



DRADEK

Studies in Philosophy of Literature, Aesthetics,
and New Media Theories

Vol. IV Num. 1 2018

ISSN 2465-1060
[online]

Melancholy

Edited by Valentina Serio

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ODRADEK. Studies in Philosophy of Literature, Aesthetics, and New Media Theories.
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Edited by Università di Pisa



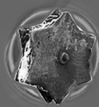
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Layout editor: Stella Ammaturo

Volume Editor: Valentina Serio



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Maine de Biran's Conception of Melancholy Between Medicine and Philosophy¹

Alessandra Aloisi

Il n'y a guère que les gens malsains qui se sentent exister

Maine de Biran

Abstract

In this article, I propose to examine Maine de Biran's conception of melancholy by exploring the fundamental link that exists in his work between medicine, philosophy and the writing of the self. I will pay special attention to Maine de Biran's *Journal* (1814-1824)², where melancholy is not only the dominant mood but also the driving force of its writing³.

To begin with, I will show that there are two different understandings of melancholy in Maine de Biran. The first can be considered part of the modern

¹ This article is based on two conference papers presented at the University of Pisa (*Melancholia, Metamorfosi dell'umor nero*, June 2105) and at the University of Warwick (*Mood, Aesthetic, Psychological and Philosophical Perspectives*, May 2016). It is part of larger research project, which has received funding from the European Union's Horizon 2020 research and innovation programme under the Marie Skłodowska-Curie grant agreement No 660528.

² Maine de Biran (1814-1824), signalled hereafter as *Journal*, followed by the volume reference and the page number.

³ Montebello P. (2007) and Antoine A. (1998).

and romantic conceptualization, and conceives melancholy as a sentiment that enables intelligence, creativity and self-reflection. The second derives from medicine and psychiatry in the 18th and 19th centuries, where melancholy is described as a disorder of the nervous system. I will then suggest that the experience of melancholy, which proves to be essential to Maine de Biran's philosophy and writing, derives from the medical understandings.

1.

In Maine de Biran's *Journal* we can find the following description of melancholy:

Le sentiment de l'âme que j'appelle tristesse ou *mélancolie*, diffère essentiellement, *tota natura*, de l'affection de malaise ou de l'inquiétude qui se lie à un mauvais état des nerfs ou à certaines dispositions organiques. Le sentiment est aussi désirable que l'affection est fâcheuse; à celui-là se lient tous les progrès de l'intelligence et les plus nobles excursions de nos facultés; l'autre nous rend incapables d'exercer ces facultés; quand je suis tourmenté par mes *affections* organiques, je cherche le monde, le bruit et les distractions du dehors pour m'en délivrer. Quand j'éprouve ce sentiment de tristesse ou que je m'y sens disposé, ce qui m'arrive trop rarement (précisément parce que l'affection du malaise et de l'inquiétude organique me fait plus souvent la guerre), je crains d'évaporer ce sentiment mélancolique,

je me tiens en moi-même, je m’y enveloppe, je cherche à pénétrer dans les profondeurs de mon âme, je réfléchis sur le moi (*Journal*, I, 247-248, Décembre 1816, italics in the texts).

Here Maine de Biran outlines a sort of poetic understanding of melancholy that lies in the epistemological distinction between *affection* and *sentiment*. In the mémoire *De l’aperception immédiate*, this distinction is defined as follows. Affections are “simple physical passions” deriving from the body; depending on the case, affections can be pleasant or painful, joyful or melancholic, and even though they constantly influence our life, they remain unconscious. Sentiments, on the contrary, such as goodness, beauty and the sublime, are “intellectual passions” and require the participation of the self and an act of intelligence⁴. Conceived as a sentiment, melancholy should not be confused with the pathological condition of the body (“affections organiques”). Melancholic affections, such as those described by medicine⁵, are always unpleasant because they prevent intellectual activity and incline to distraction. Melancholy, on the contrary, although it is a *sentiment of sadness*, is pleasant and desirable, as it enables intelligence, concentration and self-reflection, and can produce philosophical insights and discoveries.

⁴ Maine de Biran (1807), in particular ch. III, § 1 and ch. IV, § 3.

⁵ Cabanis P. (1802), t. II, VII mémoire, § XII, p. 168: “Mais lors même que les maladies produites par la gêne du système absorbant sont caractérisées d’une manière plus faible, et se bornent à l’engorgement opiniâtre de différents viscères du bas-ventre, il en résulte encore des affections hypocondriaques et mélancoliques, dont les effets moraux sont suffisamment connus”.

It is worth noting that, in the same years, a similar distinction, attesting the same oscillation between the poetic and medical meanings of melancholy, can be found in Giacomo Leopardi's letters to one his correspondents, Pietro Giordani:

L'aria di questa città l'è stato mal detto che sia salubre. È mutabilissima, umida, salmastra, crudele ai nervi e per la sua sottigliezza niente buona a certe complessioni. A tutto questo aggiunga l'*ostinata nera orrenda barbara malinconia* che mi lima e mi divora, e collo studio s'alimenta e senza studio s'accresce. So ben io qual è, e l'ho provata, ma ora non la provo più, quella *dolce malinconia* che partorisce le belle cose, più dolce dell'allegria, la quale, se m'è permesso di dir così, è come il crepuscolo, dove questa è notte fittissima e orribile, è veleno, come Ella dice, che distrugge le forze del corpo e dello spirito⁶.

In this passage, we find a distinction between two sorts of "melancholies": the first (the "ostinata nera orrenda barbara malinconia") is a pathological condition caused by the air, the weather and bad habits, which destroys the strength of the body and of the mind, and the second (the "dolce malinconia") is instead conceived as a sweet sentiment that engenders the most beautiful things.

As both quotations show, a transformation in the understanding of melancholy was taking place at the beginning of the 19th century, and Maine de Biran's poetic description of this sentiment can be considered, just like Leopardi's, as part of the

⁶ Letter to Giordani, 30 April 1817, in Leopardi G. (1998) (my emphasis).

blossoming romantic re-conceptualization of this notion⁷. Yet, in spite of this modern and romantic understanding of melancholy, I believe that the experience of melancholy that remains essential to Maine de Biran's philosophy and writing is that related to its medical meaning.

2.

Between the 18th and the 19th centuries, melancholy was considered a form of mental illness produced by a physical disorder. As such, it was classified in medical treatises such as the *Nosologie méthodique*, by Boissier de Sauvages, and considered as one of the four basic types of insanity, together with frenzy, mania and imbecility.

This conception of melancholy, characterized by the idea of a close interconnection between mind and body, traces back to ancient medicine. The theory of the four temperaments is now replaced with scientific ideas derived from the study of the nervous system, yet the symptomatological picture remained unchanged⁸.

A similar conception of melancholy can also be found in Pierre Cabanis and Philippe Pinel, two physicians who were critical for Maine de Biran's

⁷ This in why, in 1819, one of Philippe Pinel's disciples, the French psychiatrist Jean-Etienne Dominique Esquirol, proposed to jettison the word "melancholy" from the medical vocabulary because of its poetic and unscientific connotation, and to adopt in its stead the word "lypemia": Goldstein J. (1987), pp. 156-157.

⁸ Starobinski J. (2012), p. 104.

philosophy. Cabanis was the starting point for Maine de Biran's studies of the relationship between the *physique* and the *moral* of man, and Pinel was Maine de Biran's main reference for the investigation of mental illness.

It is not surprising that the pathological picture of melancholy depicted by Cabanis and Pinel can be found in the *Journal*, where Maine de Biran describes – and somehow *performs* – melancholic symptomatology. Throughout his *Journal*, Maine de Biran claims to be affected by an undefined mental illness with a physical origin. Unlike other forms of insanity, such as mania or frenzy, this mental illness, he claims, does not entail a complete loss of reason, but merely produces a “partial disorder of the mental faculties”:

C'est une véritable maladie d'esprit [...]. On ne fait attention qu'aux maladies mentales qui entraînent la perte de la raison ou des facultés supérieures, comme la manie, le délire, etc. La médecine morale ne tient aucun compte de ces désordres partiels des facultés, ces anomalies intellectuelles qui sont au moral ce que les dérangements de santé sont au physique. Ces derniers dérangements s'annoncent au dehors par certaines singes, tandis que les anomalies dont il s'agit ne sont perceptibles qu'à l'homme qui s'observe intérieurement (*Journal*, I, 37, janvier 1815).

I believe that the disease (“véritable maladie d'esprit”) Maine de Biran was implicitly referring to has all the symptoms of melancholy.

Among the most recurrent melancholic symptoms described in Maine de Biran's *Journal*, we find: distraction, anxiety, dejection, incessant fear and concern, alternation of sadness and exaltation, a general lack of stability and control, and a tendency to be dragged outside and to be exposed to the shaping force of external environment. We also find behaviours as contradictory as lethargy and great mobility, a search for solitude and a penchant for worldliness. Maine de Biran ascribes this condition of extreme psychological instability and mutability to his nerves and to the malfunctioning of specific organs, notably the brain, the liver, and the stomach. This causes his permanent condition of weakness and soft complexion, and subjects him to the influence of external agents, such as atmospheric conditions, temperature, season, humidity. Not by chance, all these changing external factors are carefully recorded by Maine de Biran in each journal entry, along with his corresponding physical condition and mood⁹.

Maine de Biran's described moods in the *Journal* are saturated in medical terminology, which testifies to the influence of the medical descriptions of melancholy, such as those provided by Cabanis and Pinel¹⁰. The use of some expressions as well as the description of specific symptoms denote, on the part of Maine de Biran, an awareness of a specific medical picture corresponding to the mental illness known by the name of melancholy.

⁹ Piazza M. (2001), pp. 34-37.

¹⁰ Cabanis P. (1802), *Mémoire VI* (but various considerations about melancholy are spread throughout nearly all the *mémoires*) and Pinel P. (1798, 1809).

However, I would suggest that, with respect to the medicine of his time, Maine de Biran's reinterpretation of melancholic symptomatology introduces something new.

3.

As the symptoms listed above suggest, the melancholic subject appears to fall prey to inconsistent behaviours. Indeed, melancholy traditionally includes an extensive list of varied symptoms. As Pinel remarks, melancholics have often a contradictory character: "ils éprouvent la plus grande instabilité dans leurs idées et dans leurs volontés, veulent et ne veulent pas"¹¹. This variety and variability of symptoms, dating back to antiquity, can be considered as the hallmark of melancholy. In the ancient Greek text *Problema XXX*, this variety is already taken into account and explained through the same physical characteristics of black bile, an excess of which was believed to cause melancholy. Depending on whether it is warm or cold, this black fluid can produce very different, sometimes opposed effects. In the modern age this variety of symptoms was often explained by referring to the number of circumstances (such as age, sex, climate, and diet) which can infinitely modify the pathological picture of each single illness¹².

¹¹ Pinel P. (1809), sect. IV, cap. XII, p. 294.

¹² Saad M. (2006).

With Maine de Biran, a sort of reorganization of the pathological picture of melancholy takes place. The explanation for this variety of opposed symptoms within the frame of one single illness seems to result from one common characteristic. What makes melancholy coherent and consistent, in spite of its variety of symptoms, is nothing other than the *passivity* of the melancholic subject: that is to say, the weakness of one's *will*. This makes the subject more prone to the influence of the involuntary and unconscious processes deriving from the body and from the surrounding physical world; hence, the contradictory character typical of the melancholics, their mood swings, and the inconsistency of their pathological behaviors.

In other words, in Maine de Biran the melancholic symptomatology is reorganized along what, with Michel Foucault, we can call “the axis of the voluntary and involuntary”¹³, of activity and passivity – which is also the load-bearing axis of Maine de Biran's own philosophy. In his view, the melancholic subject appears to be more related to that unconscious and impersonal form of existence that derives from the body and through which we are bound to the rest of the physical world.

According to Maine de Biran, this form of existence plays a central role in our lives. Not only does it operate when our consciousness is suspended (for example when we are asleep or in cases of mental alienations), but it also represents the constant, unnoticed background noise of our conscious life.

¹³ Foucault M. (1999), cours du 12 février 1975.

This impersonal life is composed of a seamless flow of unconscious impressions that silently affect our mood, and determine our instant likings or aversions¹⁴. Indeed, the importance of Maine de Biran's philosophy lies precisely in highlighting the centrality of this unconscious and impersonal dimension, made up of instincts, automatisms and passive modifications where the "moi" and the will are absent.

4.

As Maine de Biran states in his *Journal*, it occurs to him very rarely to experience that pleasant *sentiment de tristesse* called melancholy. In fact, he is more often prone to be the slave of those melancholic affections which denote a medical condition. In May 1817, he writes:

J'éprouve ma mélancolie habituelle.... ce n'est point une douce tristesse qui me ramène à moi-même; c'est plutôt au contraire une suite d'impressions fâcheuses qui me rendent l'existence pénible, s'opposent à tout exercice régulier et suivi de mes facultés, me donnent le sentiment de mon incapacité et de ma faiblesse et me font un besoin de me répandre au dehors (*Journal* II, 46).

I believe that precisely this form of melancholy, which Maine de Biran considers a cause of dispersion

¹⁴ Maine de Biran (1807), ch. I, § 2.

and uneasiness, is what paradoxically nourishes his writing as well as his philosophical activity.

As explained above, because of his pathological disorder, the melancholic subject appears to be more related to the unconscious and impersonal dimension that Maine de Biran carefully explored all along his philosophical career, namely through the study of phenomena like mental alienations and somnambulism. Nevertheless, with respect to these phenomena, melancholy appears to offer something more. Somnambulism and mental alienations can only be externally studied and observed in other subjects, as they do not produce any kind of experience or memory. Melancholy, on the contrary, offers the possibility for a form of experience, in which the subject can be an observer of itself. This happens precisely because, as Maine de Biran notices in contrast to some physicians of his time, such as Pinel, melancholy is a “*partial* disorder of the mental faculties”, which does not involve a complete loss of reason. As such, it can still produce a form of experience and self-experience. It is, of course, a kind of extreme and paradoxical form of experience, situated on the fleeting limit between personal and impersonal life, between activity and passivity.

In conclusion, not only does melancholy play a central role in Maine de Biran’s self-experience and self-representation in his journal, but – precisely because it offers the possibility of experiencing that which normally does not produce any experience – it also nourishes his exploration of the involuntary and unconscious dimension of human life.

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