her own powerful position. Twelfth and thirteenth-century romances from England and France such as the Roman du Graal cycle were popular in the courts of the Catholic Monarchs who often supported Castilian translations. Queen Isabel was a known aficionado of chivalric romances and had a personal copy of the Historia de Lanzarote (c. 1496), a re-telling of the love story between Lancelot and Guinevere.\textsuperscript{32}

The topsy-turvy world envisioned by fifteenth-century Spanish culture left men in doubt of their previously undisputed rightful place in the world. John Cull notes that the sentimental fictions were composed at a time that corresponded with “a transition from a warrior society to a courtly one. The loss of heroic and military values seemed to many at the time to pose a threat of emasculation.”\textsuperscript{33} As war lords gave way to courtiers, the elite men of late fifteenth-century Iberia were forced to reshape their self-images and reconfigure their social roles to fit the court atmosphere. The joust, once a serious training exercise to hone a warriors’ ability, now became nothing more than a game, a frivolous festival for courtiers.\textsuperscript{34} These men lived in a society strictly regulated by systems of patronage, complicated hierarchies, elaborate rules of etiquette, and extravagantly pompous rituals.\textsuperscript{35} The foppish feminization of the courtly men was especially

\begin{footnotesize}
\textsuperscript{32} Ibid. For more on Isabel’s love for courtly romances, see, John T. Cull, “Irony, Romance Conventions, and Misogyny in Grisel y Mirabella by Juan de Flores,” Revista Canadiense de Estudios Hispánicos 22, no. 3 (Primavera 1998), pp. 416-8.

\textsuperscript{33} Cull, “Irony, Romance Conventions, and Misogyny,” p. 420.


evident to the emerging echelon of society – the *letrados*, erudite men like Diego de San Pedro employed by the young, non-scholarly courtiers who fawned over Isabel and zealously participated in the courtly festivities.\(^{36}\) Fifteenth-century Castile saw the rise of “the professional men of letters,” university educated men who served as “administrators, advisors, diplomats, and chroniclers in the service of the crown.”\(^ {37}\) Though not noblemen themselves, the *letrados* held powerful positions within the court. Their singular position as both part of and separate from the elite, offers a unique perspective on the status of the aristocratic man in Iberia. That is not to say that the *letrados* themselves did not experience anxiety regarding their own masculinity.\(^ {38}\) The sentimental fictions were composed by *letrados* such as Juan de Flores, author of *Grimalte y Gradissa*, *Grisel and Mirabella* and, in all likelihood, the *Crónica Incompleta de los Reyes Católicos*, who served as royal chronicler to Fernando and Isabel. These authors capture both the contempt and anxiety regarding the men who encouraged the cultivation of courtly love and courtly literature. The waning of a warrior society coupled with the resurgence of a celebration of courtly love spelled doom for traditional male values and positions. The *letrado* authors of sentimental fictions illustrated the ensuing male impotence through the emasculation of male characters in sentimental romances.\(^ {39}\)

*The Feminization of Lovesick Characters*

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\(^{38}\) Ibid., pp. 499-501.

Sentimental romances illustrated the ramifications of *amor hereos* by depicting men who should be the masters of their feelings, their households, and their lives as open to ridicule and exploitation. Rather than upholding the traditional masculine roles, lovesick men tend to inhabit the weaker, more feminine social roles. The servants in *Celestina* show open contempt for their master Calisto because of his devotion to a woman. Sempronio reproaches his master because he “sometes la dignidad del hombre a la imperfección de la flaca muger.” Calisto should be master in all senses of the word – a ruler of both himself and his household. But Calisto succumbs to his love for Melibea and loses control of himself. He is ruled both by his overzealous feelings and Melibea. Calisto’s unbridled devotion to Melibea places him in her power. Because he cannot control his feelings, his emotional breakdown leads to the complete disruption of his household, to the extent that an upstanding young nobleman willingly invites a known procuress into his home. The ridicule of Calisto by Sempronio and the other servants is a gross abandonment of propriety and highlights the depths to which Calisto has sunk in the public view. If even his low-brow servants recognize Calisto’s impotence, his peers must see the same.

A particularly disturbing example of men in traditionally feminine, submissive social roles can be found in the character of Torrellas in Juan de Flores’ *Grisel y Mirabella*. The royal council trying Grisel and Mirabella for their forbidden love affair rules that they must call in two experts to determine if men or women are at greater fault for the sins of the other. The female lawyer Braçayda argues in favor of women, while Torrellas represents male interests. After a lengthy debate with Braçayda, Torrellas is declared the winner and Mirabella is sentenced to death. Although Grisel sacrifices himself on the flames in her place and Mirabella is officially

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pardoned, Mirabella later commits suicide, inciting the wrath of the Queen and all the ladies of
the court who blame Torrellas for Mirabella’s death. Torrellas, defender of masculine virtue and
innocence, personifies the epitome of Iberian courtly culture. The representative for all men,
Torrellas, is described as “un caballero que para tal pleito pertenecía; al cual llamaban Torrellas,
un especial hombre en el conocimiento de las mujeres, y muy osado en los tratos de amor, y
mucho gracioso, como por sus obras bien se prueba.”41 Torrellas is famous for his understanding
of love and women, clearly a character who would have felt at home in the Catholic Monarchs’
courts.

In fact, Flores did not invent the character of Torrellas from scratch. Pere Torrellas (c.
1420-1492) was a Catalan nobleman linked to the courts of Navarre and Aragon before and
during the reign of Isabel and Fernando. He authored cancionero poetry as well as the prose tract
Maldezir de Mugeres (c. 1445) (Slander against Women) and its companion piece Razonamiento
de Pere Torrella en Defensión de las Donas contra los Maldezientes (The Defense of Ladies
against Slanderers).42 While Torrellas the character and Pere Torrellas the historical figure and
author are most certainly different, the connection between the two Torrellases is undeniable.
Flores wants the fictional Torrellas to be directly associated with the courts of Spain and the
contemporaneous literature on the debate of women. Before the trial, the King of Scotland
searches the entire world for the quintessential male and female lovers to defend Grisel and
Mirabella respectively. He eventually settles on Torrellas to represent Grisel and Braçayda to

41 Flores, Grisel y Mirabella, p. 63. For English, see, Emily C. Francomano, Three
Spanish Querelle Texts: Grisel and Mirabella, The Slander against Women, and The Defense of
Ladies against Slanderers (Toronto: Iter Inc. Centre for Reformation and Renaissance Studies,
2013), p. 109: “Likewise, a gentleman well equipped for the case was found…Called Torrellas,
he was renowned for his knowledge of women. He was quite daring in the business of love and a
great wit, as his writings demonstrated.”

42 Francomano, Three Spanish Querelle Texts, pp. 5-17.
speak for Mirabella. When describing the two representatives, Flores only specifies Torrellas’ homeland. He writes that Torrellas was found “en los reinos de España.” Braçayda’s nationality seems of little importance, but Torrellas is clearly identified as heralding from the kingdoms of Spain. This seemingly minor detail coupled with the descriptions of his wit, vast knowledge of women, and bold participation in all things love, identify Torrellas as the archetypal Spanish courtly lover and a symbolic representation of all men at the Spanish courts. However, Torrellas, is undone by the very courtly culture he espouses.

After Mirabella’s death, Torrellas falls hopelessly in love with Braçayda. With every woman in the kingdom out for his blood, Torrellas could not choose a worse time to fall in love. His passion proves to be his undoing. In the hopes of winning his beloved, Torrellas writes a love letter recanting his previous stance against women and begging Braçayda to consider his suit. The Queen, Braçayda, and the ladies of the court use Torrellas’ lovesick state to set a trap to enact their revenge. After Mirabella dies, the Queen tries to have Torrellas secretly killed, but she cannot find a way to kill him without angering the King. Torrellas’ love for Braçayda and his misguided love letter provide the means the Queen needs to satisfy her wish for vengeance. At the Queen’s request, Braçayda writes a loving reply to lure Torrellas into her private chambers. Torrellas believes he and Braçayda are going to share a romantic tryst, and, upon entering, he immediately commences with the “señales de verdadero amor” requisite of all

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44 Ibid., pp. 86-8.
45 Ibid., p. 86.
46 Ibid., pp. 89-91.
proper courtly lovers. Instead of a pleasurable evening, Torrellas receives brutal torture and, eventually, death:

“Y aquél, después de arrebatado, lo ataron de pies de manos, que ninguna defensa de valer se pudo. Y fue luego despojado de sus vestidos, y le taparon la boca para que no se pudiese quejar; y desnudo, fue a un pilar bien atado. Y allí, cada una traía nueva invención para darle tormentos. Y tales hubo, que con tenazas ardiendo, y otras con uñas y dientes, rabiosamente le despedazaron. Estando así medio muerto, por crecer más pena en su pena, no quisieron de una vez matarlo, porque las crudas y fieras llagas se le enfriases y otras de nuevo viniesen. Y después que fueron así cansadas de atormentarle, de grande reposo, la Reina y sus damas a cenar se fueron allí cerca de él porque las viese…Y después que no dejaron ninguna carne en los huesos, fueron quemados.”

The women bind Torrellas’ hands and feet, leaving him unable to escape their fury. Torrellas’ inability to escape, even when his life is threatened, mirrors men’s powerlessness when in love. Like Calisto and all men suffering amor hereos, Torrellas loses his position as “master.” He is now subordinate to the ladies of the court and completely at their mercy. Besotted with Braçayda, Torrellas does not imagine that her intentions are anything but true. Love weakens Torrellas and exposes him to the attack, for it is only after he is smitten with Braçayda that the Queen can exact her revenge.

Torrellas’ death emphasizes his emasculation. The women torture Torrellas in a way that reverses traditional gender roles. He is captured and stripped naked, left shivering and weak in

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47 Ibid., p. 91. For English, see Francomano, Three Spanish Querelle Texts, p. 167: “graceful manners of a true lover.”
48 Ibid., pp. 64-5. For English, see, Francomano, Three Spanish Querelle Texts, pp. 171-3: “And seizing him [Torrellas], they tied his feet and his hands so he had no way of defending himself. Then they stripped him of his clothing and gagged him so he could not cry out. Naked, he was tied fast to a pillar and each lady invented a new form of torture for him: there were some who ferociously tore at him with hot iron pincers, while others furiously tore at him with their nails and teeth. When he was half-dead, in order to make his pain all the more painful, they decided not to kill him right away. And, rather than allow his harsh and brutal wounds to cool, more ladies came at him with new forms of torture. Now, when they grew tired of torturing Torrellas, the Queen and her ladies rested themselves and retired to dine near him so that he might watch…At last, when the ladies had left no flesh on his bones, the remains were burned.”
front of the women. The male gaze is reversed as the Queen, Braçayda, and the women of the court stare at and objectify Torrellas’ naked body. The women strip away Torrellas’ masculinity, both figuratively and literally. As a naked object of scrutiny, Torrellas becomes a figurative female, subject to a penetrating, traditionally male, gaze. He is also literally emasculated, as the ladies of the court channel the classical Maenad and tear Torrellas apart with tools, fingernails, and teeth. Torrellas is slashed, scratched, and skinned to the bone until there is not a scrap of flesh left on his body, indicating that at some point, the women mutilate and remove Torrellas’ genitals. By tearing off Torrellas’ genitals, the women eliminate all physical body parts that mark Torrellas as a man and render him impotent and emasculated.

Lovesick characters like Torrellas occupy traditionally feminine roles and spaces, and, if allowed to fester, lovesickness further feminizes men. Eventually, men in love even begin to dress and act like women on their own accord. In Diego de San Pedro’s *Arnalte y Lucenda*, Arnalte cross-dresses in an attempt to gain access to Lucenda and win her favor. Lucenda ignores Arnalte’s love letter, refuses to speak with him when he comes calling, rebuffs his love song, and rejects his offer to dance. Undeterred, Arnalte decides to force conversation upon Lucenda by accosting her while she attends Christmas mass. In order to sneak into her presence, he dresses in “ropa de muger” and sneaks into her private chamber at mass. Although he debases himself by

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51 Ibid., p. 106. English: “women’s clothes.”
publicly donning women’s apparel, his plan does not work. Lucenda unequivocally rejects him.\footnote{Ibid., pp. 107-9.} Arnalte is not portrayed as a dashing courtly lover, but a rejected incompetent.\footnote{For more on medieval cross-dressing habits and stereotypes, see, Vern L. Bullough, “Cross Dressing and Gender Role Change in the Middle Ages,” \textit{Handbook of Medieval Sexuality}, ed. Vern L. Bullough and James A. Brundage (New York: Garland Publishing, Inc., 1996), pp. 223-8 and 234-7: Bullough emphasizes that male cross-dressing “not only led to a lower status but was suspect because most male writers could find only one possible explanation for a man’s adopting woman’s guise, namely a desire to have easier access to women for sexual purposes.”} His strategy not only fails, but utterly emasculates Arnalte. He willingly removes all exterior aspects that signify his masculinity in his attempt to seduce Lucenda. Arnalte transforms himself into a woman by wearing a dress and sitting with other women during mass.

If Arnalte’s scheme had met with success, his brief cross-dressing episode could be considered nothing more than a wily deception. Bayāḍ’s triumph at the end of \textit{Ḥadīth Bayāḍ wa Riyāḍ} provides an interesting foil to Arnalte’s failure. At the end of the manuscript, the ‘ajūza returns home to tell Bayāḍ that the sayyida has finally agreed to let him reunite with Riyāḍ. Once the hājib leaves for his voyage, the sayyida promises to sneak Bayāḍ into the estate disguised as a slave girl. She instructs the ‘ajūza:

\begin{quote}
فذا كان من الغد أرسلت إليك عشة من الوصائف، فلديك المذكور في جملته منفيا ويأتي معهنّ أن شاء الله.
\end{quote}

\footnote{Hadīth Bayāḍ wa Riyāḍ, in \textit{Historia de los amores de Bayāḍ y Riyāḍ: Una Chantefable Oriental en Estilo Persa} (Vat. Ar. 368) (New York: Hispanic Society of America, 1941), fol. 30v. For English, see, Cynthia Robinson, \textit{Medieval Andalusian Courtly Culture in the Mediterranean: Ḥadīth Bayāḍ wa Riyāḍ}, Routledge Studies in Middle Eastern Literature, 10 (New York: Routledge, 2006), pp. 67-8: “Tomorrow I will send you a group of slave girls, so that the Unnamed One [Bayāḍ] may disguise himself as one of them and, among them, come with them.”}

As ordered, the following day, the ‘ajūza: \footnote{Ibid., For English, see, Robinson, \textit{Medieval Andalusian Courtly Culture}, p. 68: “…disguised him and made him join together with the group.”} In order to reach his love, Bayāḍ not only disguises himself as a woman, but he masquerades as a female slave. Bayāḍ veils himself in
the cloak of both femininity and servility, which seems to contradict his successful reunion with Riyāḍ. However, in the era and culture in which HBR was written, Bayāḍ’s love was seen as a gentling force. Bayāḍ adopting the guise of a woman, the gentler sex, illustrates his newfound courtesy and gentlemanly nature. Additionally, the slaves he mingles with are the beautiful, educated, and wealthy concubines of the powerful ḥājib. Bayāḍ does not disguise himself as a beggar on the street. The most crucial difference between Bayāḍ’s temporary cross-dressing and Arnalte’s escapade is, of course, the end result. Bayāḍ uses his feminine disguise to infiltrate the ḥājib’s household and, presumably, consummate his love with Riyāḍ. His brief stint with femininity provides access to the ultimate forms of masculinity. Bayāḍ penetrates the boundary of a wealthy household, wins the affections of a most beloved concubine, and, assumedly, engages in sexual intercourse with Riyāḍ. Bayāḍ wears femininity as a mask, but he never becomes a woman. His disguise is nothing more than a means to an end. Arnalte, on the other hand, becomes his costume. He is unable to win Lucenda and fulfill his desire. Unlike Bayāḍ, Arnalte never removes the mask of femininity and remains impotent throughout the entire text.

*Boy, You’ll be a Woman Soon*

Reading sentimental romances alongside medieval texts about women’s medicine offers a model for comparing the lovesick men in the romances to medical descriptions of women and thus provides examples of men literally becoming women. Texts written about women’s ailments and female medicine provide a unique insight into medieval ideas regarding sex differences and what exactly constitutes a man and a woman. Medical texts such as pseudo-Albertus Magnus’ *De Secretis Mulierum* (Secrets of Women) (late 13th or early 14th century) and the anonymous *Trotula* texts of the Salernian school (c. 12th century) promise to share the secrets
of women’s medicine with male practitioners.\textsuperscript{56} The two texts had a significant influence on university medicine and present philosophical and scientific arguments about women from the late medieval scholastic circles.\textsuperscript{57} According to the author of \textit{De Secretis Mulierum}, women are naturally more prone to illnesses than men.\textsuperscript{58} Women’s propensity for illness suggests that all illnesses are somewhat feminized in the medieval mindset. Since women are more predisposed to sickness than men, it follows that the simple state of being ill would be associated with women rather than men. Therefore, all the lovesick men are feminized to a certain degree, for they succumbed to an illness.

The humors provide some of the most distinguishing features between men and women. Medieval medicine from the Arabic commentators on Galen to Isidore of Seville and Constantine the African generally agreed that women were generally moist and cool whereas

\textsuperscript{56} Helen Rodnite Lemay, “Introduction,” \textit{Women’s Secrets: A Translation of Pseudo-Albertus Magnus’s De Secretis Mulierum with Commentaries} (Albany: State University of New York Press, 1992), p. 1. See also, Monica H. Green, “The Development of the Trotula,” \textit{Women’s Healthcare in the Medieval West: Texts and Contexts} (Burlington: Ashgate, 2000), pp. 119-203. A note on the composition of the \textit{De Secretis}: pseudo-Albertus Magnus’s \textit{De Secretis Mulierum} exists today in over eighty print and manuscript versions that may or may not have the same author. Additionally, from the early sixteenth century onward, the texts were often printed with commentary by unknown authors. In some cases, there is confusion between text and commentary. I treat both the text and commentary as one work, though I endeavor to note when I am referring to the text versus the commentary. Both text and commentary provide useful insight into scholastic medical thought popular from the late thirteenth to the sixteenth centuries. For more on the composition of the \textit{De Secretis}, see, Lemay, “Introduction”, pp. 1-3.

\textsuperscript{57} Ibid., pp. 2-3. See also, Green, “The Development of the Trotula,” pp. 119-203.

\textsuperscript{58} Pseudo-Albertus Magnus, \textit{De Secretis Mulierum}, in \textit{Women’s Secrets: A Translation of Pseudo-Albertus Magnus’s De Secretis Mulierum with Commentaries}, ed. Helen Rodnite Lemay (Albany: State University of New York Press, 1992), p. 125: The author suggests the men slip women medical tests, tonics, and other unsolicited medicine when “the woman complains of pain in the head or somewhere else, as women are accustomed to do.”
men were mostly dry and warm.\textsuperscript{59} The Trotula explains the different humoral complexions of men and women, emphasizing that men need the coolness of women to rein in their fiery excess:

\begin{quote}
“eorum complixiones grata quadam commixtione reparauit, naturam masculi calidam et siccam constituens. Sed ne nimis in alterutram naturam masculus habundaret, opposite frigiditate et humiditate mulieris ab excess nimio uluit cohercere ut qualitates fortiores, scilicet caliditas et siccitas, uiro tamquam fortiori et dignio ri persone, debiliores, scilicet frigidatas et humiditas, utpote debiliori, scilicet mulieri, dominarentur.”\textsuperscript{60}
\end{quote}

The text asserts with scientific rationality that women are the weaker sex, since they possess large quantities of the weaker humors, while men generally overflow with the stronger of the humors. Since women are naturally prone to moisture, they often cry. Near-contemporaneous commentary on the text of De Secretis Mulierum states that “…mulieres multum lachrymantur, quia habent multum de humidō, quod petit exitum.”\textsuperscript{61} Women in sentimental romances seem to prove the medieval commentator’s theory. The Queen in Cárcel de Amor weeps for her daughter Laureola,\textsuperscript{62} and the Queen of Scotland in Grisel y Mirabella also weeps for her daughter


\textsuperscript{60} The Trotula: A Medieval Compendium of Women’s Medicine, ed. and trans. Monica H. Green (Philadelphia: University of Pennsylvania Press, 2001), p. 70. English, p. 71:

“…constituting the nature of the male hot and dry. But lest the male overflow with either one of these qualities, He wished by the opposing frigidity and humidity of the woman to rein him in from too much excess, so that the stronger qualities, that is the heat and the dryness, should rule the man, who is the stronger and more worthy person, while the weaker ones, that is to say the coldness and humidity, should rule the weaker [person], that is the woman.”

\textsuperscript{61} Albertus Magnus, \textit{De Secretis Mulierum} (Amstelodami: Apud Lodocum Lanssonium, 1648), p. 110. For English, see, Pseudo-Albertus Magnus, \textit{De Secretis Mulierum}, p. 130:

“…women cry a great deal because they have much humidity that their body must expel.”

Neither of the kings show a similar display of emotions, even though they, too, are faced with the potential loss of their daughters.

Belisa, the sister of Arnalte, offers an example of a woman crying when they find themselves in a less dramatic situation. When Belisa witnesses her brother’s unhappiness, she immediately becomes unhappy herself and begins to cry due to the “estraño amor” she feels for her brother. Belisa immediately begs her brother “en sus lágrimas” to tell her what upsets him. Arnalte then echoes his previous statement regarding his sister’s outburst, telling the autor, “E como estremo amor muy conformes nuestras voluntades toviese, al son de sus lágrimas mis ojos dançaban.” Though Belisa bursts into tears at the sight of her sad brother, San Pedro does not necessarily paint a negative picture of her. In fact, she seems to be lauded for her compassion, empathy, and sisterly devotion. She cannot be happy until her brother finds his happiness. The “estremo amor” displayed by Belisa is not problematical, but Arnalte should not emulate his sister. The lovesick protagonists tend to act more like the women of the texts than the other men. Leriano, the protagonist of Cárcel de Amor, displays an unmanly propensity toward shedding tears. The moisture in Leriano circulates from his “coraçón a los ojos y de los ojos a la boca.” The excessive humidity in Leriano’s body must be expelled through crying and marks him as being disproportionately moist, a feminine humoral complexion.

Leriano provides the perfect case study for the transformation of man into woman. When he realizes that Laureola will no longer answer his letters, he takes to his bed, “donde ni quiso

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63 Flores, Grisel y Mirabella, pp. 79-83.
64 San Pedro, Arnalte y Lucenda, p. 116. English: “…singular love.”
65 Ibid., p. 117. English: “…through her tears.”
66 Ibid. English: “And because our wills shared a corresponding extreme love, my eyes danced at her tears.”
67 San Pedro, Cárcel, p. 91.
comer ni beber.” Historian Caroline Walker Bynum demonstrated that during the Middle Ages, refusing food and drink was correlated with feminine behavior. Medieval women’s medicine substantiates Bynum’s position. The *Trotula* explains that when a woman’s menstrual flow is too light or too heavy, she becomes ill and has no appetite for food or drink: “Si autem plus uel minus exierint quam debeant, plures egritudines inde emergunt, quia inde minoratur appetitus tam cibi quam potus.”

Leriano displays the same symptoms as a woman who suffers from an irregular menstrual cycle. He is emasculated by his effeminate refusal to eat and drink as if he, too, has a monthly menstrual cycle.

The manner of Leriano’s death is also typically associated with women. Leriano dies by means of a quasi-poison concocted from water and Laureola’s shredded letters: “hizo traer una copa de agua, y hechas las cartas pedaços echólas en ella, y acabado esto, mandó que le sentasen en la cama, y sentado, bevióselas en el agua y assí quedó contenta su voluntad; y llegada ya la hora de su fin.” Long called the women’s weapon, poison as means of killing was often associated with women in the Occidental Middle Ages. Literary antecedents ranging from Circe to Medea to Eve linked women with poisonings. Medieval authors built on their historical forebearers, incorporating poison as a secondary plot element often carried out by a female

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68 Ibid., p. 154. English: “…where he wanted neither food nor drink.”
70 *Trotula*, p. 72. English, p. 73: “If, however, the menses flow out either more or less than they ought to, many sicknesses arise, for then the appetite for food as well as for drink is diminished.” See also, pp. 75-6.
71 San Pedro, *Cárcel*, p. 176. English: “He was brought a glass of water, and, [after] tearing the letters into pieces, he put them in it, and asked to be sat up in bed, and sitting, he drank [the letters] in the water, and, content with this, arrived at the hour of death.”
72 Margaret Hallissy, *Venomous Woman: Fear of the Female in Literature* (New York: Greenwood Press, 1987), especially pp. 5-6, 11, and 19. For Circe, see, pp. 5-18 and 95; for Medea, see, pp. 60-1; and for Eve, see, pp. 15 and 89-99.
character. Of course, the line between poisoner, potion-brewer, witch, and female healer was blurred and imprecise. Poison was simultaneously equated with any type of contagion and infection as well as many forms of magic and witchcraft. The unknown, secret aspects of poison and poisonings shrouded the act in mystery, fear, rumors, misunderstanding, and doubt. However, the seemingly high fatality rate of historical cases of medieval “poisonings” (whether real, imagined, or caused by “poisonous objects” we would now identify as unsanitary medical equipment) made poison a very real threat in the medieval mindset. Historically, women make up only about eighteen percent of known medieval poisoners, but the cultural and literary heritage inherited by the Occidental Middle Ages clearly associated women with all types of poison and established poison as a women’s weapon. Since poisoning often required the contamination of food, clothing, and bodies – all encompassed within the domestic sphere – it is easy to see why women were often blamed for poisonings. Additionally, both using poison and being poisoned were seen as the opposite of honorable, fair, and symbolically phallic deaths by traditionally male weapons such as the sword or the joust, where men confront their enemies face to face.

73 Ibid., pp. 19-26, 63, 69-79, and 99-109. See also, Franck Collard, The Crime of Poison in the Middle Ages, trans. Deborah Nelson-Campell (Westport: Praeger, 2008), pp. 7-9 and 97-101: Female characters such as Queen Arnive of Parzival fame and Queen Guinevere who was accused of trying to poison Sir Gawain are some of the examples of woman poisoners/potion-makers from popular medieval romances.
74 Ibid., pp. 20-3 and 59-67.
75 Collard, The Crime of Poison, pp. 4-5.
76 Ibid., p. 55.
77 Ibid., pp. 98-9.
78 Ibid., p. 101.
79 Margaret Hallissy, Venomous Woman, p. 5. See also, Collard, The Crime of Poison, p. 2.
During the late-fifteenth century, a popular myth circulated about the so-called “poison maiden” (also known as the “venomous virgin”), a lady who consumed small amounts of poison over time to change her very nature to a poisonous one. She is then able to seduce and kill men, sometimes with nothing more than a single glance. Feminine fluids like the so-called female semen and menstrual blood were considered dangerous and sometimes poisonous, especially to men. Pseudo-Albertus Magnus remarks that all women “…sunt tempore menstrui venonosa.” Leriano’s suicide via poison can be read as the ultimate feminine death. Leriano is doubly feminized because he acts as both poisoner and victim. He slips into the female role of poisoner to kill, and he consumes poison as his method of suicide. Rather than dying gloriously on the field of battle, Leriano’s death is ignominious and emasculated. That is not to say that men never refused food, used poison, or committed suicide via poison, but these conditions and actions were generally associated with women in the Middle Ages and contribute to the feminization of Leriano.

As his lovesickness progresses, Leriano’s body physically transforms into a female body and he begins to experience symptoms corresponding to the female ailment known as the suffocation of the womb. The anonymous author of the *Trotula* describes the suffocation of the womb (also known as the *mal de mujer* or the women’s ailment) as an illness with the following causes and symptoms:

> “Quandoque suffocuatur matrix, scilicet quando sursum tollitur, unde uenit subuersio et appetitus debilitation ex frigidatate cordis superueniente. Quandoque paciuntur sincopin, 

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81 Hallissy, *Venomous Women*, p. 141.
82 Albertus Magnus, *De Secretis Mulierum*, p. 4. For English, see Pseudo-Albertus Magnus, *De Secretis Mulierum*, ed. and trans. Lemay, p. 60: “…are so full of venom in the time of their menstruation.”
Leriano suffers from surprisingly similar symptoms to that of a woman experiencing the suffocation of the womb. The author specifically mentions a loss of appetite, which has already been explored in Leriano’s refusal of all food and drink. He also mentions that the afflicted tend to suffer syncope, or faint. When the auctor returns to Leriano with Laureola’s letter, he finds that Leriano has “…perdido el sentido cayó en el suelo de dentro de la casa.”84 Aside from lovesick men, the only other character to faint is Leriano’s mother, who faints when her son is near death: “…la cual, oyendo que Leriano estaba en ell agonía mortal, falleciéndole la fuerça, sin ningún sentido cayó en el suelo.”85 Leriano succumbs to the exact same illness as his mother, and he continually displays symptoms that are explicitly associated with women in medieval medical texts. Both the Trotula and De Secretis Mulierum affirm that the women who faint have such a weak pulse that they are often mistaken for dead. The author of De Secretis Mulierum mentions that “Galenus enim magnus in medicina narrat de quadam muliere, suffocationem

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83 Trotula, pp. 82-4. For English, see pp. 83-5: “Sometimes the womb is suffocated, that is to say, when it is drawn upward, whence there occurs [stomach] upset and loss of appetite from an overwhelming frigidity of the heart. Sometimes they suffer syncope, and the pulse vanishes so that from the same cause it is barely perceptible. Sometimes the woman…lacks vision, and she loses the function of the voice, the nose is distorted, the lips are contracted…Galen tells of a certain woman who suffered thus and she lost her pulse and her voice and she was as if she had expired, because no exterior sign of life was apparent.” For a corroborating depiction of the suffocation of the womb, see, Pseudo-Albertus Magnus, pp. 131-2.

84 San Pedro, Cárcel, p. 112. English: “…had lost consciousness and fallen to the floor inside the house.”

85 Ibid., p. 172. English: “…she [his mother], hearing that Leriano was in mortal agony, fainting, fell to the floor senseless.”
matricis patiente, quod illa causa patiebatur tantum quod non potuit loqui, & cecidit ac si mortua esset, quia nullum signum vitae habuit…”

Lovesick men like Leriano often display analogous symptoms. The auctor sees Leriano on the floor and believes him to be in “manera mortal” just like the woman observed by Galen. All of Leriano’s lovesick symptoms correspond to the signs of a suffocation of the womb, a condition that Leriano could not possibly have unless he was a woman.

Leriano’s womb seems to be controlling his entire body as it forces the protagonist to undergo practically every female ailment at the same time. For example, the auctor notes Leriano’s “color mortal.” A commentator of the De Secretis Mulierum writes how observers can always tell when a woman is menstruating because her skin will be off-color. He also notes that menstruating women are prone to sluggishness. The auctor observes that Leriano “ni se esforçase.” Leriano’s color is off, and he has little motivation or desire to do anything. He is marked by two of the defining traits of women who are menstruating. Of course, other illnesses share the same symptoms, but the striking resemblance between Leriano’s condition and female ailments should not be overlooked. In his lengthy and detailed description of the symptoms of the suffocation of the womb, the author of the Trotula also mentions that women sometimes lose both their vision and ability to speak. As Leriano approaches death, his vision and power of speech fail him as well: “…el cual cuando acabó de hablar tenia ya turbada la lengua y la vista

[^86]: Albertus Magnus, De Secretis Mulierum, p. 111. For English, see Pseudo-Albertus Magnus, De Secretis Mulierum, ed. and trans. Lemay, pp. 131-2: “Galen tells about a certain woman who was suffering a suffocation of the womb so serious that it prevented her from talking, and she fell down as if she were dead, with no sign of life…”

[^87]: San Pedro, Cárcel, p. 112.


[^89]: Pseudo-Albertus Magnus, De Secretis Mulierum, pp. 130-1.

[^90]: Ibid.

[^91]: San Pedro, Cárcel, p. 154.
The symptoms of Leriano’s lovesickness repeatedly align with symptoms of many female ailments, tendencies, and conditions. Whether it is because lovesickness shares an astonishing large number of similar symptoms or because love forces Leriano to physically transform into a woman, Leriano’s body acts like a female body. He seems to suffer ailments that appear quite similar to symptoms of menstruation and the suffocation of the womb. Lovesickness certainly feminizes Leriano. Even if he is not actually being transformed into a woman, the mere fact that lovesickness, the suffocation of the womb, and menstruation share so many signs and symptoms clearly demonstrates an affinity between the ailments, an affinity which emasculates and feminizes men who suffer from lovesickness. Leriano becomes a woman.

Leriano’s suffering more closely resembles medical depictions of the suffocation of the womb than does the self-proclaimed “mal de mujer” suffered by Areusa in Celestina. Areusa complains to Celestina of her pain: “sino que ha quatro horas que muero de la madre, que la tengo en los pechos, que me quiere sacar del mundo. Que no soy tan viciosa como piensas.”

Areusa’s word choice that she is dying from “la madre” specifically denotes that she suffers from the mal de mujer which she describes as a consistent pain under her breasts in her womb. She says nothing of dizziness or fainting. She seems to be able to talk and see as well as ever, and consequently, is not suffering a loss of vision or speech. Her pulse appears to be normal and no one mistakes her for dead. Areusa does mention that she has been idle lately because of her

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92 Ibid., pp. 171-2.
93 Rojas, Celestina, p. 386. For English, see, Rojas, Celestina, trans. Bush, p. 84: “No, my womb’s been giving me the stick the last four hours. Right here under my breasts. It will be the death of me, because I’m not the idler you think I am.”
94 Many scholars discuss Areusa’s mal de mujer, most recently E. Michael Gerli in Celestina and the Ends of Desire. My argument, however, does not take Areusa’s self-diagnosis as fact and instead compares her symptoms to medieval treatises on female ailments in order to both correctly diagnose Areusa as well as demonstrate that Leriano actually suffers from the illness Areusa believes she has contracted.
illness, but that is a sign of menstruation rather than suffocation of the womb. Besides the pain in her womb, Areusa appears to be a perfectly healthy woman. Her ailment bears a striking resemblance to the movement of the womb, a slightly different illness than the suffocation of the womb. Suffocation of the womb occurs when the womb moves upward in the body toward the lungs, while the descent of the womb is what we now call a prolapsed uterus. Areusa suffers from movement of the womb, described as: “Aliquando mouetur matrix de loco suo, non tamen sursum elcuatur uersus spiritualia, neque per orificium egreditur foras, neque descendit. Cuius signum est quod mulier sentit dolorem in sinistro latere…torsiones et rugitus uentris.”95 The literary depiction of Areusa’s mal de madre does not resemble the descriptions of the suffocation of the womb outlined in the De Secretis Mulierum and the Trotula as much as Leriano’s sickness does. The Trotula explores much more than only female ailments. It also includes descriptions and discussions of masculine and gender-neutral illnesses as disparate as the swelling of the penis, infertility, kidney stones, intestinal pain, dysentery, swollen testicles, and lice.96 Not a single one of the explanations of these other ailments mentions symptoms like syncope or a faint pulse. The symptoms listed under the suffocation of the womb are unique to the ailment and related ailments such as lovesickness. If, a lovesick man truly does become a woman, as proposed by physician Arnau de Vilanova, perhaps lovesickness is the male body becoming female and experiencing women’s ailments for the first time.

Manly Women and Medieval Gender Norms

The sentimental fictions were not merely entertaining distractions, but useful tools for enforcing certain social standards and gender norms. No author would risk his patronage and

95 Trotula, p. 88. For English, see, p. 89: “…pain in the left side…[and] twisting and rumbling of the belly.”
prestige by overtly criticizing the queen and her court, and, consequently, female readers receive
a more subtle message from the sentimental fictions. Women are often portrayed as the enablers
of lovesick men. For example, Laureola’s letters to Leriano do not actually cure his lovesickness.
Her letters alleviate the dire symptoms and allow him to live, but they also result in the
imprisonment of Laureola, a duel between Leriano and Persio, and a war between the two
kingdoms. In many ways, it would have been better if Laureola had never responded to Leriano,
even if it meant that Leriano died a few months sooner. An earlier death would have prevented
the loss of an innumerable number of soldiers from both kingdoms as well as avoided the
conflict within the royal family. Since Leriano eventually succumbs to his lovesickness anyway,
Laureola does little but inadvertently prolong and enable his illness. As a princess who must
marry according to her parents’ wishes for political and financial gain, Laureola could never
marry Leriano. Their correspondence would eventually be forced to end. Therefore, stringing
him along with letters that will eventually cease only enables and encourages his feelings.
Instead, Laureola should attempt to discourage Leriano’s feelings rather than giving him false
hope. The message of demur womanly refusal is much less polemic than the complete
feminization of men, as befits texts written with a female queen in mind.

In some sentimental romances, women take on masculine roles to balance out the
effeminate men. In *Grisel y Mirabella*, Torrellas is feminized, while the women of the court
move into a more traditionally masculine role. The courtly ladies participate in Torrellas’ torture,
a scene of extreme violence usually reserved for knights and warriors. The King of Scotland and
his male advisors on the council do little except debate in courts and enforce the laws. The
Queen and her ladies are the ones who are forced to act. They become the defender of women,
unafraid to engage in brutal, bloody acts to satisfy honor and justice. These “women-at-arms” act as warriors and knights, trying to protect the fair lady Mirabella and avenge her unjust demise.

The courtly ladies of *Grisel y Mirabella* are not the only women who occupy masculine roles. Celestina compares herself to a surgeon, a masculine profession in the Middle Ages. She does not envision herself as a midwife or female healer, but as a male surgeon. But Celestina does much more than merely fantasize about stepping into a male profession. Sempronio calls Celestina “barvuda,” remarking on her prominent facial hair. Celestina’s facial hair marks her as a male, or at the very least, as having masculine qualities. In the Middle Ages, one of the defining differences between men and women was hair. According to medical historian Joan Cadden: “Prominent body hair not only marked the male among humans but also signified masculinity. In remarks about beards and body hair, the contrast is not simply between males and females but rather between the masculine and the non-masculine, including children of both sexes and the castrati as well as women.” Celestina’s beard suggests that she is, at least in a way, male. Her masculinity is more than mere androgyny, because body hair – and beards especially – indicated a difference between not just men and women, but separated men from eunuchs and children as well. Her beard demonstrates that Celestina does not just visualize herself in male professions; she is physically part male. Of course, Celestina’s masculinity is a sign of her exterior wrongness which indicates a rotten core. But the general trend of both prominent, honorable women, like the Queen in *Grisel and Mirabella*, and immoral women, like Celestina, moving into masculine roles would strike fear in the hearts of many courtiers. Whether forced or voluntary, the women act like men because the weak, lovesick men are no longer

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97 Rojas, *Celestina*, pp. 253-4 and p. 302
capable of fulfilling their manly duties. The effeminate men compared to dynamic, powerful women presented in sentimental romances would appeal to a female dominated court. Female readers could laugh at the ridiculous antics of the male protagonists.

While ostensibly dedicated to women, the sentimental fictions also contained a message for men. Male readers were forced to confront themselves in a very unflattering mirror. The male characters in sentimental fiction are, for the most part, weak, ridiculous, pathetic, and powerless. Few late medieval men would aspire to such a standard of masculinity. Consequently, they would do everything in their power to avoid conduct that aligned with the actions and behavior of the protagonists of sentimental romances. The authors subtly promoted traditional gender roles and masculine overcompensation. Real men should be more like the battle-hardened warriors of old and nothing like Grisel or Calisto, and men who engage in extreme forms of feminized courtliness could find themselves literally unmanned, much like Torrellas or Leriano. Women, on the other hand, should dutifully submit to their “better halves” rather than risk overstepping their “natural” role. Such a transgression might, at the very least, force women to engage in unpleasant, violent behavior and could even transform them into a Celestina-like, transgendered monster. These texts reinforced traditional gender roles by presenting men and women with vivid depictions of the unattractive alternative – a world full of weak, effeminate men and the mannish women who must pick up their slack.

The authors of the sentimental fiction walked a fine line between critique and compliment. Dedicated to women and circulated in the courts of Isabel, the texts had to be acceptable to the queen and her court. At the same time, the authors were largely elevated scholars who assessed the culture in which they found themselves with a critical eye. Knowing that anything read by the queen would also be read by all noblemen and courtiers, sentimental
fiction provided an outlet to criticize the unsustainable and undesired model set by Isabel’s court culture without actually criticizing the queen herself. By emphasizing the feminizing aspects of lovesickness, a disease that could potentially turn a man into a woman, the authors controlled the ways in which men visualized themselves, society, and love. Feelings of love were branded as feminine and helped instill the fear that men in love were somehow less masculine and less virile. Love was a womanly emotion only fit for dandies, fops, and females.
Chapter Five

Heads, Hearts, and Hedonism – Complications between Love and Sex

Prelude

As the sweltering June heat caused sweat to run down Mariem’s face and her clothes to stick to her back, she tried to imagine how her life could have turned out differently. Born in the unassuming village of Alasquer, Mariem never thought that she would ever find herself in the cosmopolitan city of Valencia, much less receive an official notice to appear before the city court on the 23rd of June 1491. Like the other girls in her village, Mariem was married as soon as she became of age. Her parents chose Mahomat Jahupi to be her husband. If she had loved her husband, or even been able to tolerate life with him, she would not have been in her current situation. But that was not to be. She had fled from her life with Mahomat and gone back to her parents’ home, but her mother insisted that she return to her husband. Unwilling to live with Mahomat, Mariem was forced to find another option. It was then that she met Cutaydal, who promised to take her to Valencia and make her his wife. She should have known that his offer was too good to be true. Not only did Cutaydal refuse to marry her upon their arrival in Valencia, but he then told Mariem that the Lord Cardinal of Valencia, a powerful landowner and notorious abuser of Muslims, would enslave her for having committed adultery. She wished Cutaydal had told her of the Lord Cardinal before they departed for Valencia and could not help but think that he had an ulterior motive for withholding his warning until it was too late for her to return home. But she could not undo the past. Based on Cutaydal’s threatening warning, Mariem agreed to Cutaydal’s new plan and allowed him to sell her to the noble Don Altobello de Centelles. Don Altobello was rumored to be a kind master and he could protect her from the Lord Cardinal.
Mariem’s new master put her to work in his brothel in the moreria (Muslim quarter) of Valencia, and her job as a prostitute landed her in front of the court of Valencia.

Mariem did not think she had done anything illegal, but in this strange city with different people, languages, and laws, it was difficult to know for certain. She listened intently as Joan Sobrevero, the representative of Don Rodrigo de Mendoza, Lord of Alasquer, argued in front of the bailiff general and the other serious men in the courtroom. Joan Sobrevero claimed that she had been unlawfully sold to Don Altobello since she was already the free vassal of Don Rodrigo. He showed the court the license Mariem had purchased to demonstrate that she was not practicing unlicensed prostitution. After waiting for what seemed like a century, the court finally made its decision. The bailiff nullified her sale to Don Altobello, and Mariem was released into the joint custody of the councilors of the Muslim community of Valencia and Don Rodrigo de Mendoza, the Lord of Alasquer. Mariem breathed a sigh of relief as she contemplated her future. She was free from the court but what should she do now – work in the brothels as a free agent, go home to her parents, or return to her husband?¹

Chapter Five

As in the case of Mariem, sometimes love and sex seem like entirely disparate entities. Unable to find love with either her husband or Cutaydal, Mariem resorted to selling sex for protection and profit. Sexual conventions and convictions controlled the bodies of medieval women and men and influenced almost every aspect of medieval society. From the sexual economy controlled by kings and magistrates to the expected virginity of betrothed daughters,

sexuality was a vital component of politics, economics, and interpersonal relationships. But sex was often considered to be only peripherally related to matters of the heart. Both medieval medicine and amatory fiction also address sexuality. My previous four chapters delve into the similarities between love literature and the medical treatises of the time, while this chapter deviates from this pattern to highlight the differences between medical and literary sources in matters of medieval sexuality. Medical tracts and hygienic sex treatises posit a clear division between sex and love. Medical writing offers three possible locations for the root of lovesickness – the mind, the heart, or the genitals. Whether written in Arabic, Latin, or Castilian, these sources often portray lovesickness as a mental disease. It is an illness of the brain, an obsession that lodges itself in the minds of its unfortunate victims. According to medical literature, lovesickness has little to do with the heart or the genitals. Love, before it has morphed into lovesickness, is an emotion of the heart. It is not needed, and indeed, not recommended for healthy sex. Sex is portrayed as a bodily function rooted in the genitals and used to balance humors, cure lovesickness, and maintain health. In medieval medical sexuality, lovesickness, love, and sex are generally separated into distinct categories that correspond with three different parts of the body and are only tangentially related.

Medieval physicians comfortably assign lovesickness and sex to the mind and the genitals respectively, but love literature complicates the matter. Literary depictions of love and lovesickness, as seen in Ḥadīth Bayāḍ wa Riyāḍ, sentimental fictions, and Celestina, problematize the clear separation between love, lovesickness, and sex established in medical sources. In these literary sources, love and lovesickness are messier, more sexualized, and, ultimately, more human affairs that involve both the mind and the heart. Literary depictions of sex and love in medieval Iberian love literature do not change much between the eleventh and
sixteenth centuries, but, instead, act as an enduring statement of the complicated relationship between sex and love. Both Arabic and Castilian authors portray lovesickness as a matter involving the entire body, a complex matter of hygiene (for HBR) or illness (for Celestina and the sentimental fictions) that weaves the mind, heart, and genitals into an intricate tapestry of love, lust, and mental fixation. The texts offer readers a glimpse into not only the human heart, but the laws, morals, and restraints governing the heart from the thirteenth to the fifteenth centuries.

I begin this chapter with an exploration of Arabic medical theory separating love and sex into distinct categories. I then compare these medical reductions to the realities of love as portrayed in HBR. The anonymous author illustrates a more holistic view of love, one that not only considers love’s effect on the mind, but also recognizes the synergy between love and physical desire. The lovers do not compartmentalize their mental fascination, passionate feelings, and physical desires, but rather act out of an assortment of intermingled emotions, urges, and thoughts. Moving back to medieval medicine, I demonstrate that, even when it became an illness, lovesickness continued to be separated from sex by medieval physicians. Using Latin and Castilian love treatises, I investigate the medical approach to love, sex, and lovesickness. Physicians and medical theoreticians associated love, sex, and lovesickness with different parts of the body, emphasizing the dissimilarity and distinction between the three elements. Once I establish the medieval medical concepts of sexuality and love, I then show how late-medieval love literature complicates the clear-cut division between sex, love, and lovesickness as well as highlights medicine’s shortcomings when trying to treat lovesickness. Medics are only treating lovesickness as it pertains to the mind, but medieval authors of love literature illustrate that lovesickness is a multifaceted illness involving the head, the heart, and the sexual organs.
Because physicians only treat one-third of the illness, the authors highlight the ineffectiveness of supposed lovesickness cures and, instead, confirm that there is – as of yet – no way out of love.

*Love and Sex in Arabic Medicine*

The writings of renowned Arabic physician and philosopher Ibn Sīnā clearly demonstrate the medical separation between love and sex based on physiology and anatomy. In his celebrated medical work *al-Qānūn fī al-Ṭibb* (*The Canon of Medicine*), Ibn Sīnā defines ‘ishq, or lovesickness, as:

2. "لئاّمّشلا و روصّلا سعّب ناسّحتّسا علّى علّى علاّمّى علّى ناسّنّلاعّى علّى علاّمّى علّى ناسّنّلاعّى علاّمّى..."

This extreme and dangerous form of love is a mental illness, originating from an obsession in the brain. For Ibn Sīnā, lovesickness, and by extension love, is a cerebral matter of the mind. The first cure he offers for lovesickness involves a union between lovers:

3. "ثمّ إنّ لم تجد علاجاً إلاّ تدبير الجمع بينهما على وجه يحلّه الدين والشريعة فعلت..."

Although he lists other potential cures, Ibn Sīnā’s first recommendation to cure lovesickness is sex. According to his treatise, sex acts as a cure for ‘ishq, but it is certainly not synonymous with, or even a facet of, love. Much of Arabic medical thought considers sex a hygienic practice that is only peripherally related to emotions of the heart. The *Qānūn* and other Arabic medical treatises affirm the usefulness of sex hygiene to maintain good mental and physical health. 4

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3 Ibid. For English, see Ibn Sīnā, in *Majnūn*, p. 484: “If you cannot find any cure except to unite the two in a manner that is permitted by religion and the law, do it.”

Additionally, hygienic and medical texts stress the pleasurable aspects of sex.5 These works concern themselves with sex, pleasure, and lust in relation to both hygiene and medicine.6 Sexual gratification had little or nothing to do with love. In the past, Arabic didactic guides speaking of, and occasionally vividly illustrating, sexual practices has caused Westerners to view Islamic culture as sexually permissive and promiscuous.7 Instead, Manuela Marín argues that Islam has “historically maintained a sympathetic understanding of human sexual needs.”8 However, the sympathy Marín describes should be qualified to a sympathetic understanding of elite male sexual needs, since these men would have been the only readers with enough education and funds to both purchase and read these works. Additionally, didactic sex treatises in Arabic generally speak more toward satisfying male lust and controlling female desire. Texts such as ‘Abd al-Malik ibn Ḥabīb’s Kitāb Adab al-Nisāʾ offers a set of rules to help husbands govern the behavior and sexuality of their wives and daughters.9 Ibn ‘Abd Rabbih espouses similar views in al’-Iqd al-Farīd.10 Both Ibn Ḥabīb and Ibn ‘Abd Rabbih insist that when women come of age, they should be married as soon as possible because women have a more active and powerful sex drive that must be governed and controlled by their husbands.11 Sex and sexuality are a crucial

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6 Ibid., pp. 14-5.
8 Ibid., p. 19.
9 Ibid., pp. 18-9.
10 Ibid., p. 22.
11 Ibid., pp. 19-22: Married women in the Islamic world did have a few sexual rights. Husbands were obliged to have intercourse with their wives at least once a month, and a wife had grounds for divorce if her husband did not have sex with her for over four months.
part of Arabic medicine, hygiene, science, and even law. However, love only factors into sex when lovesickness is cured through sexual activity.

Love and Sex in Ḥadīth Bayāḍ wa Riyāḍ

On the surface, Ḥadīth Bayāḍ wa Riyāḍ seems to follow the neat separation between love and sex as outlined in Arabic medicinal and hygienic works. In her writings on Iberian medicine and culture, Jean Dangler stresses that marriage as the “locus and framework for love or desire” is a part of Western rather than Eastern culture. It is also a fairly modern concept. Nonmodern society, both Eastern and Western, used marriage to unite families for political or economic reasons. Since love-matches rarely existed, it was not uncommon for men to satisfy their sexual needs or seek love outside the marriage bed. The ḥājib of HBR, the powerful court official and owner of Riyāḍ, clearly engages in abundant sexual hygiene as evidenced by his numerous slave girls. The slave girls allow him to satisfy any lustful desire that might arise and maintain proper hygiene and humoral balance through sexual intercourse. Although the author occasionally refers to the sayyida as the mistress of the female slaves, the opening pages of the manuscript clearly establish the ḥājib as the Lord and master of the female slaves, who parade in front of him, displaying their beauty at his command. The ḥājib is married to the sayyida, who provides heirs and, presumably, either social or economic standing. His lust is spent on his slaves. Feelings do not seem to factor into any of his sexual relationships, neither with his slave-girls nor his wife.

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13 Ibid., p. 13.
14 Ibid., pp. 14-6.
15 Ḥadīth Bayāḍ wa Riyāḍ, in Historia de los Amores de Bayāḍ y Riyāḍ: Una Chantefable Oriental en Estilo Persa (Vat. Ar. 368) (New York: Hispanic Society of America, 1941), 1v, pp. 2-3; See also, 3v-9r, pp. 5-14.
16 Ibid., See, for example, 2r, pp. 3-4.
17 Ibid., 1v, pp. 2-3.
The ḥājib might exemplify a perfect division between sex and love, but he is only a minor character in HBR. Bayāḍ struggles to separate his love from his sexual drive.

Bayāḍ is not merely overwhelmed by a mental fixation or lack of proper emotional and sexual hygiene. Sexual desire for Riyāḍ is also a clear component of Bayāḍ’s love and lovesickness. In medieval Arabic literature, locations such as orchards and gardens, riverbanks, and urban markets were often indicators of meeting places with implicitly sexual undertones. Many locations in HBR correspond to these symbolically sexualized spaces. For example, Riyāḍ first spies Bayāḍ from atop a tree, presumably climbing in an orchard. The second time she encounters Bayāḍ she is also in a garden. Riyāḍ sits in a lavish garden with her mistress when she hears Bayāḍ singing to the majlis (garden party with musical accompaniment) and, once again, tries to climb up an orchard tree. Bayāḍ is then invited to enter the sexualized space, physically penetrating the majlis. He lounges among numerous beautiful women in a garden space with singing and music. The sexualized nature of this encounter would have been understood by readers. Other sexually symbolic locations also occur throughout the text, most often when the lovers are either physically together or communicating with one another. The slave Shamūl delivers a letter from Riyāḍ to Bayāḍ as he sits at the riverbank. This riverbank also serves as the end point of Bayāḍ’s rambles when he is followed by the ‘ajūza’s relative. The unnamed relative finds Bayāḍ reciting love poetry along the riverbank until he collapses on the

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19 HBR, 3r, pp. 4-5.
20 Ibid., 6v, pp. 9-10.
21 Ibid., 7r, pp. 10-2.
22 Ibid., 17r, p. 28. For a copy of the illumination, see, Cynthia Robinson, Medieval Andalusian Courtly Culture in the Mediterranean: Hadīth Bayāḍ wa Riyāḍ, Routledge Studies in Middle Eastern Literature, 10 (New York: Routledge, 2006), p. 44.
Bayāḍ also repeatedly journeys to the riverbank to receive Riyāḍ’s letters from the slave-girls washing clothes in the river. Urban markets do not factor greatly into the extant text of HBR, but Bayāḍ’s profession as a merchant loosely connects him to these spaces as well. Bayāḍ and Riyāḍ’s love clearly has a strong sexual component as evidenced by the numerous sexual spaces that mark where they meet or communicate. At the same time, the ‘ajūza notes Bayāḍ’s obvious lovesickness and affirms that he suffers from ‘ishq. All indications imply that the ‘ajūza should be trusted in her diagnosis as she is portrayed as reliable, knowledgeable, competent, and cultured. Therefore, the ‘ishq of HBR mixes a mental obsession of the psyche with sexual desire in a manner not fully explored by the extant medical writings of the time but certainly felt by anyone who has been in love. The anonymous author adds a sexual component to Bayāḍ’s love that makes ‘ishq both mental and physical.

The physicality, sexuality, and even extramarital affairs depicted in HBR are not necessarily portrayed as immoral acts. Bayāḍ, clearly the protagonist of the work, spends the entire text attempting to win over another man’s woman. He tries to successfully woo Riyāḍ, the slave and understood concubine of the ḥājib. Skilled in song, music, and other entertainments, slaves like Riyāḍ living in medieval Iberia also served an explicitly sexual role for their masters. Riyāḍ is no blushing virgin. She has undoubtedly had sex with her master the ḥājib. But Bayāḍ does not seem to care. Riyad’s virginity – or lack thereof – is not important in the text. Similarly, none of the other characters seem bothered by Bayāḍ’s blatant cuckolding of the

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23 Ibid., 18r-19r, pp. 29-31.
24 Ibid., 21r-21v, pp. 34-5.
25 Ibid., 20r, pp. 32-3.
ḥājib, so long as the ḥājib never discovers the affair. Riyāḍ has no qualms regarding her relationship with Bayāḍ, and Bayāḍ does not hesitate to pursue the favorite slave of another man. The ‘ajūza and her male relative see no harm in helping Bayāḍ win over the ḥājib’s slave, or at the very least, they do not discuss the potentially problematic situation anywhere in the manuscript. The other female slaves and even the ḥājib’s own wife aid Bayāḍ and Riyāḍ without qualms. It is only when the ḥājib returns to town that Riyāḍ cannot answer her lover and Bayāḍ must wait. The sayyida is not willing to openly reveal the lovers to the ḥājib. However, as soon as the ḥājib leaves again for an extended trip, the sayyida enthusiastically unites the two lovers without a second thought.  

However, HBR also subtly underscores that all sexual acts have consequences.

The complex depiction of love and lovesickness highlights potential problems when sexuality mixes with love. HBR demonstrates how sexuality and economics are intertwined not only due to Bayāḍ’s status as a merchant but also because he takes the ḥājib’s property. Riyāḍ belongs to her master, and Bayāḍ pursues an emotional and sexual relationship with her without the ḥājib’s knowledge or permission. In medieval Christian and Muslim society, women’s sexuality was primarily concerned with “genealogical transmission of kinship and inheritance.”

Riyāḍ is technically the property of the ḥājib, and she is one of his favorite slave-girls. Consequently, the ḥājib probably visited her often and may have even sired children with her. It was not uncommon for the children of slaves to be treated with the same privileges, honor, and, on occasion, inheritances, as the children of legal wives. If Riyāḍ carried Bayāḍ’s child, it would disrupt the entire social and economic order. A common merchant’s child would be raised

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27 HBR, 30v, pp. 51-3.
29 Ibid.
with the same wealth and status as the natural born children of the unknowing ḥājib. Lineage would be put into doubt and inheritances might accidentally be given to bastard children. Love and sex are indelibly intertwined in HBR, illustrating the social and legal risks of partitioning complicated human emotions into separate and straightforward categories. ‘Ishq can involve sexual desire as well as a mental component, which means that the consequences of unregulated ‘ishq are graver than even the medics postulate. Without a proper hygienic regimen to manage ‘ishq as a matter of the psyche and the sexual drive, society risks lineage disputes, misapplied inheritances, and a collapse of the established social system. In short, HBR advocates for a more holistic approach to hygiene and emotions.

*Locating Lovesickness in Medieval Occidental Medicine*

Medicine in Latin Christendom was rooted in Arabic traditions and did not depart significantly from the established conventions. Even after the medicalization of culture and the transformation of lovesickness from hygiene to disease, medieval physicians maintained a separation between love, sex, and lovesickness. As physicians and medical scholars in Latin Christendom translated and expanded upon the Arabic medical corpus, they wrote at great length about sexual hygiene, sex as hygiene, and the sexual practices and capabilities of both men and women. Treatises on lovesickness often used a question and answer style to establish facts. In his *Questiones super Viaticum*, Petrus Hispanus debates which body part corresponds to lovesickness: “Secundo cuius membri sit passio.”30 In medieval medicine, diseases were rooted in a specific part of the body. By determining which body part corresponded to a particular

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illness, doctors were able to cure the diseased part and heal the patient as a whole. Consequently, in his second question, Petrus Hispanus theorizes at length as to the body part that initially festers and gives rise to lovesickness. He eventually offers three body parts which could correspond to lovesickness: the heart, the testicles, and the brain. He first proposes that lovesickness is a form of obsessive love: “Item omnia accidencia anime sunt passio cordis, quoniam omnia accidencia anime consequuntur cor, ut dicit Haly super Tegni. Sed amor hereos est accidens. Ergo est passio cordis.” Since love is an emotion, and medieval medicine taught that emotions stem from the heart, lovesickness is rooted in the heart.

With his next statement, Petrus Hispanus contradicts his first argument by stating that since the action of love is sex and the substance of love is semen, lovesickness must be a disease of the testicles: “Contra: eiusdem rei sunt actus et potentia. Sed actus amoris scilicet coitus es passio testiculorum, ergo et potential. Ergo videtur quod amor hereos sit passio testiculorum. Item morbi denominatur a sua materia ut patet in febribus. Sed materia amoris hereos vel coitus est sperma. Ergo amor hereos denominator a spermate. Sed sperma est in testiculis. Ergo amor hereos est passio testiculorum.” He then complicates the matter further by adding a third possibility – that lovesickness first originates in the mind:

Sed videtur quod sit passio cerebri, quoniam amor hereos est passio similis melancolie…Sed melancolia est passio cerebri. Ergo et amor hereos. Item amor hereos

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31 Ibid., lines 59-61, p. 216: For English, see Wack, Lovesickness in the Middle Ages, p. 217: “Moreover, all the emotions of the soul are a suffering of the heart, since all the emotions of the soul follow the heart, as Haly says in the Tegni. But lovesickness is an emotion. Therefore it is a suffering of the heart.”

32 Ibid., lines 63-9, p. 218: For English, see Wack, Lovesickness in the Middle Ages, p. 219: “On the contrary: action and potential belong to the same thing. But since the action of love, namely coitus, is a suffering of the testicles, so also its potential. Therefore it seems that lovesickness is a suffering of the testicles. Also, diseases are designated by their substances, as is apparent in fevers. But the substance of lovesickness or intercourse is seed. Therefore lovesickness is designated according to seed. But seed is in the testicles. Therefore lovesickness is a suffering of the testicles.”
Lovesickness closely resembles melancholy, which is a suffering of the brain. Symptoms of *amor hereos* include a damaged estimative faculty and depressed thought, confirming that lovesickness is a mental disease. All three answers seem plausible, but medieval medical theory insisted that every disease corresponded to one, and only one, part of the body. The limits of medieval medicine prevented physicians from imagining lovesickness as an illness that was actually rooted in three distinct bodily organs. Petrus Hispanus ultimately concludes that he agrees with Avicenna (Ibn Sīnā) and “*amor hereos est morbus et passio ipsius cerebri.*” Since lovesickness was rooted in the brain, love and sexual desire were left to the heart and the testes respectively. Other medical treatises ranging from the *Viaticum* of Constantine to the commentaries by Gerard of Berry agree with the basic arguments of Petrus Hispanus. Love belongs to the heart, sexual desire to the genitals, and lovesickness to the brain.

The connection between sexual urgings and the genitals can be seen clearly in Constantine the African’s *De Coitu*, one of the earliest Latin treatises on sex, penned in the

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33 Ibid., lines 74-90, p. 218: For English, see Wack, *Lovesickness in the Middle Ages*, p. 219: “But it seems to be a suffering of the brain, since lovesickness is a suffering similar to melancholy...But melancholy is a suffering of the brain. Therefore so [is] lovesickness. Also, lovesickness is a melancholy worry with depressed thought. But all these are of the brain and not of the heart or of the testicles...The second way is to speak of lovesickness insofar as it is accompanied by these circumstances, which are melancholic worry with depressed thought and a damaged estimative [faculty], which judges something to surpass all others, and in this way it is a suffering of the brain and is also a disease.”

34 Ibid., lines 80-2, p. 218. For English, see Wack, *Lovesickness in the Middle Ages*, p. 219: “...lovesickness is a disease and a suffering of the brain itself.”
eleventh century and heavily adapted from Arabic works.\textsuperscript{35} Constantine offers a scientific breakdown of the sexual process: “Cum igitur oritur appetitus in epate…movetur spiritus a corde, que per arterias descendens ad virgam, concavum virge nervum replet…”\textsuperscript{36} Following his Arabic forebearers, Constantine the African outlines a physical sexual process that seems to have no connection to the mind. Desire stems from the liver and moves through the heart to the genitalia. Constantine cites sexual intercourse as one of the “res” mentioned in the ancient books “que conservant sanitatem.”\textsuperscript{37} According to Constantine, sex can be both helpful and harmful, depending on how it is practiced. All bodily humors should be in balance, for if a person is too cold or too hot or too dry or too moist, the exertion of sex will upset his already unbalanced humors and cause further harm.\textsuperscript{38} At the same time, Constantine offers a lengthy list of the benefits of sexual intercourse including, but not limited to, reducing rage, curing melancholy, restoring the mental health of the insane, and “solvit amorem concupiscencia, licet concumbat cum alia quam concupivit.”\textsuperscript{39} The only connection between sex and love offered by Constantine and his successors is sex’s ability to cure lovesickness. Medieval medical scholars and


\textsuperscript{36} Constantine the African, \textit{Constantini Liber de Coitu: El Tratado de Andrología de Constantino el Africano}, ed. Enrique Montero Cartelle (Santiago de Compostela, Secretariado de Publicaciones de la Universidad de Santiago, 1983), Chapter II, lines 6-8, p. 82. For English, see, Constantine the African, \textit{De Coitu}, in \textit{Medieval Medicine: A Reader}, ed. Faith Wallis (Toronto: University of Toronto Press, 2010), p. 371: “When appetite arises in the liver…spirit is displaced from the heart and descends through the arteries to the penis; it fills the hollow of the penis…”

\textsuperscript{37} Ibid., Chapter 8, line 1, p. 112. For English, see, Constantine the African, in \textit{Medieval Medicine}, p. 374: “things” and “that preserve health” respectively. For more on sex as a matter of hygiene, see, Michael R. Solomon, “Non-Natural Love: Coitus, Desire and Hygiene in Medieval and Early Modern Spain,” \textit{Emotions and Health, 1200-1700}, ed. Elena Carrera (Boston: Brill, 2013), p. 147.

\textsuperscript{38} Ibid., Chapter 9, pp. 120-4.

\textsuperscript{39} Ibid., Chapter 10, lines 10-1, pp. 126-8. For English, see, Constantine the African, in \textit{Medieval Medicine}, p. 375: “relieves a lover from his passion, provided he can lie with the woman he desires.”
Physicians have no qualms about firmly locating lovesickness in the brain, sexual drives in the testicles, and love in the heart and only tangentially relating each one to the other. Authors of medieval fiction, however, take a more complex approach.

*Love and Sex in Medieval Amatory Fiction*

Lovesickness literature in both Arabic and Castilian complicates the relationship between love, sex, emotions, and hygiene making lovesickness a matter of more than merely the mind. While medicine may confine the root of lovesickness to the brain, literature often portrays lovesickness as a multifaceted disease involving all three of the body parts proposed by Petrus Hispanus – the mind, the heart, and the genitals. Like the romance between Bayāḍ and Riyāḍ, many of the relationships in sentimental fiction also contain a strong sexual aspect. In Juan de Flores’ *Historia de Grisel y Mirabella*, Grisel kills his competitor for Mirabella’s hand. Then, he climbs up the ladder to gaze upon his love once more. Mirabella has obviously been awoken by the commotion outside her chamber and she locks eyes with Grisel:

“Mirabella, en pena de cuantos por su causa eran muertos, veyendo la gran recuesta déste, de su amor fue presa; y, aunque en gran encerramiento la tuviese el Rey su padre, ella por si sola, sin tercero, buscó manera a la no más placiente que peligrosa batalla, donde los deseos de Grisel y suyos vinieron a efecto. Y después que algunos días, muy ocultos, en grandes placeres conservaron sus amores, ella no pudo encobrirlo a una grande y antigua sierva suya, porque en su cámara más comunicaba.”

40 Juan de Flores, *La Historia de Grisel y Mirabella*, ed. Pablo Alcázar López and José A. González Núñez (Granada: Editorial Don Quijote, 1983), pp. 57-8. For English, see, Emily C. Francomano, *Three Spanish Querelle Texts: Grisel and Mirabella, The Slander against Women, and The Defense of Ladies against Slanderers* (Toronto: Iter Inc. Center for Reformation and Renaissance Studies, 2013), p. 95: “Mirabella, repenting the number of deaths she had caused, and seeing the strength of Grisel’s suit, fell captive to his love. And, despite her imprisonment by her father the King, without the help of a go-between, Mirabella found a way for a no less pleasing than perilous battle to occur, in which Grisel’s desires as well as her own were realized. And after they had spent several days of great pleasure hidden away in love, Mirabella could no longer conceal it from her most loyal and constant maidservant who was often present in her room.”
Mirabella sneaks Grisel into her private bedchambers where the two of them indulge in their sexual desires. While Flores may speak of their sexual relationship in flowery euphemisms, he leaves little doubt that the lovers have sex. In fact, they have several days of passionate sex, hidden from the world in Mirabella’s bedroom. All doubt about the carnal nature of Grisel and Mirabella’s relationship is dispelled by the King’s actions. When he hears of their affair, the King “buscó manera cómo ambos lo tomasen en uno. Y una noche, estando Grisel en la cama con Mirabella, el Rey mandó cercar la casa…”\(^{41}\) The King waits until Grisel and Mirabella lie in bed together, leaving little to the imagination regarding exactly what the couple are doing in her bed. As shown in previous chapters of my dissertation, both Grisel and Mirabella suffer from \textit{amor hereos}, but their connection is clearly portrayed as much more than a mental obsession. They both feel strong sexual desire for the other.

Additionally, the pair seems to genuinely love each other. At times, it is difficult to determine if the relationship between Grisel and Mirabella stems from the mind, the heart, or the genitals. Grisel and Mirabella often display both love and sexual desire. Flores purposely complicates and, on occasion, conflates the two terms in order to demonstrate the messy business of human love, sex, and relationships. In the above passage, Flores describes Grisel’s emotions as “amores.” His use of the term “love” separates Grisel’s feelings from solely the base, carnal impulses associated with sexual desire. At the same time, Flores clearly includes a sexual dimension to the attachment between the couple when he describes the fulfillment of the lovers’ “desseos.” Mirabella’s affection for Grisel is also labeled “amor,” suggesting that she loves Grisel. However, Mirabella has been secluded in her room away from the presence of all men for

\(^{41}\) Ibid., p. 58. For English, see, Francomano, \textit{Three Spanish Querelle Texts}, p. 97: “…he [the King] devised a plan to catch the lovers together. And so one night, while Grisel lay in bed with Mirabella, the King ordered that the house be surrounded.”
some time. Her willingness to literally jump right into bed with the first man she sees might be an act of desperation rather than love. To complicate matters further, the author uses both “grandes plazeres” and “amores” in the same sentence to depict the lovers’ three passion-filled days. The close association drawn between pleasure and love highlights a sexual dimension to their love and a loving component to their sexual activities. Love and sex in Flores’ text are not as clearly divided as medieval medicine suggests. Instead, the author implies that most relationships occur in a gray area somewhere between the two extremes.

It can be argued that Mirabella and Grisel show true love for each other during the initial stages of their trial. They each claim that they initiated the affair, knowing that the guilty party will be sentenced to death. The pair even refuses to denounce the other under pain of torture. Only deep feelings of love could help Grisel and Mirabella withstand torture and continually protect the other. Grisel even willingly throws himself on the fire in Mirabella’s stead. Had he allowed Mirabella to die, Grisel would have suffered no punishment at all, yet he offers himself as a ready substitute. Grisel’s actions suggest that his feelings for Mirabella run deeper than just sexual desire. As an attractive, young knight, Grisel could easily find another paramour, if he wanted nothing more than to indulge in sexual activity. However, in both word and action, Grisel repeatedly demonstrates true devotion to and care for Mirabella.

In turn, Mirabella shows similar love for Grisel. Although she is pardoned after Grisel’s suicide, Mirabella succumbs to sorrow and throws herself off the tower into her father’s lion pen. Before she dies, Mirabella repeatedly affirms her undying love for Grisel and her complete

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42 Ibid., pp. 58-61.
43 Ibid., p. 61.
44 Ibid., p. 84.
45 Ibid., p. 86.
unhappiness without him. But love may not be the only reason behind Mirabella’s suicide. True, she has just lost Grisel, the object of her desire, and the only man with whom she has ever shared intimacy. She has also lost her virginity, one of the most important attributes of female nobility during the Middle Ages. Although female sexual desire was acknowledged in the medical literature, hygienic sex treatises, and amatory fiction of the period, general consensus dictated that the only proper outlet for female sexuality was marriage. Until then, women were expected to remain virginal. Medieval medical texts from both the Occidental and Oriental traditions often cite women as having a more voracious sexual appetite than men. Gerard of Solo refers to Ibn Sīnā’s *Canon* when he concludes that women have a much stronger sex drive than men. But these writings sought to control female desire rather than celebrate it. For example, in his *Lilio de Medicina*, Bernard of Gordon writes that young men must learn the virtue of chastity last while females must learn it first. He provides a medical justification for the enforcement of female virginity.

At the same time, medical writings also spoke of the potential harm to women who did not engage in sexual intercourse. Without sex, widows and virgins might suffer from a retention of seed which could only be treated through sexual stimulation. In order to receive the necessary sexual stimulation to remain both healthy and honest, women had to be married off as soon as they reached maturity. Until that date, their virginity was a closely guarded commodity.

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49 Ibid., pp. 261-2.
Flores acknowledges the need to marry off young women at the beginning of *Grisel and Mirabella* when he comments on Mirabella’s captivity: “Y como ya muchas veces acaece quando hay dilación en el casamiento de las mujeres: ser causa de caer en vergúenças y yerros: assí a esta despúes acaeció.” The author acknowledges that the King holds some fault in his daughter’s shameful death. Mirabella only falls victim to her unfortunate circumstances because her father fails to follow social customs. He refuses to marry off his beloved daughter when she is of age, leaving her a victim of rampant feminine lust. The King should have found a suitable husband to control his daughter’s sexuality. Moreover, rather than seeking a quiet fix for Mirabella’s loss of virginity, her father forces a very public trial that ensures that everyone in the entire kingdom knows of her deflowered state. After her private affairs become public knowledge, Mirabella has little left to live for. Her reputation is ruined, her marriage prospects diminished, and, even if someone does marry her for her wealth and status, her shame will follow her all her life. In the end, Mirabella may kill herself more out of a perverse understanding of her new circumstances than a deep love for Grisel.

Flores weaves a complex emotional landscape in *Grisel and Mirabella* that never completely corresponds to love, lust, or a lovesick mental fixation. Desire, emotions, and sex are inescapably intertwined, and lovesickness is not as easy to cure as medical treatises suggest. Both Grisel’s unreasonable act of taking Mirabella’s place on the pyre and Mirabella’s suicide could both be argued as acts of *amor hereos* – insensible acts based on a mental illness and obsessive attachment to the beloved. But if the medical literature on lovesickness is to be taken as rule, their three days of sex should have cured Grisel and Mirabella of their lovesickness. Ibn

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50 Flores, *Grisel y Mirabella*, p. 88. For English, see Francomano, *Three Spanish Querelle Texts*, p. 89: “And, as is so often the case when women’s marriages are delayed – delay leads to shame and error – so it befell Mirabella.”
Sīnā, Gerard of Berry, and numerous other authors of lovesickness treatises make it clear that uniting the lovers carnally cures lovesickness. Grisel and Mirabella should have sated their desire and alleviated their condition. They should be healed and sound of mind, not jumping into fires and lion cages. Instead, their love and emotional connection endure even after sex. The pair brave torture together. Similarly, their desire for one another seems unchanged and unabated. The actions and emotions of both Grisel and Mirabella suggest that lovesickness may not be quite as clear-cut as the medics suggest. As evidenced by Grisel and Mirabella’s unreasonable actions and obsession with each other in the face of death, lovesickness clearly has a mental component. But the fact that sex does not immediately heal the couple also suggests that an element of carnal desire pulls them to each other and influences their actions as well. Their proclamations of love coupled with the narrator’s own frequent use of the term “amor” illustrates how their emotional connection and love for each other also plays a role in their lovesick deaths. Lovesickness, as depicted by Flores in *Grisel and Mirabella*, is more complex than the doctors imagine. He paints love as a convoluted mix of emotion, sentiment, and sexual desire. Consequently, lovesickness also involves the interplay of heart, mind, and sexual organs.

The portrayal of lovesickness in Iberian amatory fiction both coincides with and contradicts medical interpretations of lovesickness. The signs and symptoms found in medical theory and depicted in lovesick fictional characters match. Authors utilize medical language to describe love as an illness in fiction. But the clear-cut nature of lovesickness described in medical theories is hard to reconcile with the complex relationship between head, heart, and

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sexual desire found in love literature. The amatory fiction offers a subtle critique of the medical field. Physicians outline every disease in clear categories with little room for uncertainty or synthesis. They confidently offer cures that do not always work. Medicine has its limits. Medieval authors saw both the benefits and boundaries of medicine and their works mirror their own misgivings regarding treating medicine and the word of physicians as law rather than theory. Their texts present a multifaceted and convoluted conception of lovesickness. It is more than just a disease of the brain, but also involves the heart and the genitals. The authors also illustrate situations where the prescribed lovesickness treatments fail. The cures prove unsuccessful because of the limitations of the prevailing medical imagination. Good doctors, by which I mean university-educated, Christian, male doctors, are not demonized or derided. Instead, the authors suggest that these physicians have not yet grasped the entire picture. If lovesickness is rooted in all three proposed organs, the cures cannot possibly work because they only target the mind. It would be like treating a patient who fell out of a tree and cracked his head and broke his arm and leg, but only mending the cracked head. The hypothetical patient will not recover until all of his injuries are tended and both his leg and arm are set in casts. Similarly, physicians writing on lovesickness must treat the entire body. According to the authors of love literature, medicine falls short because it has not yet offered a method of treatment for the facets of lovesickness rooted in heart or the genitals.

_Celestina_ offers another example of a late-medieval text that suggests a more complicated relationship between sex, love, and lovesickness. At the beginning of the work, Calisto displays the standard signs of lovesickness and mentally obsesses over and fixates on the object of his
devotion – Melibea. But the conversation about Melibea between master and servant rapidly takes a less mental and more carnal turn. Sempronio suggests that Melibea “desea y apetece a ti.” Calisto immediately takes heart, bestowing gifts upon his servant and accepting and encouraging his offer of help. He does not seem upset that Sempronio is off to win Melibea’s virginity on behalf of his master rather than her love. In fact, Calisto does not differentiate between the two at all. Melibea’s love and sex with Melibea seem to be one and the same in Calisto’s mind. Sempronio eagerly informs his master that Celestina can help him woo Melibea, but his description of Celestina’s services only mentions her ability to unite couples in sex. Sempronio explains the numerous virgins that Celestina has made and un-made and comforts his master by telling him that, “A las duras peñas promoverá y provocará a luxuria si quiere.” In the exchange between master and servant, Calisto and Sempronio equate love with sex. The two use the terms interchangeably showing that Calisto’s lovesickness stems from his genitals and his mind in equal parts. His mental fixation on Melibea is intertwined with an intense carnal desire for her as well.

Melibea’s feelings for Calisto are equally muddled. She experiences a sexual awakening during her first conversation with Celestina. Melibea exchanges words with the old bawd in conversational foreplay until she finally begs Celestina to tell her who suffers from such a terrible toothache. Celestina arrives at the house purportedly to sell some thread. Once alone with Melibea, she quickly changes her aim and ever so slowly insinuates that Melibea has caught

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54 Ibid., p. 249. For English, see, Rojas, *Celestina*, trans. Bush, p. 10: “She can fire rocky crags with lust, if she puts her mind to it.”
55 Ibid., pp. 324-8.
the eye of a young man. Celestina gradually describes this mysterious man’s attractive physical appearance, touts his many virtues, and bemoans his terrible state all without disclosing the name of the individual in order to increase Melibea’s curiosity and inflame her desire. Melibea repeatedly asks for more information from Celestina until she finally penetrates Melibea’s mind with Calisto’s name. Melibea mentally fixates on Calisto after hearing his name and obsesses over him until she, too, sickens. The nature of the conversation with Celestina and Calisto’s sexualized toothache also suggest a component of lust to Melibea’s convoluted feelings. Although Melibea initially denies her feelings and sends Celestina on her way, the very next day, she asks her maid to bring Celestina to her home again. While waiting, Melibea divulges her feelings for Calisto, which seem to have existed before Celestina made her acquaintance. During her monologue, Melibea worries that Calisto has “puesto sus ojos en amor de otra” and admits to the “amoroso desseo” that she feels for her suitor. Through Melibea’s words, the author again intermingles feelings of sexual desire and love. When Celestina arrives, Melibea explains her lovesick condition. Melibea and Celestina do not speak of the mind. Instead, they speak of an illness of the “coraçón.” The two women repeatedly express Melibea’s feelings for Calisto in terms of what Celestina explains to Melibea is “amor dulce.” At the same time, Melibea’s conversation with Celestina is once again implicitly sexualized. Celestina slowly builds up the pressure by mentioning Calisto’s name until she utters it for the final time, and Melibea collapses in a swoon of release. Melibea experiences an orgasmic discharge of emotions. When she is

56 Ibid., p 328.
57 For more on the sexualized nature of Calisto’s toothache, please see, Chapter 2, p. 31.
58 Ibid., p. 440. For English, see, Rojas, Celestina, trans. Bush, p. 113: “cast his loving eyes on someone else” and “amorous desire.”
59 Ibid., see, for example, pp. 448-9. English: “heart.”
61 Ibid., pp. 449-50.
finally able to speak, she repeats over and over that she has been utterly shattered. The soul-shattering fainting spell Melibea feels at the mention of Calisto’s name mimics orgasm, including her brief loss of consciousness in *la petite mort*.

Like Juan de Flores, the author of *Celestina* purposefully obfuscates the medical simplicity found in lovesickness tracts. Both Calisto and Melibea undoubtedly suffer from *amor hereos*, but their illness clearly combines a mental fixation with sexual desire and feelings of love. Additionally, like Grisel and Mirabella, Calisto and Melibea consummate their relationship. Similar to the other pair of lovers, Calisto and Melibea continue to feel a combination of love and lovesickness despite engaging in sexual activity. Sex might cure a mental fixation alone, but it cannot completely heal an illness that festers in the heart and genitals as well as the head. Juan de Flores’ other sentimental fiction, *Breve Tractado de Grimalte y Gradissa*, also includes a sexual relationship. Pamphilo and Fiomena engaged in a sexual liaison in the past, but Fiomena continues to love Pamphilo. Once again, her lovesickness should have been cured once they had sex. Pamphilo certainly harbors no feelings, lovesick or otherwise, for his past partner. He tells Grimalte that his desires have changed. He has already lain with Fiomena and has moved on to new conquests. Pamphilo’s actions illustrate that love is not always reciprocated, a fact often unmentioned in medical tracts. To cure lovesickness with a successful union of the lovers involves love and desire on both sides. Grisel and Mirabella’s and Calisto and Melibea’s mutual love is actually one of the rarest forms of love depicted in the amatory fiction of the era. Most of the cases of lovesickness portray situations of unrequited

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62 Ibid., p. 450: “Quebróse me honestidad, quebróse mi empacho…”
63 Ibid., pp. 513-5 and pp. 517-8.
love, such as Grimalte’s love for Gradissa, Arnalte’s passion for Lucenda, and Leriano’s feelings for Laureola. These men love their respective women, but the ladies in question do not share similar feelings. Sometimes, as in the case of Fiometa and Pamphilo, the woman loves the man, but he does not return her affections. Love is not always straightforward or reciprocal.

Pamphilo is the poster-boy for medical treatises on lovesickness. He may have felt some sort of obsession for Fiometa, but once he partook of the prescribed treatment, he was cured. Fiometa, on the other hand, remains ill. A sexual relationship with Pamphilo only exacerbates her feelings of “amor.” Fiometa’s condition is a complicated mixture of love, lovesickness, and sexual desire. She repeatedly states that she still loves Pamphilo despite being abandoned by him. In her letter to Pamphilo, she writes that she wants to resume their sexual relationship. In the end, Fiometa is unable to overcome her amor hereos. She cannot stop thinking about Pamphilo and she finally kills herself to end her obsession. Fiometa provides the foil to Pamphilo’s perfectly cured lovesickness. Flores provides a multifaceted illustration of lovesickness through Fiometa. She is plagued by a mental fixation with Pamphilo, but also suffers from heartache and unsatisfied desire. Even Pamphilo’s supposed perfect example eventually collapses in the face of lovesickness. Sex may have sated his desire, but his supposed cure only suggests that he was never truly lovesick. Once Fiometa dies, Pamphilo finally succumbs to a disease that attacks both his head and his heart.

Speculum al Foderi and Tractatus super Viaticum – Medical Exceptions

Even the medical field could not avoid some cross-contamination between love and sex as evidenced by the fifteenth-century Catalan manuscript Speculum al Foderi. Written by an

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66 Ibid., pp. 19-20.
unknown, but presumably male author, the *Speculum* offers one of the earliest extant guides from Latin Christendom dedicated exclusively to sex and written in the vernacular.\(^{67}\) Composed largely for male readers, the treatise focuses on the masculine problems and pleasures of sex.\(^{68}\) The treatise draws largely from the thirteenth-century Latin text *Liber Minor de Coitu* which is itself built upon Constantine’s *De Coitu*, and the anonymous author explicitly references two works of Galen (*On the Affected Parts* and *Ars Praticas*).\(^{69}\) The most significant addition to the *Speculum* are chapters eight through ten, three chapters which elaborate on courtship, foreplay, and coital positions to enhance the pleasure of both men and women. Chapters containing this information are not found in the *Liber Menor* or the works of Constantine or Galen.\(^{70}\) The author most likely drew inspiration from translated Arabic sources still prevalent and popular when he penned his work.\(^{71}\) The vernacular nature of the *Speculum* and the author’s choice to use the common but more obscene term *foder* rather than a derivative of *coitus* point to the text being directed at a more general, but still educated, populace.\(^{72}\) The lone manuscript currently resides in the Biblioteca Nacional in Madrid.\(^{73}\)

The eighth chapter of the Speculum deviates from traditional writings on sex to discuss what women look for in love. Though the manual uses the terms “amat” and “amor” signifying

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\(^{68}\) Ibid., p. ix.

\(^{69}\) Ibid., pp. xvi-xvii.

\(^{70}\) Ibid., p. xvii. See also, Michael R. Solomon, “Non-Natural Love: Coitus, Desire and Hygiene in Medieval and Early Modern Spain,” pp. 152-3.

\(^{71}\) Ibid., pp. xvii-xviii. The first line of the text cites Albafumet, either a historical figure or fictional character, who speaks on the current books on coitus. Albafumet’s name suggests, if not Arabic decent, clearly a strong background in and understanding of Arab culture.

\(^{72}\) Ibid., p. xix.

\(^{73}\) Ibid.
love, the theme is decidedly more carnal than emotional. The author suggests winning a woman’s love by acknowledging and satiating her sexual desires: “Cor null hom no pot aconseguir la amor d’ellas si no cuple lurs voluntats.”\textsuperscript{74} Not only does the \textit{Speculum} recognize female desire, but it states that fulfilling a woman’s desire is the key to winning her heart. The close connection between sexual desire and emotion clearly insinuates that the two are not as separate as other medical pamphlets might suggest. The author slowly merges the two terms until love and sexual desire are practically indistinguishable from one another. He suggests that “Aquell qui volrà haver amor de les fembres, e que no li’n vengua dampatge, cové que sàpia lurs maneras e lurs customs, e que les maneig, e sequescha per ço que entena ella,e que açò que més la vença la voluntat. E sia sofferidor per ço que certament sàpia entrar en sa volentat.”\textsuperscript{75}

Though the author begins by claiming that he will describe the best ways to win a woman’s amor, he concludes with a very different word – voluntat. The first term suggests an emotional connection, while the second is more closely related to the will or desire. In this case, love and sexual desire are conflated. Winning a woman’s love is exactly the same as making her lust after you. This is the only chapter in the work that discusses love in relation to sex, and it is especially important to note that this chapter focuses on women’s feelings and sexual desire. The author purposefully demonstrates that women are much more likely to mix love and lust, for he includes no mention of love in his many chapters detailing male sexuality. At the same time, he also adds

\textsuperscript{74} \textit{The Mirror of Coitus: A Translation and Edition of the Fifteenth-Century Speculum al Foderi}, trans. and ed. Michael Solomon (Madison: Hispanic Seminary of Medieval Studies, 1990), 8.1, p. 73. For English, see p. 29: “But no man can win a woman’s love if he doesn’t know her ways and doesn’t satiate her desires with persistence and skill.”

\textsuperscript{75} Ibid., 8.2, p. 73. For English, see p. 29: “He who would have the love of a woman and who would not be harmed by her must learn her ways and customs by observing and following her; the best way to win her love is by understanding her. Be persistent and she will eventually begin to desire you.”
the possibility that men might also love and desire women: “quant l’ome vendrà a la fembra, e ell ama, e ella no la vist.” While the treatise seems to imply that women are more inclined to either conflate love and sexual desire or simultaneously feel both love and sexual desire, men might also feel a mixture of love and lust under the right circumstances. Like the complicated situations presented in medieval amatory fiction, the author of the *Speculum* concedes the possibility of love and sex not being quite as straightforward and separate as other medical and hygienic texts might imply.

Another exception is found in Bona Fortuna’s *Tractatus super Viaticum*, a commentary on Constantine the African’s *Viaticum* written sometime between 1294 and 1338.77 When discussing the cure for lovesickness, Fortuna adds: “Tunc nota de cura. Cura autem consistit in duobus: uno modo exparte corporis, alio modo ex parte anime.”78 Of all the physicians writing on lovesickness, Bona Fortuna comes the closest to suggesting that lovesickness is more complicated than initially suspected. He even goes as far as recommending two different types of cures – one for the body and another for the mind. Despite acknowledging that the cure might require a two-pronged attack, Fortuna still firmly believes that lovesickness is a disease of only the mind.79 He never fully explores the potential connection between lovesickness, the mind, and the body. The bodily cures for lovesickness, such as baths and tonics, act directly on the patient’s physical body but still aim to treat the mental disease of lovesickness.80 Although Fortuna does

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76 Ibid., 8.10, p. 76. For English, see, p. 32: “…when a man approaches a woman he loves but doesn’t know…”
79 Ibid., lines 1-30, pp. 254-5.
80 Ibid., lines 95-122, pp. 258-61.
not imagine the disease as one rooted in both mind and body, he does acknowledge that cures come in a variety of mental and physical options. All medical treatises on lovesickness offer both physical and mental methods of treatment, but Fortuna is the only writer to explicitly recognize and distinguish between physical and mental cures. In this way, he foreshadows the more complex conception of lovesickness that emerges in Iberian amatory fiction.

**A Cure Worth Dying For**

The connection between love and sex was especially difficult to disentangle when love became a disease and sexual intercourse offered one of the most pleasurable and attractive medical remedies for patients suffering from lovesickness. Maintaining health easily merged with seeking pleasure. In the case of lovesickness, a desire for the cure often outweighed fear of the disease. The symptoms of the illness were severe and, if left untreated, lovesickness could end in death, but the pleasures promised from the cure led to a sharp rise of lovesick victims. Michael Solomon demonstrates that the medicalization of love led to a surge in a populace willing to “disease themselves.”\(^1\) By making love a sickness and sexual intercourse one of the most popular cures, many were willing to succumb to the illness in order to partake in the pleasurable treatment.\(^2\) Lovesickness allowed the lovesick, or at the very least, the lustful, to indulge in sexual fantasies and desires that were previously labeled immoral and debauched.

Desire and lust finally found an acceptable outlet thanks to lovesickness.

Lust, lovesickness, and sex can create a never-ending cycle of need, love, and desire. Men and women who want to satiate their lust either feign or are easy targets for lovesickness.

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\(^2\) Ibid.: “To cast one’s desires as a disease or as a concern requiring hygienic intervention allowed patients to manipulate medical knowledge gleaned from vernacular sources in ways that would allow them to fulfill amorous longings and sexual impulses.”
While they may not delight in the illness itself, they take so much pleasure in the cure that they willingly or easily fall prey to love again thus repeating the cycle. According to authors of love literature, one of the most dangerous aspects of lovesickness is that, as of yet, there is no permanent cure. Their writings suggest that love is more dangerous than the physicians acknowledge and portray in their medical tracts. It is not just that no cure treats all three infected bodily organs (head, heart, and genitals), but that even those who know better cannot escape love’s magnetic pull. The most vivid example comes from Rodrígio de Cota’s *Diálogo entre el Amor y un Viejo*, a fifteenth-century poem included as part of the *Cancionero General* published in 1511. The poem unfolds as a dialogue between an old man (*el viejo*) and Love, who appears suddenly in the *viejo*’s garden. Upon seeing his visitor, the old man quickly dismisses Love. He claims that, “La edad y la razón / ya de ti me han libertado.” The old man has suffered the pangs of love experienced by youth. He is now older and wiser and unwilling to be Love’s captive again because the *viejo* remembers all the unpleasantness that Love brings. Once, he may have been held hostage by Love, but he has long since escaped from that particular prison.

He may be in his dotage, but he is still in full command of his memory. The old man’s past encounters with Love prepare him to combat Love’s advances. When Love tries to sweet-talk the old man, he reminds Love: “yo sé bien cuántos dolores / ellos traen siempre consigo. / Tú traidor eres Amor / de los tuyos enemigo, / y los que viven contigo / son ministros de dolor.” The *viejo* repeatedly demonstrates that he is no novice when it comes to Love. Not only

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83 Rodrígio de Cota, “Diálogo entre el Amor y un Viejo,” *Cancionero General*, copied by Hernando del Castillo, ed. Antonio Rodríguez-Moñino (Madrid, Real Academia Española, 1958), Biblioteca Virtual Miguel de Cervantes, fol. LXXIIv. English: “Age and reason have already freed me from you.”

84 Ibid., fol. LXXXIIIr. English: “I know well how much suffering you bring with you. You, Love, are a traitor and an enemy to your own, and those who live with you are ministers of pain.”
has he met Love in the past, he is intimately acquainted with the other emotions, mental states, habits, and tendencies that accompany Love. Some of these hangers-on include “afán, desdén, deseo, / suspiros, celos, pasión…tormento, y desesperanza…loros y cautividad, / congoja, rabia…tristeza, duda, coraje…y otros mil deste linaje…”85 The old man clearly understands Love and recognizes the pleasure – and the pain – Love can bring. His intimate knowledge of the baggage and burdens of Love make him averse to Love’s charms. Even Love dare not deny the man’s words. Instead, Love confirms that what the old man says is true: “En tu habla representas / que nos has bien conocido.”86 And yet, despite his familiarity with Love, despite the wisdom learned over his many years, and despite his advanced age, the viejo eventually capitulates. By the end of the dialogue, the old man welcomes Love with open arms, saying “Vente a mí, muy dulce Amor, / vente a mí, brazos abiertos.”87 The old man surrenders to Love even though he knows better. The viejo’s inability to deny Love once again demonstrates love’s inescapable power. The old man has already felt love’s bitter sorrow and aching pain. But even his past experiences, his old age, and his wisdom cannot withstand Love’s assault. Eventually, Love breaks down all his carefully constructed barriers. Love surmounts the old man’s arguments and pierces through his armor of age and wisdom to stab the viejo straight in the heart.

If the wise old man cannot withstand the barrage of Love, ordinary men and women cannot be expected to weather love’s tumultuous storm any better. Ultimately, there is no way out of love. Neither medicine nor the wisdom and experience of old age can inoculate people

85 Ibid. English: “eagerness, disdain, desire / sighing, jealousy, passion…torment and hopelessness…crying and captivity, / anguish, rage…sadness, doubt, courage…and a thousand other similar things.”
86 Ibid. English: “Your words show that you know us well.”
87 Ibid., fol. LXXVr. English: “Come to me, sweet, sweet Love, / come to me, my arms are wide open…”
from love’s disease. Humankind is instinctively drawn to sex, desire, love, and all the baggage that comes with these complicated emotions. Medicine focuses only on healing the mind, and, thus, proves insufficient. It does not grapple with the full complexity of lovesickness as a disease ravaging the head, the heart, and the genitals. And it seems that age and erudition offer only limited protection against love. Even literature cannot provide the cure. The authors of amatory fiction draw attention to the imperfections and deficiencies of medicine, but they do not offer a usable solution. The advent of lovesickness as a disease and the popularity of its cure demonstrate a conservative moral culture bursting at its seams for an acceptable outlet. No amount of social control, didacticism, or moralism can fully thwart love’s inevitable advance. Love will find a way. It is subversive, dangerous, and inescapable. The authors of medieval love literature do not provide a cure for love. Instead, they can only comment on what they see – a world on the verge of modernity, wrestling with the impossibility of fully understanding love and striving to grasp what it means to be human.
Conclusion

Love remains as powerful and indefinable today as it was in the Middle Ages. Despite its ineffability, we never stop trying to capture love – through connections to each other, physical interactions and intercourse, and in art, music, and literature. Love seems to render even the most eloquent and erudite mute, forcing poets and philosophers to speak around the subject in rhyme or riddle. Over the centuries, love has been classified as an emotion, a physical sensation, a biochemical process in the brain, and a feeling. My dissertation delves into the study of love at one of the unique junctures in love’s long history, when it was considered to be a disease.

Medicine and literature tie love to the body as a mental process, a heartfelt emotion, or a physical urge. When the body acts abnormally, it is sick. Since love is a powerful force that acts on or within the body, the idea of lovesickness emerged. Medieval notions of love are intrinsically linked to medicine, which was not a homogenous field in itself. Scholarship on the amatory fiction of the Middle Ages has only recently moved toward the medical humanities, a fascinating emerging field that offers a new perspective on medieval culture and literature. By drawing on the medical humanities, I reintroduce the medical aspects of love and remove love literature from solitary study in literary departments by placing it in larger conversations about medieval politics, history, sciences, and culture.

Lovesickness is only one facet of medieval concepts of love, and it seems to reach its climax at the end of the Middle Ages. Medieval medical treatises provide a valuable theoretical approach to analyzing love literature. I demonstrate that the generally older, more didactic sources often portray love by drawing on the ancient medical beliefs proposed by Galen and his practice of maintaining a hygienic *habitus*. I use the division between hygiene and disease in medieval medical practices to investigate changing notions of love. I argue that after the
medicalization of culture that occurred in late-medieval society, lovesickness proved instrumental as a means of enforcing cultural standards. Love, formerly considered a matter of hygiene, became a deadly disease and was used by physicians and male authors to influence the minds and regulate the bodies of medieval men and women.

Many early and high-medieval texts about love show a close kinship to Ovidian and pseudo-Ovidian guides to love. Works such as Ibn Ḥazm’s *Tawq al-Hamāmah* and Juan Ruiz’s *Libro de Buen Amor* act as didactic guides to good love. These sources draw on Galen’s practice of a hygienic *habitus* to portray love as a habit to be cultivated. Late medieval literature, such as sentimental fictions and *Celestina*, demonstrates a preoccupation with love as illness. A comparison between thirteenth and fourteenth-century love literature and late-medieval sentimental fiction draws together seemingly disparate texts, languages, and literature in order to demonstrate the progressive demonization of love and the deliberate manipulation of lovesickness which reveals late-medieval masculine anxieties about a world on the cusp of the Early Modern era. My approach allows for a more nuanced picture of medieval lovesickness and a better understanding of emotions as portrayed in medieval literature. Additionally, my dissertation brings Castilian texts into dialogue with Arabic literary traditions. While not strictly forebears in a sense of direct lineage, it is crucial that Iberian literary scholars not only acknowledge but also study and understand Arabic literature, especially *Iberian* Arabic literature. Seven hundred years of conquest, comingling, and cohabitation cannot be ignored. *Celestina* and *Trotaconventos* are not direct descendants of HBR’s ‘*ajūza*, but they do follow in her fictional footsteps, and it behooves scholars to recognize the shared literary history of Ibero-Arabic and Ibero-Castilian fiction.
My dissertation connects a variety of research interests and fields ranging from women and gender studies to the medical humanities. I analyze canonical medieval texts such as *Celestina*, while at the same time, include less studied works like the anonymous thirteenth-century manuscript *Ḥadīth Bayāḍ wa Riyāḍ*. I also incorporate Arabic and European medical tracts written by esteemed physicians such as Ibn Sīnā, Petrus Hispanus, and Arnau de Vilanova. I delve into seemingly disparate subjects in order to find common ground between religion, history, literature, and medicine. By focusing on the intersection of medicine, literature, and love, my research highlights the way late-medieval Iberian representations of lovesickness encapsulate the fears and fantasies of the era in order to control gender dynamics, politics, sexuality, and emotions. My dissertation project tracks the evolution of love as mankind grappled with coming face-to-face with his inner beast. Wild feelings warred with societal constraints, resulting in a profusion of medicalized, sentimental fictions that offer a unique glimpse into the medieval world.

Don Suero de Quiñones, the knight who spearheaded the *Passo Honroso*, exemplifies the struggle to tame one’s inner self. Despite his best efforts, his overwhelming feelings for Doña Leonor could not be contained. He courted her. He fasted. He even wore an iron collar around his neck as proof of his devotion. Don Suero followed all the ridiculous rules for genteel courtship, lavishing his lady with signs and symbols of his affection. But this mode of courtship could not contain his passion or sate his love. As a last-ditch effort, Don Suero undertook a dangerous quest to break three hundred lances or die trying. His plan was a good one. As we have seen, physical sports such as hunts and jousts were effective cures for lovesickness according to the popular medical literature of his time. Don Suero’s choice of a joust mimics the medieval attempt to mask inner brutality and raw feelings with courtly rituals and elaborate
foppery. Don Suero and the *Passo Honroso* epitomize the clash of ideals in the late fifteenth century: the old-fashioned medieval warrior warred with emerging ideas of Renaissance refinement that would come to define Early Modernity. Don Suero is a man straddling two worlds. Though his legend remains, his lovesick condition seems to have lost meaning over time until it largely disappeared from cultural memory. Historical accounts copied roughly one hundred years after the actual event occurred focus more on the martial aspects of Don Suero’s escapades than the medical ones. In 1434, any physician worth his salt could have easily diagnosed Don Suero’s condition as lovesickness. Yet, only one hundred years later the disease seems to have little purchase.

What happened to the concept of lovesickness during the Early Modern era? Don Suero himself lived on as an example of chivalric knighthood. Celebrated Spanish author Miguel de Cervantes has his famous knight, Don Quijote, include Don Suero and the *Passo Honroso* as a historical paradigm for knightly living in *El Ingenioso Hidalgo Don Quijote de la Mancha*. Cervantes was familiar with the medical works of Francisco de Villalobos who wrote extensively on lovesickness, but even Cervantes focuses on Don Suero’s martial rather than amatory exploits. Modern accounts of Don Suero printed on the historical marker at the *Passo Honroso* bridge and passed on by loquacious townsfolk repeatedly mention Don Suero’s passionate love,

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1 See, for example, MS 7012, Pedro Rodríguez de Lena, *Libro de el Paso Honroso Defendido por el Excelente Caballero, Suero de Quiñones*, compiled from a book by Juan de Pineda (Salamanca, 1588), copied by Lázaro Díez del Valle y de la Puerta (Madrid 1662), Biblioteca Digital Hispánica, retrieved from http://bdh.bne.es.


but no one seems to consider him ill. He is merely in love, not lovesick. Further explorations are warranted on the rather rapid decline of lovesickness as a real disease. It would be worthwhile to continue tracing the evolution of love, sickness, and lovesickness in the Early Modern era and, possibly, beyond, marking when lovesickness ceased to be considered a valid ailment. Such a study would also benefit from a continued side-by-side reading of medical and literary texts to determine when lovesickness disappeared from medicine and whether this was reflected in literature as well. Did lovesickness immediately cease to be a literary trope as soon as medicine declared the illness defunct or did lovesickness continue in literature – and possibly medicine – in a mutated but vaguely recognizable form?

It would also be interesting to trace the de-popularization of certain types of love literature in the Early Modern era. Sentimental fiction was an incredibly popular genre during the late Middle Ages but seemed to disappear as quickly as it flourished. Did the decline in popularity of the sentimental genre, a genre written for and in praise of women, die with Isabel I? The lack of a female queen as patron certainly suggests a connection between the popularity of the genre and the prolific publication of manuscripts. But are there other reasons, tied, perhaps, to economics, history, politics, or cultural and literary trends that also account for the demise of the genre? _Celestina_ is still studied today. Many consider it to be the second most important work of Spanish literature after the _Quijote_. Yet, during the sentimental fiction boom, _Cárcel de Amor_ was just as popular as _Celestina_. In fact, _Celestina_ owes much of its text to _Cárcel_. What made _Celestina_ last as a masterpiece and _Cárcel_ fade into near oblivion? My dissertation concentrates primarily on prose fiction, but I am certain that fruitful connections can also be drawn between poetry and lovesickness. Both _cancionero_ poetry and Arabic poetry also
incorporate themes of love and metaphors of illness. There is much room for further studies into the poetical side of lovesickness.

Lovesickness ultimately kills Don Suero, though in the most unexpected way. According to some accounts, his courageous exploits and pious devotion finally won the heart and hand of his beloved Doña Leonor. But not long into their marriage, an angry knight returned to Hospital de Órbigo to exact vengeance. DonSuero had unhorsed the knight during the Passo, and the knight wanted to avenge his besmirched honor. Rather than engage with Don Suero again in joust, the knight stabbed him to death. Don Suero’s ending is tragic, but not entirely unsurprising. The authors of sentimental fictions repeatedly predict that no good ever comes from lovesickness. Don Suero passionately pursued his love. He lived by love’s rules and ultimately died paying love’s outrageous cost. Like Grisel, Don Suero risked everything for love. He pursued his beloved with the dogged determination of Grimalte. He foreshadowed Arnalte, willing to fight, wound, and even kill for love. And, like Calisto, he eventually died because of it.

Though we do not yet fully understand love, we continue trying to decipher its many facets and comprehend its intricate mystery. We are surrounded by aphorisms, sayings, and platitudes that help explain the complex emotional entanglement, physical urge, and mental fascination we call love: Love is all you need. Love is blind. Love is a battlefield. Love is an open door. Love hurts…The lingering ghost of Don Suero reminds us of yet another maxim in the long litany of love adages – too much love can kill you.
Works Cited


---. *La Historia de Grisel y Mirabella.* Edited by Pablo Alcázar López and José A. González Núñez, Editorial Don Quijote, 1983.


Granjel, Luis S. La Medicina Española Antigua y Medieval. Ediciones Universidad de Salamanca, 1981.


Ḥadīth Bayāḍ wa Riyāḍ [Vat. Ar. 368]. In, Historia de los Amores de Bayāḍ y Riyāḍ: Una Chantefable Oriental en Estilo Persa, edited by A.R. Nykl, Hispanic Society of America, 1941.


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Nykl, A.R. Introduction. *Historia de los Amores de Bayād y Riyāḥ: Una Chantefable Oriental en Estilo Persa* [Vat. Ar. 368], Hispanic Society of America, 1941.


----. Translated by Dr. Mohammad Mahmoud Ghali. Quran.com, https://quran.com/31/6-16.


Rodríguez de Lena, Pedro. *Libro de el Paso Honroso Defendido por el Excelente Caballero, Suero de Quiñones* [MS 7012]. Compiled from a book by Juan de Pineda, Salamanca, 1588, copied by Lázaro Díez del Valle y de la Puerta, Madrid, 1662, *Biblioteca Digital Hispánica*, http://bdh.bne.es/bnsearch/biblioteca/Libro%20del%20Paso%20Honroso%20Defendido%20por%20el%20Excelente%20Caballero%20Suero%20de%20Quiñones%20%20/qls/Rodr%C3%ADguez%20de%20Lena,%20Pedro/qls/bdh0000071029;jsessionid=E5C798123EE70231C26E0BEF78E65225.


---. **La Unidad Genérica de la Novela Sentimental Española de los Siglos XV Y XVI.** Dept. of Hispanic Studies, Queen Mary and Westfield College, 1999.


---. *Sumario de la Medicina con un Tratado sobre las Pestíferas Bubas*. Salamanca, Antonio Nebrija, 1498.


