

## Melancholia and Humoural Passions in Early Modernity

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Melancholia tends to be best studied by the melancholic; but its study is not a melancholy affair. Theory-making, like artistic creation, can even function as an antidote to melancholia. We need to explain or represent ourselves to ourselves, to understand our body and its biology, and our mind, with its visible and invisible processes. The actual act of reasoning - or indeed of creating - is not melancholic, but there is a melancholy aspect to the *need* to explain or represent ourselves to ourselves. the ways in which we are at once intending, thinking, theorizing, emoting, acting beings and animal bodies in the natural and cultural world about which we make theories. For our reasoning mind stands apart from itself when it is at work uncovering the mechanisms of mood, emotion and thought; the attempt at stepping out of it in order to give an account of its nature, observe its course and postulate its causes, can only fail to embrace its phenomenology entirely. It is indeed when we are the objects of our own investigations that we are most complicatedly human, and not really explainable in terms of scientific theories.

### I

The very notion of melancholia first emerged out of an attention to the body's physiology. Unlike today's depression, which primarily denotes a set of symptoms, a general state of mind rather than a physical state, melancholia literally denotes the purported physiology that is involved somehow in the melancholic state - one of extreme, debilitating sadness that can lead to delirium or even madness. Melancholia is Greek for black bile, word for word - *melaina cholē* - just as *atra bilis* is its Latin translation. Black bile, in turn, is one of the four humours, or fluids, established within the medical tradition that began with Hippocrates and the school of Cos in 5<sup>th</sup>-century BC Greece, was collected during the 3<sup>rd</sup> century BC in Ptolemaic Alexandria, and recycled by the physician Galen in 1<sup>st</sup>-century AD Rome, who synthesized Hippocrates, Plato and Aristotle, as well as other ancients, in his magisterial and voluminous writings.

Humours were the substances that accounted for our constitution or *crasis*, for all our temperaments, moods, character, states of health and illness, and that, for well over two thousand years, would underlie pharmacopeia, diagnosis, treatment, and nosology. Within this tradition, health was a matter of balance, harmony or *isonomia*, between the four humours. The purest of these was the blood itself; the others were phlegm, yellow bile or choler, and black bile or melancholia. An imbalance within the humoral organism - *dyscrasia* - caused illness, and was rectified with the administration of substances such as foods, drinks, or pharmacopoeic preparations that countered a lack or excess within the organism and thus restored balance. Humours were concocted out of the heat of digestive processes in the stomach: food turned into chyle in the liver, from where, thanks to the heat produced by these digestive concoctions, the vital spirits in the blood were expedited to the heart and from there, to the brain, ensuring a continuum between passions and cognition, physiology and psychology, individual and environment. The cerebellum refined some of these spirits into smaller, animal spirits that were more nimble still. Heat and cold, dryness and moistness, crucially affected the course of these spirits; and the effects of the humours themselves on mood, thought, health changed according to the degree of heat, agitation, moisture present in the organism.

The order of the physical body mirrored the order of the world. Humours corresponded to the four basic qualities - cold, hot, humid, dry - and to the four elements - air, fire, water, earth - of which they were constituted. Out of originally Empedocleian and Pythagorean elements, arose qualities; out of those, temperaments, whose states varied according to the four seasons. The sanguine temperament was hot and moist; the choleric temperament was hot and dry; the phlegmatic temperament was cold and moist; and the melancholic was cold and dry. Humours were not present in equal quantities in everyone; it was the preponderance of some over others that determined the temperament of each individual. The sanguine person had, self-evidently, a prevalence of blood, and tended to be serene, rather sensuous, optimistic, generally good-natured; the choleric person had a prevalence of yellow bile, and tended to be resentful, envious, argumentative, indeed generally choleric; the phlegmatic person had a prevalence of phlegm, and tended to be slow in action and reaction, at times lazy, indeed phlegmatic. And the melancholic generally tended to be thoughtful and introspective.

As a basis for the clinical care of physical and mental distress, the general scheme of humoral physiology was a success. The Hippocratic-Galenic tradition in which it was expounded endured for a remarkably long time. It did lose its edge in the West after the Roman empire's fall - along with most classical knowledge - but it was kept alive in Byzantine culture, picked up in Arabic versions in the lands conquered by the Arabs, then revived in southern Europe, before being progressively instilled back into the medieval European world. From then on, it turned into the medical orthodoxy it would remain well into the Renaissance, and even beyond. Human dissections resumed in the 14<sup>th</sup> century, probably for the first time since Ptolemaic Alexandria, but this was not enough to correct the masters. With the advent of printing and the circulation of original Greek sources, however, the comparative study of the tradition was possible, and critical works of anatomy began to appear. The first serious blow to Galen's authority notably came in the 1540s from Vesalius, whose keen observations led to the popular, 'live' demonstrations of major errors within the corpus; and once William Harvey, in the 1620s had shown that blood actually circulated through the body and that the heart functioned as a pump, humoral theory itself was rendered technically obsolete.

These blows, especially that of Harvey, were serious; but they had an impact on theory, not so much on practise. Thomas Willis, for instance - the seventeenth-century Harveian physician who coined the word "Neurologie", or science of nerves, and wrote the important *Cerebri anatome*, fully illustrated by the architect Christopher Wren's engravings of the dissected brain - dismissed humours and did not believe that a "Melancholick humour" had any role to play in the melancholic "Distemper". But otherwise he bled his patients as one always had: in practise, humoral theory survived the blows of theory. Indeed, bedside care changed little until the 1800s, partly because revolutionary ideas take a while to sink in, partly because what constitutes evidence in medicine can be ambiguous, and partly because medical care is not merely a matter of technique, whether its object is the body or the soul. Until alternative theories of mental function tentatively began to take over during the course of the 17<sup>th</sup> and 18<sup>th</sup> centuries, eventually leading to the founding of new therapies for the mentally ill, humours worked especially well as a theory of psychology. One might even argue that today's neurotransmitters and hormones are the new humours -

that, metaphorically at least, humoral explanation is still powerful. There is, after all, something common-sensical to the notion that sensations can be identified with substances, that our body changes when we are sad, that food and climate affect our moods along with our organisms, that to understand our inner life we must pay attention to our bodily innards.

The humoral system worked also because it allowed for a measure of flexibility in the ascription of temperature and humidity to humours, organs, temperaments and moods. It was at once usefully schematic, general enough to be easily applicable, and solid enough to withstand variations. In the specific case of melancholia, the excess of black bile within the body produced extreme mental states and psychic disorders, from despondency to madness. In the influential Aristotelian (or perhaps pseudo-Aristotelian) account of melancholia from the *Problemata*, Book XXX, the author identified the effects of the humour with those of wine, both of which, he noted, contained an air that, given shifts in the organism's temperature, produced, for instance, hypochondriac diseases (affecting the hypochondria, that is, the area of the abdomen above the belly button). Because, in his account, the melancholic humour was at once hot and cold, and thus inconstant, its effects also included a lack of constancy and a wide range of disturbances, ranging from apoplexy to torpor if the subject had a generally cold temperament, and from euthymia to singing, excessive enthusiasm and even madness if the subject had a generally hot temperament. Ordinary dejection was the lot of those in whom temperature was better regulated - in whom, so to speak, the physiological thermostat was in order, usually in those with a sanguine temperament - though it was still the effect of black bile. The humour caused disease, a pathogenic imbalance or *dyscrasia*, in those whose thermostat was already running amock. Melancholia was most often due to the excessive dryness of the body, as Ficino declared in *De vita libri tres* I, X (f.p. Florence, 1489), that was itself likely to ensue from "long wakefulness or much agitation of mind, or worry, or frequent sexual intercourse and the use of things which are very hot and dry, or the result of any immoderate flux and purgation, or strenuous exercise, or fasting, or thirst, or heat, or a too dry hot wind, or cold" (p. 133).

But the mechanism at work in the production of this condition or ailment was more complex than that. Melancholia was of course an aspect of the humourally defined

organism, but its humoral status was ambivalent: black bile, from early on in the history of the humoral system, was a further concoction, a burned distillation of yellow bile or, in some accounts, of blood. It was a humour that emerged out of other humours, and a meta-state, so to speak, rather than an identifiable type or *crasis*. Whereas it was a given that changes in the proportions of humours present in a person produced illnesses characteristic of certain temperaments, determined by their cardinal humour, black bile alone pointed to a wide range of disturbances. One could not suffer an onset of phlegma, or blood, in the sense that the *dyscrasia* would not affect one's mind-set or world-view - it had localized, recognizable pathogenic effects. But one could suffer an onset of melancholia, that is, an attack of black bile whose effects could be radically mind-altering, not necessarily pathogenic, and could vary tremendously from person to person and from case to case. As that greatest specialist of melancholia, Robert Burton, would put it in his monumental *The Anatomy of Melancholy* (1621), "[T]he tower of Babel never yielded such confusion of tongues, as the chaos of melancholy doth variety of symptoms" (I-3 1-2, p. 397). A lesser known contemporary of his, Thomas Walkington, distinguished, in his *Optick Glasse of Humors* (1631), the beneficial sort of melancholia from the detrimental one: the first was a "precious balme of witte and policy: the enthusiasticall breath of poetry, the foyson of our phantasies, the sweete sleepe of the senses, the fountaine of sage advise and good purveiance", whereas the second "causeth men to bee aliened from the nature of man, and wholly to discarde themselves from all societie, but rather heremits and olde anchorets to live in grots, caves, and other hidden celles of the earth" (pp. 131-132).

It is useful to be able to name a condition that many can recognize and yet that may not always be an actual illness, and rather is a "disposition" as Burton acknowledged (I-1 1-5, p. 143), a transitory state "which goes & comes upon every small occasion of sorrow, need, sickness, trouble, feare, grieve, passion, or perturbation of the Minde" - indeed, that is "the Character of Mortalitie" itself. In this sense all anguish is a form of melancholy. It always was so: the term melancholia rarely referred merely to the black *cholē* itself, pointing instead to a wide set of symptoms that were ascribed to actions by the humour on the body's key organs - liver, heart, brain. The aetiology of melancholy was not always firmly contained within a simple causal structure, and humoral theory was made to work hard for its explanatory power to sustain the

concrete vagaries of the human psyche and of its moods, relying at first, via Galen, on the Aristotelian account of nature's bodies in terms of forms and final causes.

Timothy Bright, a sixteenth-century divine and an established doctor in London, perpetuated some aspects of the Aristotelian account of melancholia in his *Treatise of Melancholy*, first published in London in 1586 - and quite probably an influence on Shakespeare, perhaps on Hamlet - which began with his careful distinction of the humour itself from the emotional state the word also denoted. Although they shared the same name, the humour and the emotion were not identical here: melancholia had to be understood under two aspects, one clear, physical, visceral, and the other correlated with the first but broader - describable in poetical terms, in fact, quite a bit better than in scientific ones. The poet Nicholas Breton indulged in such poetic descriptions of the melancholy soul in a collection of poems that he published in London in 1600, *Melancholicke Humours, in Verses of Diverse Natures*, and which he described as "the fruits of a fewe melancholike humours: which chiefly he commendeth to spirits of his own nature, full of melancholy, and as neere Bedlem, as Mooregate". The poems were unremittingly bleak, depressed and despairing of love and fortune - as in *A Solemne Sonnet*: "Fortune hath writ characters on my heart, / As full of crosses, as the skinne can holde: / Which tell of torments, tearing every part, / While death and sorrowe doe my fate unfolde." The spirit of these complaints was not unfashionable, and indeed it was self-consciously aestheticizing, almost joyous in its warm embrace of absolute misery.

## II

Melancholia does seem as two-fold as Bright supposed: from the outside-in, that is, from the perspective of the clinician looking for symptoms of humoral disturbance, it might well be a pathology; from the inside-out, that is, from the perspective of psychological observation or self-analysis, it is a mode of apprehending and inhabiting the world, an aspect of our cognitive make-up. The culture of melancholia is thus porous, varying as it does according to religious, scientific, social and artistic context, and to the amount of attention a culture may devote to splenetic moods, hypochondriac fits, hysterical mania, lingering depression. The melancholic state could be manifested in a variety of ways, all related to physiological phenomena - but only to an extent. The relation between humoral or physiological event on the one

hand, and emotional state or passion on the other, was not necessarily elucidated by the appeal to a traditional scheme or mechanism such as that given within scholastic psychology and humoral orders.

The treatises on the passions that became increasingly popular during the 16<sup>th</sup> and 17<sup>th</sup> centuries were guides to self-analysis quite separate from medical description. They traced the genealogy of emotions and indicated how to use reason to curb their excesses - in line with a tradition of moral psychology based on a combination of Aristotelian ethics and stoicism. The pathologization of emotional states - the recognition that an emotional state could be transformed through recourse to medicine and its pharmacopeia - was not necessarily a part of this analysis, although the humoral account stood its ground. In the early treatise on the passions *De anima et vita beata* (f.p. 1538) by the Spanish philosopher and humanist Juan Luis Vives (an associate of Erasmus, born in Valencia in 1492, who lived and died in Bruges), we read how:

a mere commotion of our fantasy bearing some resemblance to an opinion or judgement that a given object is good or bad, is enough to disturb our soul with all emotions: we fear, rejoice, cry, feel sad. This is also why our emotions seem to converge toward that part of the body where the fantasy prevails, and also why we will actually attribute bodily qualities to emotions and call them warm, cold, dry, or a mixture of those. Internal and external causes tend sometimes to exacerbate and sometimes to repress the influence of our bodily temperament. Among the internal causes we find the emotions themselves: sadness makes us cold and dry, joy makes us warm and wet. Emotions both reflect and contribute to the temperament of the body.

The scholastic psychology on which Vives based his account was a solid framework that allowed for the integration into an organic whole of bodily functions, passions, sensations, cognition, reason and volition. There was a hierarchy of functions, from nutrition to reason, reflected in a hierarchy of souls - vegetative, sensitive, rational - all connected to one another. It was a complex system, derived from Plato's *Timaeus* via Galen and, later, Aquinas, in which emotions were classified according to their function in the economy of passions, as "concupiscible" or "irascible". The former, such as love and hate, joy and sadness, were triggered in the presence of a desirable or repulsive object, and the latter, such as hope and despair, admiration and fear, were triggered in response to the first. If the heart - seat of the sensitive soul and thus of the

emotions - was in good health, reason was able both to create order within these emotions and to guarantee their moderation. The “complexion” of the organs of perception, sensation and emotions were correlated with vital and animal “spirits” that travelled through the blood, affected by the humours’ temperature and humidity.

In the case of “natural” melancholia, as Timothy Bright would explain 150 years after the publication of Vives’s book, if it became too warm it could overload the blood, producing vapors that caused cognitive perturbations once they entered the brain. Inversely, “unnatural” melancholia occurred when residues from an excess in the grossest part of the blood - the so-called “excrement” - failed to be expelled from the organism. The corruption and transformation of blood or yellow bile into black bile overstimulated the passions, which in turn might overwhelm reason, disturbing ordinary cognitive functions and triggering extreme states of fear, or despair. In both cases, changes in temperature and in the quantity of melancholic humour normally present in the body produced the disturbances and “alterations” identified as melancholia.

Anxieties connected to moral conscience, such as those described by Bright in the second portion of his treatise, or to the passions of love, as recounted fifty years later by the physician Jacques Ferrand in his *De la maladie d’amour ou mélancolie érotique* (Paris, 1623), produced symptoms similar to those of humoral melancholia. But in both these latter cases - each one also dealt with at great length by Robert Burton in his prodigious opus - physiology did not account fully for moral psychology insofar as emoted judgements were produced by external objects of love, or hate, or admiration, or fear. Bright believed that those who benefited from a generally balanced temperament - and healthy heart - were able, regardless of the dominant humour in their complexion, to respond with the proper emotion to external objects, whereas those whose temperament was out of kilter were more prone to be affected by humoral responses. The most powerful attacks of melancholia, after all, were not caused by any “external occasion” but by an “internal illusion”, as Bright put it - and this internal illusion was precisely what Ferrand analysed in his treatise on erotic melancholia, where the object of love might affect the spirits by its absence more than by its intensely desired presence. As he wrote (pp. 46-47): “Les causes qui rendent cet



amour mélancolique sont les dédains, disgrâces, refus des dames et autres tels accidents qui rendent l'amant mécontent et pareillement acariâtre en amour.”

Still, the symptoms were physiological, and treatment had to address physiology via the senses - just as the senses themselves were involved in the process of falling in love. An appropriate diet had always been the prescription against excessive melancholy, just as they could also favour love - so “des viandes chaudes, piquantes, venteuses”, wrote Ferrand, “ont la vertu de multiplier le sperme (car il a parmi des premiers rangs parmi les causes d'amour), comme sont huîtres, truffes, appétits, roquette et autres que vous lirez dans Ovide, Apicius et Galien, au livre 2 des *Aliments*”. These, amongst other culinary remedies, had medicinal virtues in that they had an effect on one's physiological constitution - and the prescriptions, as we see, changed little between the time of Galen and the time of Ferrand. Ficino (I, X) had followed one of Galen's early Arabic popularizers, Constantinus Africanus, in listing those foods which led to an increase in “that most awful kind of black bile”; they were:

heavy and thick wine, especially if it is dark food which is hard, dry, salted, bitter, sharp, stale, burnt, roasted, or fried; beef and the meat of the hare, old cheese, food picked in brine, vegetables (especially the broad-bean, the lentil, the eggplant, the colewort, cabbage, mustard, the radish, the garlic, the onion, the leek, the black medic, and carrots), and whatever causes warmth or cold, and likewise dryness and everything that is black

Physiology could equally be affected by music, smells and sights, and by the envioning temperature and humidity. The sensorial, physiological constitution, in turn, informed the state of the rational, thinking soul. But it did not sum it up. The processes of the sensitive soul affected the higher, rational soul, thanks to which we could reflect upon our states, and recognize them for what they were. Melancholia could mean altered state, but also heightened state of consciousness - it encompassed everything from delusions to insightfulness. In fact, the association of melancholia with artistic creation began with Aristotle himself and the question that introduced Book III of the *Problemata*, of why exceptional people, including philosophers, statesmen, poets or artists, tended to be melancholics. Edward Reynolds, a prominent 17<sup>th</sup>-century divine who eventually became chaplain to Charles II and then bishop of Norwich, also took to the study of emotions. In his *A Treatise of the Passions and*

*Faculties of the Soule of Man* (London, 1658), he referred, in parentheses, to Aristotle's notion that "Melancholy complexions are usually the wisest, for that Temper is the dryest of all the rest" (p. 37) to make the point that "a mind not steeped in the humours of carnall and grosse affections, nor drench'd in the waves of a disquiet Fancie", was "alwaies endued with the greater wisdome" if dominated by "that supream part of the Soule" given to contemplate the divine, unaffected by the agitations of the passions.

### III

The relation between the contemplative, higher, rational soul and the potentially disruptive passions was mediated, in the healthy individual, by the animal spirits, those amphibian substances that incarnated, literally, the materiality of emotion and sensation, travelling throughout the body, ensuring the communication of sensation between nerves, the transmission of sense-perceptions to the *sensus communis* (common sense) in the brain, all emotions and all passions, conceived as an "agitation" of the spirits in response to perceptions apt to trigger such an agitation. Emotions, in fact, had a cognitive role, and melancholia, which could translate into a cognitive distortion, tended to take over the rational soul. But, given the multiplicity of meanings attached to the term, given the range of ills - from specific, extraordinary derangements such as believing one had glass legs, or was a werewolf at night, to ordinary existential musings and a need to shy away from worldly occupations - one may begin to wonder whether the history of melancholy has anything to do with the history of humours. One may ask what is the causal nature of the correlation between black bile and melancholy, and what sort of physiological operations are they that this strange black bile corresponds to, if its presence also corresponds to that of the most universal of emotions, the most fervent responses to our own self-consciousness, boundedness, vanity, and mortality.

One response to this puzzlement is that a state of mind must be embodied in some way. Theories of consciousness today, in fact, generally pursue and rely on the notion that the mind, to be understood scientifically, objectively, must be conceived as embodied; and it has become increasingly clear to cognitive psychologists, philosophers and neuroscientists over the past two decades or so, that emotions are fundamental to thinking processes and to experience, even to rationality. Until then,

however, emotions were conceived in opposition to reason, as a set of physiological events whose power, benign or dangerous, was in any case not to be trusted without the protective mantle of the higher mind and reason that uncovered its workings. The blame for this disregard of the embodied emotions in modernity (especially during the formation and establishment of the human and social sciences in the nineteenth and twentieth centuries) is usually laid on Descartes and on his radical division between mind and body some 350 years ago, on his attribution of all thought, all cognitive operations and all meaningful emotion to the functions of the immaterial rational soul (*the res cogitans*), away from the extended thing (*the res extensa*) that was the body, on the blow he landed on the hierarchical, interconnected souls of the scholastics. Of course, dualism preceded Descartes, insofar as the Platonic hierarchy that had placed reason above the passions and vilified the needs and appetites of the body was adopted by thinkers central to the development of Christianity, such as Augustine (who in turn influenced Descartes). But until Descartes, Aristotelian scholasticism had mitigated the harshness of this opposition, offering an account for why we were aware of our emotions and affected by them, why the body's motions affected the soul, and the soul's motions affected the body; it placed each function of the sensitive soul - knowledge, ratiocination, imagination, memory - in one of the ventricles of the brain. All this, however, was outdated in the seventeenth century, although Gassendists and vitalists refused to accept Cartesian dualism; and by the eighteenth, it was possible - though not always welcome - within scientific and philosophical circles to conceive of the body as a mere machine.

But in fact treatises on the passions were still based on some aspects of scholastic psychology, beyond Descartes and the avowed demise of scholasticism. Not only were a number of natural philosophers in the seventeenth century Gassendist atomists - such as Thomas Willis - who were not Cartesian dualists, but Descartes's own *Treatise on the Passions* accommodated fully fluctuations in the relation between mind and body. His reasons for cutting the integrated creature of the scholastics in two had to do with his ambition to replace the Aristotelian physics with his own, new system. But, quite incoherently with regard to his declared programme, he also acknowledged fully the role of emotions in a conscious, ethical life. As he stated in the *Principles of Philosophy* (1644 Latin, 1647 French), he regarded ethics, along with medicine and mechanics, as the topmost branch of the tree of philosophy, whose

roots were metaphysics, and whose trunk was physics. He made room within his *Treatise on the Passions*, as well as in his correspondence with Princess Elizabeth, for an intense interaction between emotion and reason, between bodily processes and consciousness. He recycled the physiology that had sustained theories of psychology until then, abolishing the use of the term humour but holding on to the animal and vital “spirits” that accompanied them. He did want to show that all of this activity, which remained intact within his system, was ‘just’ mechanical, that consciousness was a function of the immaterial soul. Without the *res cogitans*, we were just well designed organisms, unaware, incapable of experiencing, conceiving, remembering, emoting meaningfully. But our very capacity for self-perception - our consciousness - precludes the reality of this sort of mechanism as anything but a thought-experiment. The notion of a man-machine, refined in the 18<sup>th</sup> century by La Mettrie, can only be abhorrent. A machine does not experience melancholia, does not create works of art, and would have no interest in the history of melancholia.

Humours, in any case, are secretions, more biological than mechanical, closer to the mess of life than is the later, more exact notion of electric currents running through the nerves, clean and dry. During the Enlightenment, when mechanism was at least one of the most fashionable creeds among natural philosophers and intellectuals, melancholia was still the name for a set of emotions characteristic of a general malaise whose full pathology involved, in some way or other, the black bile itself. The *Encyclopédie* article on *mélancholie* describes melancholics as “ordinairement tristes, pensifs, rêveurs, inquiets, constans dans l’étude & la méditation, patients du froid & de la faim; ils ont le visage austere, le sourcil froncé, le teint basané, brun, le ventre constipé”, although “Ils se comportent & raisonnent sensément sur tous les objets qui ne sont pas relatifs au sujet de leur délire.” Their ailment was localized, so to speak; where emotions took over, cognition was impaired. The author of the article dismissed as “très mauvais philosophes” those who attributed melancholic symptoms to possession by the devil - there had been heated controversies in the seventeenth century regarding the likelihood of such a diagnosis - but had no compunction citing as an authority on the nosology of melancholia the rationalist medicine of Hippocrates. Now that dissections were a regular practice, the innards of melancholics could be examined - and it appeared, wrote the *Encyclopédie* contributor, that stomach, heart and brain were “inondés d’un sang noirâtre ou d’une humeur noire,

épaisse, gluante comme de la poix, que les anciens appeloient atrabile ou mélancholie”. And hellebore was still a good prescription for the worst cases of the condition, as it had been since antiquity.

The revolution in physics that took place during the seventeenth century was not matched by a revolution in biology, medicine and psychology. Perhaps because of the abhorrence inherent in a vision of a mechanical human being, because of the need to hold onto a divine creator, a first cause, and even a final cause - the Aristotelian teleology that Galen had integrated within his analyses of anatomy and physiology - theories accounting for the functions of the human organism changed very little. Melancholia followed its coherent course. Ethics continued beyond 1600 and, to an extent, beyond 1700, to be a form of moral psychology, taking the form of guides to behaviour that were themselves dependent on the tripartite organism. The perturbations of melancholic passions took place throughout the body, but were most damaging when they were in the sensitive soul. The difference between melancholia as an illness and melancholia as a passing mode of perception was that, in the latter case, the rational soul was able to take cognizance of the events next door, so to speak, to modulate the passions, to know, describe, control them. This psychology accounted for the very possibility of moral responsibility and meaningful artistic creation. Our self-description as moral and creating creatures, in other words, rested on the acknowledgement that reason and physiologically mediated emotion were intimately, humourally connected.

Descartes did not modify this picture at all; although he wanted to turn emotional cognition into a disembodied activity, he actually threw it back, complete with its animal spirits, into the old fold bequeathed by Galen whenever he broached ethical discourse. In spite of himself, he was unable to divorce medicine from ethics. Dualism, in the end, was a philosophical mistake; but it was also the melancholy manifestation of ordinary psychology, of the need to reify thought, and represent to ourselves the body as a machine in order to understand it. Indeed, our self-perception as dual, that is, as constituted of a mind and of a body, arguably begins as soon as we leave infancy and become self-aware, armed with a language to name the world and our bodies. We live our lives by forgetting over and over again that we are, in fact, embodied, mortal creatures, through and through. Melancholia would then seem to be

a manifestation of the longing for a unity that pre-exists consciousness - either an aggravation of the fear of death that comes with the acknowledgement of embodiment, or a manic refusal of this truth, a desire to overcome it.

The symptoms of melancholia, then, have always existed - but possibly for the same reasons that dualism has always existed. Even Descartes could not do without the causal relation between emotive perception and physiology, between the “distraction of the mind” and “distemperature of the soul”, as Burton put it, and “the distraction and distemper of the body”. This might have been because his need to acknowledge the emotional nature of our self-consciousness resulted from his drive to recognize the intuitive power of dualism. Melancholy would be less powerful if it were really possible to hold onto the notion of an immortal rational soul. But only our rational souls are able to conceive of immortality: not our humours, the modern versions of which we still experience in all their potency, while we are still able to wonder, sometimes melancholically, why it is that we are conscious.

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