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Un-Manned by 'Seiknes'?

A Gendered Account of Illness Experienced by Scottish Reformation Ministers

ABSTRACT

R.W Connell's work on hegemonic masculinities transformed the field of masculine gender studies in the late 1980s and her work remains dominant in the field. However, although claiming historical applicability in her work, she elides modern 'macho' masculinity with historical masculinities, creating tensions in approaching historical case studies. In analysing the experience of reformed ministers experiencing illness (or 'seiknes') in sixteenth-century Scotland, this paper will demonstrate that the modern understanding of the relationship between masculinities and the body is not a given factor in early modern hegemonic masculine practice, demonstrating the lack of flexibility in Connell's work. Through exploring illness and non-conforming bodies in early modern Scotland, we can better understand the personal and professional relationships of Scottish ministers and how masculinities operated in Scotland during this period.

KEY WORDS

Masculinities; gender; Scotland; early modern

BIO

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Un-Manned by ‘Seiknes’?

A Gendered Account of Illness Experienced by Scottish Reformation Ministers

by *Ashley Brown*

Introduction

Systems of gender practices enacted by men are known to gender studies practitioners as ‘masculinities’ and have been the focus of much work in the field for the last few decades. However, whilst writing about these systems of gender practices, scholars tend to follow the standard set by key theorist in the field, R.W. Connell, in typically focussing exclusively on modern masculinities, with particular emphasis on modern hegemonic masculinity.¹ This hegemonic masculinity is what Harriet Bradley calls being ‘macho’: ‘tough, competitive, self-reliant, controlling, aggressive and fiercely heterosexual’.² This gender practice has a specific relationship with the human body, rejecting weakness and exalting physical fitness.³ Connell created of the concept of ‘hegemonic masculinities’ (a theory which is impossible to avoid in the field as it has not yet been successfully completely challenged) and defined the field, shaping subsequent discussion. She places emphasis on hegemonic masculinities being non-linear, existing in multiplicity and being subject to change, but this is not reflected in her writings, which do not

¹ For Connell’s approach see: R.W. Connell, *Masculinities* (Routledge; New York, 2020); R.W. Connell and James W. Messerschmidt ‘Hegemonic Masculinity: Rethinking the Concept’, *Gender & Society*, Vol.19, No.6 (December 2005), pp.829-859. For scholars who similarly focus on modern hegemonic masculinity, see: Duncanson, Claire, ‘Hegemonic Masculinity and the Possibility of Change in Gender Relations’, *Men and Masculinities*, Vol.18, No.2 (2015), pp.231-248; Harriet Bradley, *Gender* (Cambridge UK, 2013); Hern, Jeff, ‘From hegemonic masculinity to the hegemony of men’, *Feminist Theory*, Vol.5, No.1 (2004), pp.49-72; Demetriou, Demetakis Z., ‘Connell’s concept of hegemonic masculinity: A critique’, *Theory and Society*, Vol.30 (2001), pp.337-361.

² Bradley, *Gender*, p.52.

³ Connell, *Masculinities*, p.54.

consider varying masculinities in different historical contexts. Her work represents a valuable starting point for considering how masculinities present and how different masculinities interact with each other but it is difficult to easily apply Connell's work to historical case studies without eliding modern hegemonic masculinities with gender practices in the past, due to her focus on modern hegemonic practice in her research. As Ben Griffin writes, there are certain areas in which Connell's theory needs revision, and this study will be cognisant of the weaknesses of her work in applying it to case studies.⁴

By using select elements of Connell's work, this study will demonstrate that the modern understanding of the relationship between masculinities and the body is not a given factor in early modern hegemonic masculine practice. This will be shown through case studies of reformed ministers' experiencing illness in sixteenth-century Scotland, taking examples from contemporary texts, such as James Melville's *Autobiography and Diary* (written in the early seventeenth century) and John Knox's *The History of the Reformation of religion within the realm of Scotland* (written in the late sixteenth century). Following Janay Nugent's assertion that reformed ministers constituted a hegemonic masculinity in sixteenth-century Scotland, this essay will use reformed ministers as an example of an historical hegemonic masculinity which does not adhere to the same traits as modern 'macho' masculinity.⁵ Exploring the relationship between the body and masculinities through experiences of illness demonstrates nuance in the construction and enactment of masculinities, and also shows how elements of Connell's work – which still dominates the field – can be successfully applied to historical contexts. Additionally, through exploring illness and non-conforming standards of bodies, we can better understand the personal and professional relationships of Scottish ministers and gain insight into different hegemonic practices in the second half of the sixteenth century.

Theoretical Approach

⁴ Ben Griffin, 'Hegemonic Masculinity as a Historical Problem', *Gender & History*, Vol.30, No.2 (July 2018), p.380.

⁵ Janay Nugent, 'Reformed Masculinity: Ministers, Fathers and Male Heads of Households, 1560-1660' in *Nine Centuries of Man: Manhood and Masculinity in Scottish History*, ed. by Lynn Abrams and Elizabeth L. Ewan (Edinburgh University Press; Edinburgh, 2017), pp.39-52.

In the 1980s, Connell wrote on ‘...the making of masculinities and the experience of men’s bodies...’⁶, proposing that multiple masculinities can exist simultaneously and that they interact in hierarchical patterns. This revolutionised the field of masculinities and still the theoretical cornerstone for the field, as no other theory has ‘been able to match the clarity with which Connell anatomises power relations between masculinities.’⁷ Connell labelled the dominant masculinity as ‘hegemonic’, which is idealised and often not the lived experience.⁸ Interacting and intersecting with hegemonic masculinity, she posited, are complicit masculinity (upholding but not necessarily emulating), subversive masculinity (such as enacting behaviours associated with being homosexual) and marginalised masculinity (such as many black masculinities in the United States); which together operate in hierarchies and patterns. She also argued that the body is key in the construction of gender practices, being ‘inescapable in the construction of masculinity.’⁹ However, she clarifies that the body is not unchanging or unimpacted by social constructs, as bodies both comply with and refute social expectation which demands certain things from them.¹⁰ Therefore, bodies inform gender practices in crucial ways – such as aging, sexual performance or reproductive capabilities – but do not limit or dictate them; it is primarily social practice and expectations of the body which condition gender practices.¹¹

Connell’s work is useful because it emphasises the relationships between different masculinities and helps in understanding the relationship between the practice of gender and the body. Her work has the potential to be applied to any historical context, as the concept of gender has ‘a very long history’¹², being a key mechanism for how social relations are perceived and enacted. However, as stated above, there are issues with how Connell’s theory is applied or developed.¹³ Throughout *Masculinities*, Connell attempts to provide a historically applicable concept, going so far as giving her view on how modern masculinities have developed since the sixteenth century through an extensive narrative, from the late medieval period through to the modern day. However, throughout the book, when talking about her theory and how masculinities operate, she only provides modern case studies. This makes it hard to see the historically applicable side of her concept, especially as her narrative of the evolution of masculinities is sweeping and generalising.¹⁴

⁶ Connell and Messerschmidt, ‘Hegemonic Masculinity’, p.830.

⁷ Griffin, ‘Historical Problem’, p.380.

⁸ Connell, *Masculinities*, pp.77-81.

⁹ Ibid., p.56.

¹⁰ Ibid., p.57.

¹¹ Ibid., p.51.

¹² Bradley, *Gender*, p.4.

¹³ Griffin, ‘Historical Problem’, p.380.

¹⁴ Connell, *Masculinities*, pp.186-198.

In addition, her historical summary suffers from a determinist outlook, as she simplifies huge societal changes to demonstrate how the modern ‘macho’ masculinity has come into being.¹⁵ Her analysis of the body and how it relates to the practice of gender is similarly treated, with only modern examples given which all relate to ‘macho’ masculinity. This implies that the traits related to this masculinity and its relationship with the body – which is based on physical prowess and lack of weakness – are fixed characteristics of all hegemonic masculinities. This undermines the versatility of her concept as she argues for a concept which is not bound by a specific period or understanding of masculinity, but only ever references one period (1980s-2010s) and one type of masculinity (‘macho’ hegemonic masculinity), thereby running the risk of prescribing this standard for all contexts. Moreover, Connell argues that when these traits (physical prowess, rejecting weakness, etc.) are disrupted or absent – such as in the case of disability – men always reflexively engage with hegemonic gender practices, which inherently impacts their own perception of what it means to be a man.¹⁶ This is a broad claim which is not backed up by a range of evidence: again the focus is on modern men reacting in a certain way.¹⁷

Various scholars have offered adaptations of different areas of Connell’s theory, seeking to make it more workable. Griffin argues for a more nuanced understanding of multiple masculinities co-existing across different areas through the concept of ‘communication communities’, whilst Alex Shepard develops the idea of men experiencing multiple masculinities by asserting that men might embody different masculinities over a lifetime, or even over the course of one day, as they navigate different social situations and expectations.¹⁸ These, and other, adaptations of Connell’s theory help to make her work more applicable to historical contexts and clarify certain unwieldy areas of her concept. For analysis of sixteenth-century masculinities, this study takes into account both Connell’s original formulation of the concept and the different adaptations suggested by other scholars to define hegemonic masculinities as: dominant masculinities (systems of behaviour) where men display socially ideal gender practices within a specific group.

Reformed ministers demonstrated and participated in a hegemonic masculinity in early modern Scotland, as they constituted a specific group where most members strove to uphold certain codes of behaviour (as laid out in the *First Book of Discipline* and *Second Book of Discipline*¹⁹) and were an

¹⁵ Connell, *Masculinities*, pp.186-198.

¹⁶ Ibid., pp.54-55.

¹⁷ Ibid., p.55.

¹⁸ Griffin, ‘Historical Problem’, p.385; Shepard, ‘Anxious Patriarchs’, p.291.

¹⁹ *The Books of Discipline, and of Common Order; The Directory for Family Worship; The Form of Process; and the Order of Election of Superintendents, Ministers, Elders, and Deacons* (Edinburgh; Edinburgh Printing Company, 1836).

example to other men in their communities, emulating an idealised type of behaviour.²⁰ As Nugent asserts, ‘in Scotland it was the ministers who emerged as the primary model of reformed masculinity’.²¹ In this paper, reformed ministers constituting a hegemonic masculinity will be taken as read in order to challenge Connell’s portrayal of hegemonic masculinity in her research. Analysing ministers’ experience of illness allows us to better understand the relationship between the body and masculinities, as when normative bodily practices are disrupted it is possible to examine behaviours and practices which would otherwise not be apparent. As described above, bodily performance – either conforming or not conforming to societal expectations of the body – is seen as inherently linked with gender. Indeed, Connell emphasises this when she writes, ‘Masculine gender is (among other things) a certain feel to the skin, certain muscular shapes and tensions, certain postures and ways of moving, certain possibilities in sex.’²² Therefore, in order to challenge this assumption and better understand masculinities in early modern Scotland, analysing contemporary perceptions of bodily performance is key. Exploring reformed ministers’ experiences of illness allows us to do this, in a way not previously undertaken.

Historical Context

For most people, including ministers, illness in the early modern period was a common and often severe issue to contend with.²³ The prevalence of illness was due to a lack of standard healthcare and the absence of medicines such as antibiotics, meaning that a simple infection or ‘seiknes’²⁴ could kill even those otherwise in peak condition.²⁵ Additionally, early modern perceptions of the body and the effects of illness differed greatly from modern understandings, with humoral theory shaping early modern responses to issues like disease or disability.²⁶ Humoral theory was based on ancient understandings of medicine, articulated by men such as Hippocrates

²⁰ Nugent, ‘Reformed Masculinity’, p.41.

²¹ Ibid., p.42.

²² Connell, *Masculinities*, pp.52-53.

²³ Chris Langley, *Cultures of Care: Domestic Welfare, Discipline and the Church of Scotland, c.1600-1689* (Leiden; Koninklijke Brill NV, 2020), p.125.

²⁴ James Melville, *Autobiography and Diary of Mr James Melville*, ed. by Robert Pitcairn (Edinburgh, Wodrow Society, 1842), p.219.

²⁵ Michael Stolberg, *Experiencing illness and the sick body in early modern Europe* (Palgrave Macmillan; London, 2011), p.21.

²⁶ Alison P. Hobgood, and David Houston Wood, ‘Introduction’, in *Recovering disability in early modern England*, ed., Alison P. Hobgood and David Houston Wood (The Ohio State University Press; Columbus, 2013), pp.11-12.

and Galen, that posited that the human body was composed of four humours related to the elements, which needed to be kept in balance.²⁷ Environmental factors, diet and the individual's behaviour could each affect the balance of humours, with certain illnesses arising as a result of different stimuli.²⁸ Therefore, both the perception of illness and the experience of illness in early modern Scotland varied greatly from ours today. It is important to note that many of the conditions or types of 'seiknes' encountered in early modern Scottish sources would today be classified as a disability; i.e., 'A physical or mental condition that limit's a person's movements, senses, or activities.'²⁹ However, this is not a term that was recognised in the early modern period: many conditions that we would consider to be a disability will not have been viewed as such by contemporaries.³⁰ Although certain conditions were recognised to have a profound and lasting impact on people, such as missing a limb or certain mental health issues, there is not much evidence for these types of conditions amongst Scottish reformed ministers, and the illnesses or infirmities recorded in the sources analysed for this study are usually viewed as temporary ailments.³¹ Therefore, this study will refer to the conditions that ministers experienced in their own terms – illness or sickness – as much as possible, especially due to a general lack of diagnostic information.

Ministers Engaging With Their Own Illnesses

Reformed ministers engaged with illness on an emotional level, being candid about how illness could affect them. James Melville wrote in his *Autobiography* that after attending a General Assembly in 1586, 'a heavie feat of the tertian overtuk me, that causit me keipe my hous twa dayes befor that Sabathe; and that sam morning it seased sa on me that I swined and lay dead'.³² This is a stark account of how a fever affected him, with Melville not shying away from how vulnerable the illness made him. Elsewhere in his work, he describes the long bouts of sickness that he was subject to, with 'peanes and perplexities, of heavie seiknes of body, and grait conflictes of mynd'.³³

²⁷ Margaret Healy, *Fictions of disease in early modern England: bodies, plagues and politics* (Palgrave Macmillan; London, 2001), p.20.

²⁸ Healy, *Fictions of disease*, p.21; Galen, *On the Natural Faculties*, trans by Arthur John Brock (London; William Heinemann, 1996), p.48.

²⁹ 'disability, n.' *OED Online*, Oxford University Press www.oed.com/view/Entry/53381 [accessed 09.03.2022].

³⁰ Klaus-Peter Horn, and Bianca Frohne, 'On the fluidity of "disability" in Medieval and Early Modern Societies: Opportunities and strategies in a new field of research', in *The Imperfect Historian: Disability Histories in Europe*, ed. by Sebastian Barsch, et al (Frankfurt; Peter Lang GmbH, 2013), p.18.

³¹ Langley, *Cultures of Care*, p.132.

³² Melville, *Autobiography*, p.248.

³³ Ibid., p.489.

Melville routinely describes his health in great detail, exposing his physical weaknesses; he even goes as far as writing a poem in celebration of his recovery ‘after my seiknes’³⁴ in 1601, which elaborately describes his symptoms.³⁵ With such detail as ‘A crewall fiver [fever] ther upon me seas’d/ Wilk brunt upon my fleche, my bluid and beans [bones]’³⁶ and ‘Be grait increasing searnes in my syd’³⁷, Melville is candid about the serious effects that illness had upon his body. That he wrote a poem about his poor health and the suffering he endured in such a manner, indicates that physical infirmity was a subject freely discussed and elaborated upon, even to the point of clearly acknowledging how vulnerable the person affected was. His illnesses also greatly impacted his ability to perform his role adequately. During his illness in 1601, he was supposed to partake in the proceedings of the General Assembly – a duty he took seriously – but was unable to do so. Instead, he wrote a long letter to the King expressing his views and supporting his Brethren.³⁸ There is a feeling of frustration in his being unable to attend when he writes, ‘To the quhilk, whowbeit seik and unable, it behoved me to wryt.’³⁹ However, his frequent illnesses throughout his life did not seem to impact how he viewed his masculinity. The level of responsibility he undertook in kirk matters did not diminish and he continued to work hard for his parishioners, even appointing himself as minister of the exiled lords in Berwick and creating a new religious community.⁴⁰ Although his illness did impact his bodily functions – which ordinarily allowed him to be very active – this did not hinder him in his determination to support his community and the kirk. This indicates a different relationship with the body and masculinity than Connell posits. Melville does not reflexively engage with his masculinity as a result of illness and has no issues candidly exposing his physical vulnerabilities. Therefore, in stark contrast to modern ‘macho’ masculinity, the hegemonic masculinity of reformed ministers is not predicated on projecting invulnerability whilst automatically engaging with one’s own masculine behaviours when ill or physically disabled, i.e., one’s body not being able to perform as expected (by the person themselves) due to poor health.

There is one occasion in Melville’s *Autobiography* that he does reflect on his masculinity as a result of a physical stimulus. When journeying from Berwick back to Fife by sea in 1586, the waves were rough and those inside the boat – including Melville’s 18-month-old son and his nurse who

³⁴ Melville, *Autobiography*, p.494.

³⁵ Ibid., pp.494-501.

³⁶ Ibid., p.496.

³⁷ Ibid.

³⁸ Ibid., p.490.

³⁹ Ibid.

⁴⁰ James Kirk, ‘Melville, James’, *Oxford Dictionary of National Biography* <https://doi.org/10.1093/ref:odnb/18547> [accessed 04.11.2021].

left her husband behind to care for the boy – all became sick.⁴¹ Melville writes that it must have been ‘a maist pitifull and lamentable spectakle’⁴² to see himself crying towards the heavens, out of sickness and fear, as his son’s nurse had to see him in such a way. Although this seems like Melville is ashamed of his being ill, reflexively criticising his perceived masculinity, the emphasis on his reaction in front of a woman he owes much to (who was violently sick herself) indicates that it is more his frightened response and the guilt that he feels over her leaving her husband to serve him – rather than the sickness he is enduring – which is the cause of his embarrassment. This demonstrates that whilst reformed ministers did sometimes reflexively engage with their own masculinity, this was not as a result of physical weakness or the disruption of normative body practices, being instead provoked by fears of adverse reactions to their strong, negative emotions.

Illness in Others

This candid portrayal of illness was not limited to ministers writing about themselves. John Knox wrote about the minister John Willock, who suffered from ‘a dangerous sickness’.⁴³ He highlights the severity of the illness, using the word ‘dangerous’ several times and writing that Willock became bedbound as a result. Knox then asserts that despite the illness, Willock ‘taught and exhorted from his bed’⁴⁴, overcoming his symptoms to further the Protestant cause. It is clear that the illness is being used here to emphasise Willock’s godly qualities, but again the detailed acknowledgement of how men – who fit within a hegemonic masculinity – were seriously affected by sickness, in the face of seeming weak, indicates that there was a profoundly different view of masculinity intersecting with the body in sixteenth-century Scotland than today. This can be clearly seen in Melville’s description of James Lawson’s death from a severe illness. He writes:

Mr James, being a melancholian of constitution, falls in a heavie disease, quhilk resolved in a melancolius dysenterie, quhilk be na meanes of medecin...could be cured; bot efter

⁴¹ Melville, *Autobiography*, p. 252.

⁴² Ibid.

⁴³ John Knox, *John Knox’s History of the Reformation in Scotland*, Vol.1, ed. by William Croft Dickinson (Edinburgh; Thomas Nelson and Sons Ltd., 1949), p.125.

⁴⁴ Ibid.

dyvers monethes seiknes he died, speiking till his utter houre maist holilie of God's glorie, and confortable till all the heirars⁴⁵

Although there is emphasis of Lawson's godly qualities, Melville focuses on the suffering that Lawson endured, in an emotional portrayal. Melville highly respected Lawson and wanted to depict him as a good man and minister but was blunt about Lawson's illness and the effects that it had. This indicates that, at least for reformed ministers, it was neither unmanly to be seen being ill in early modern Scotland nor unmanly when writing about illness in an emotional manner. Melville clearly believed that his descriptions would not negatively impact the portrayal of Lawson or the perception of himself as the author.

The case of Patrick Adamson stresses the distinction between ill health and poor behaviour, the first of which did not negatively impact masculinity whilst the latter did. He spent much of his tenure as Archbishop of St Andrews in conflict with the Presbyterian faction, of which Melville was an ardent member.⁴⁶ Many of the sources which discuss Adamson are heavily biased against him, having been written by Melville and his friends or are based on these, such as Calderwood.⁴⁷ However, in these sources, such as Melville's *Autobiography*, there is a distinct lack of censure for Adamson being ill, even when it was suspected he was faking. For example, Melville writes that in 1582 Adamson consulted with a woman suspected of witchcraft because he was 'seik of a disease of grait fetiditie'.⁴⁸ Melville does not criticise Adamson for consulting with this woman on account of his illness, but does lament that 'he sufferit hir to slipe away'⁴⁹ when instructed to hold her. Here the emphasis is on Adamson failing in his duty, which contradicts reformed masculinity, rather than his consulting her in his illness. This is echoed in a sympathetic letter from David Anderson, which focuses on the charges which Adamson's enemies (the Melvilles) 'most slanderouslie, impudentlie, and uncharitablie'⁵⁰ laid against him, rather than on the archbishop's health – it is not his health that needs defending but his conduct. Although there is much criticism for Adamson's behaviour – such as vomiting in the General Assembly due to drunkenness – he did receive support when he was ill, with even his supposed enemy Andrew Melville (James Melville's uncle)

⁴⁵ Melville, *Autobiography*, p.219.

⁴⁶ Hew Scott, *Fasti Ecclesiae Scoticana: The succession of ministers in the Church of Scotland from the Reformation*, Vol.7 (Edinburgh; Oliver and Boyd, 1928), p.325.

⁴⁷ David Calderwood, *The True History of the Church of Scotland: From the beginning of the Reformation, unto the end of the Reigne of King James VI* (1678).

⁴⁸ Melville, *Autobiography*, p.137.

⁴⁹ Ibid.

⁵⁰ 'Letter from David Anderson concerning Patrick Adamson', November 20th 1590, University of St Andrews Libraries and Museums, MS BX4705.A4A6, p.5.

taking care of him when he became ill towards the end of his life.⁵¹ This indicates sympathy and acceptance of illness, which did not impact perceived masculinity, whilst behaviour did.⁵²

Illness and Emotion

In the above sources, it can be seen that illness was discussed openly, often in detail, and in an emotional or expressive manner. Illness was also clearly distinguished from the ‘everyday’ experience, as something which had a negative effect on someone’s life, usually for a temporary period. This can be seen in James Melville’s *Autobiography* where he reflects at great length on an illness he had recently experienced, writing a poem about how the experience of illness affected him and caused him to be fearful for his life but that it passed.⁵³ The candidness with which Melville discusses his illnesses – which is reflected in the other sources – demonstrates that weakness in the body and lack of physical fitness was not a taboo subject, indicating that the bodily characteristics of toughness and physical prowess were not integral for this hegemonic masculinity. The candid discussion of illness is partly due to the nature of the sources as they were written in ways show devotion to God and/or the positive qualities of the minister in question (or, in the case of Adamson, the bad qualities). However, there is more nuance to portrayals of illness experienced by ministers than simply religious devotion or positive depiction, especially in emotional accounts. These accounts, like those above, do not reflect on the author’s or subject’s masculinity in a negative way. This can be seen through the awareness of emotion as a stimulus for illness. For example, Melville wrote of James Lawson becoming ill due to his melancholic nature and the troubles that he experienced at the hands of his congregation in Edinburgh.⁵⁴ Melville draws a clear link between Lawson’s melancholy and the ‘heavie disease’⁵⁵ which he died from, demonstrating that strong emotions, or vulnerabilities caused by strong feeling, were perceived as the cause of some illnesses, which could be fatal. There is no reflection on Lawson’s masculinity as a result of his illness being seemingly caused by emotion, and all attempts are made, as described above, to leave a positive and strong impression of Lawson upon the reader.

⁵¹ Calderwood, *The True History*, p.143; Melville, *Autobiography*, pp.288-289.

⁵² Alex Shepard, *Meanings of Manhood in Early Modern England* (Oxford; Oxford University Press, 2006), p.6.

⁵³ Melville, *Autobiography*, p.495.

⁵⁴ Melville, *Autobiography*, p.166; p.219.

⁵⁵ Ibid., p.219.

This contrasts Olivia Weisser's work, where she writes that she found few examples of men in the early modern period directly linking their health to emotions, with men placing more emphasis on physical symptoms and practical considerations, such as the financial implications of being ill.⁵⁶ Melville's diary, however, contains many examples of Melville – or others – identifying emotion as the root of ill health, or the description of emotions experienced once ill.⁵⁷ The perceived link between emotion and illness can also be seen with other men who were not ministers. Richard Bannatyne, the secretary to John Knox, recounted how William Ramsay, who taught at the University of St Andrews, 'being callit befoir the assemblie, tuike grit displeifoure, and was not a littil commoved in his mynd, whairthrow he tuike seiknes, and schortlie died.'⁵⁸ Ramsay's guilty conscience for being involved with the suspect Hamilton family is seen as the culprit here, causing him to experience 'gritter dolore in his hart'⁵⁹ which led to sickness and then death. Melville similarly writes of a man who died as a result of sickness brought on by emotion. In a letter to his uncle he wrote of John Stratton who, after yielding to the Bishop of Murray against his conscience, 'falles into a wunderfull rage and phrenesie and efter sex dayes lying died w[i]t[h]out release of confort uttered.'⁶⁰ It is important to note that these sources, even those concerning laymen like Ramsay or Stratton, are describing situations impacted by religion (such as being called before the assembly in Ramsay's case), even, in some cases, attributing the emotion, illness and death of the person to God's judgement.⁶¹ Particularly in the sources written by, or about ministers, there are biases in the narratives told, to try and emphasise the godly qualities – or lack of – the men involved, or to demonstrate God's involvement. However, this does not alter the link clearly created between emotion and illness, which was inspired by humoral theory, and does not affect the contemporary perceived relationship between the body and masculine practice, despite the framing of narratives.⁶² The examples given here add nuance to Weisser's work by pointing to different gendered reactions to illness, prompted and governed by emotion in men. Although strong emotion was seen as inherently linked to illness, causing weakness and vulnerability, this did not negatively impact reformed ministers' masculinity, as there is no comment on how men were thought of as a result of their emotional illness. Even in the case of Lawson, Melville writes

⁵⁶ Olivia Weisser, 'Grieved and Disordered: Gender and Emotion in Early Modern Patient Narratives', *The Journal of Medieval and Early Modern Studies*, Vol.43, No.2 (2013), pp.258-259.

⁵⁷ An example of this is Knox's emotional reactions to his last illness: Richard Bannatyne, *Memorials of Transactions in Scotland, A.D. MDLXIX-A.D. MDLXXIII* (Edinburgh; Edinburgh Printing Company, 1836), p.285; p.288.

⁵⁸ *Ibid.*, p.259.

⁵⁹ *Ibid.*

⁶⁰ Melvini Epistolae, University of Edinburgh Special Collections, Dc 6.45, p.322.

⁶¹ Bannatyne, *Memorials*, pp.259-260.

⁶² Weisser, 'Grieved and Disordered', p.252.

of his own sadness at his friend's obvious melancholy, but there is no implication that Lawson did not adhere to masculine practices as a result.⁶³

Ministers experiencing illness were well supported by those around them. Care networks – where (usually) family or friends would assist each other with looking after the health of others or with their domestic tasks – were very important in early modern Scotland, with most people involved in care arrangements at some point in their lives.⁶⁴ Domestic care played a dominant role in times of illness, with family giving most care during this period and the households of ministers were no different.⁶⁵ This is another way in which reformed ministers' masculinity differed from modern 'macho' masculinity: self-reliance and control of bodily weakness were not required in order to be perceived as masculine. During John Knox's final illness, he relied upon the care given to him by his wife and Bannatyne. Melville wrote of the physical support Knox needed in public, having to be supported by a staff and Bannatyne, who held 'upe the uther oxtar'⁶⁶ in order to get to the pulpit. However, this did not impact Melville's opinion of Knox, as he greatly respected and emulated him.⁶⁷ It did not affect the perception of Knox more widely either, as when he was bedbound many people from the local congregation came to see him after the Sunday sermon (delivered by Lawson as the new minister), even though he was extremely ill, in order to talk to him as he was well respected.⁶⁸ Those who came to see him discussed his illness openly, asking if he was in much pain.⁶⁹ Again this indicates acceptance of illness in ministers, without it impacting their masculine practices, or their perceived masculinity. Moreover, ministers were seen to rely upon God, trusting in his supposed judgement and seeing illness as a trial sent by him. Indeed, Melville explicitly says that his illness in 1601 was because 'it pleasit my God'⁷⁰ to cause him to become ill. Through this, it is clear that some reformed ministers accepted a lack of control over the body. This acceptance, however, did not negatively reflect on the minister's masculinity, either from their own perspective – as Melville expects and embraces what he sees as trials from God – or from those around them – who continued to support the ill minister and not criticise them. For example, when Melville became ill after feeling strong emotion in response to his uncle being placed in ward, his friend Andrew Wood supported him both emotionally and physically, even

⁶³ Melville, *Autobiography*, p.166.

⁶⁴ Langley, *Cultures of Care*, p.125.

⁶⁵ Ibid., p.101; p.126.

⁶⁶ Melville, *Autobiography*, p.33.

⁶⁷ Ibid., p.26.

⁶⁸ Bannatyne, *Memorials*, p.287.

⁶⁹ Ibid., p.287.

⁷⁰ Melville, *Autobiography*, p.489.

taking him back home to St Andrews from Edinburgh.⁷¹ Therefore, ministers showing physical weakness, due to illness, had support from those around them – even when extremely emotional – but without any impact on their masculinity, as there was a continuation in treatment and perception before and during the illness from those around them.

Conclusion

In sixteenth-century Scotland, reformed ministers constituted a hegemonic masculinity due to the position they held in society, where they were models for other men around them.⁷² By analysing case studies of reformed ministers experiencing or expressing illness it is clear that this hegemonic masculinity did not have the same relationship with the body that modern ‘macho’ masculinity is said to have; a relationship described in Connell’s work. Unlike ‘macho’ masculinity, reformed ministers’ masculinity did not view physical weakness due to illness as negatively impacting masculine perception and practice. Acceptance of lack of control of the body, openness regarding vulnerability and the clear linking of emotions with ill health demonstrate that gender was informed by the body in different ways than we would assume today. This shows that we need to widen the range of case studies and examples when discussing masculinities theory, especially as Connell’s work – which only uses modern ‘macho’ examples – will continue to be the main framework for the foreseeable future. Connell’s work does have applicability for historical case studies but must be used in tandem with other scholars (who have refined elements of her work), and adapted to suit analysing multiple masculinities across various communication communities, and the inevitable interactions between masculinities which result. Analysing gendered responses in situations such as illness also allows us to better understand the interactions and relationships which took place in early modern Scotland – such as care relationships – especially given that when normative practices (such operating with a healthy body) are disrupted, behaviours can be analysed in ways previously undocumented or unseen.

⁷¹ Melville, *Autobiography*, p.145.

⁷² Nugent, ‘Reformed Masculinity’, p.40.

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