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MELANCHOLIA:
THE DISEASE OF THE SOUL

EDITED BY
DARIUSZ SKÓRCZEWSKI & ANDRZEJ WIERCIŃSKI

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INTRODUCTION

Today's world can be described as populated by people suffering from, and not infrequently stigmatized by, the "disease of the soul." Although this condition is by no means novel (the first case of melancholy in European literature can most likely be attributed to Belerophon, a character in Homer's *Illiad*), we will not be mistaken to say that the maladies of melancholia have all become a landmark of (post)modern society and can be deemed one of the most spectacular features of the present human condition. As such, they have not ceased to attract the attention of philosophers, who long since have been intrigued by ontological, epistemological, and creative perspectives which open up when the vulnerable human *psyche* is confronted with the various shades of the overwhelming feeling of sadness.

Melancholic temperament has become the subject of a plethora of penetrating analyses even prior to Robert Burton's famous and monumental *The Anatomy of Melancholy*.¹ The authors of those works sought to utter the alleged coherence of melancholia, despite various, and often incoherent, symptoms displayed by those affected with depression, as nowadays the disease is termed. They also sought to find aesthetic

¹ Cf. "Democritus Junior" (Robert Burton), *The Anatomy of Melancholy*, intro. Holbrook Jackson and William H. Gass (New York: New York Review of Books Classic, 2001). See also Sanja Bahun, *Modernism and Melancholia: Writing as Countermourning* (Oxford: Oxford University Press, 2014); Clark Lawlor, *From Melancholia to Prozac: A History of Depression* (Oxford: Oxford University Press, 2012); Jonathan Flatley, *Affective Mapping: Melancholia and the Politics of Modernism* (Cambridge, Ma: Harvard University Press, 2008).

articulations for their perceptions of that sort of “mental disorder” in literature, painting, music, and other arts.² Those articulations embrace a broad scope of verbalizations, from plain textual descriptions focused on psychosomatic aspects to allegorical visual representations, such as the two famous series of *Melancholias* by Albert Dürer and Lucas Cranach, the Elder.

The essays collected in *Melancholia: The Disease of the Soul* are not discussing clinical approaches to depression, although both mental and behavioral symptoms cannot be “exorcised” from any account of it. Neither do they offer sociologically grounded analyses of how melancholia, or depression, affects individuals and their environments, although social contexts are occasionally referred to. Rather, different as they are in their philosophical premises, subject matters, and conclusions, they outline the possibility of an *understanding* approach to melancholia and depression as captured in philosophy, literature, and cultural as well as critical discourses of the pre-modern, modern, and postmodern era. Not taking for granted what has been over centuries attributed to the title terms, and speaking from diverse positions determined by their respective professional experiences, the authors share the dual awareness, explicit or implicit in their papers: 1) that the frail condition of the human self called “the disease of the soul” may be reckoned among the few universal characteristics unique for humankind, and 2) that the aspiration to empathically describe and comprehend that condition, so vibrant in contemporary culture and in some junctions of the humanities and social sciences, especially in psychoanalysis, should be subject to critical and self-reflective discourse. Consequently, the body of essays in this volume opens space for hermeneutic interrogation of the condition described as “the disease of the soul.” This interrogation has been made possible through the conversation between – and the implied bridging of – different disciplines, discourses, and theoretical approaches, among them philosophy, literary criticism, cultural anthropology, discourse analysis, and psychoanalysis.

² A discussion of these articulations can be found in Jennifer Radden (ed.), *The Nature of Melancholy: From Aristotle to Kristeva* (Oxford: Oxford University Press, 2002).

The disease of the soul cannot be reduced to a mere medical condition in need of treatment, but is rather a phenomenon describing a human condition, which calls for interpretation. Hermeneutic contribution can be seen as a philosophical reflection on what it means to be a final, historical, and lingual being-in-the-world. The ontological significance of the disease of the soul inspires us to inquire into our self-understanding and discloses something of fundamental importance about the human nature, its thrownness, inauthenticity, and fallenness.

Hermeneutics discloses the productivity of the tension between mental sanity and the disease of the soul. With Friedrich Hölderlin we can say, “but where there is danger, grows the saving power too” (*Wo aber Gefahr ist, wächst Das Rettende auch*, ‘Patmos’). The disease of the soul reveals something to us and opens itself to us. It calls for an existential understanding and with it, for a response. We can answer to this gift with attention and care we show to ourselves or can hide into a technocratic medicine with a cry for professional help. Thus, the disease of the soul can be just a destructive and disturbing occurrence to be overcome as quickly and efficiently as possible or an opportunity to intensify our existence.

Melancholia: The Disease of the Soul is a multidisciplinary monograph whose original idea was first hatched at the second international seminar ‘The Disease of the Soul: Melancholia, Unhappy Consciousness, Depression’. Co-organized by The International Institute for Hermeneutics (<http://www.iihermeneutics.org/>), the event was hosted in 2011 by the Chair of Theory and Anthropology of Literature of the John Paul II Catholic University of Lublin, Poland. The presentations initiated an intense and stimulating discussion, which went far beyond the conference itself and opened space for further inquiry. Hence, the present book. These presentations are included in this volume in a significantly reworked and extended version: Ashley D.C. Cake’s ‘A Loving Touch: The Problem of Melancholia and Subjective Coherence in the Age of Technological Reproduction’; Dariusz Skórczewski’s ‘Melancholia of the “Borderland” Discourse: Why Poles Need Postcolonial Therapy (and Why Polish Literary Critics Need Postcolonial Theory)’; Sean J. McGrath’s ‘Melancholy, Death, and the Longing for Being in

Schelling's *Clara*, and Edward Fiała's 'The Shadows of Mother's Imago in Witold Gombrowicz's World'. For the purpose of this book, these papers have been complemented by additional articles: Miri Mahabad Kuttin, 'The Failure as a Hermeneutic Tool: One Common Interpretative Structure of the Freudian Hermeneutic Stance and of *Being and Time*'; Dariusz Pachocki, "'I'm So Terribly Sorry for My Self.'" Melancholy in the Autobiographical Works of Edward Stachura'; Francesca Brencio, "'The Nocturnal Point of the Contraction.'" Hegel and Melancholia'; Frank Chouraqui, 'Lonely as a Fish: Nietzsche on the Self as Metaphor'; Rajiv Kaushik, 'The Problem of Memory in Proust: Signification and Time Regained'; Adam Fitas, 'Karol Ludwik Koniński: Interweaving the Day and Night Rhythm of Life'. The volume concludes with Andrzej Wierciński's 'Melancholia, Depression, Sadness: The Disease of the Soul and the Imperative of the Care for the Soul'.

Hermeneutics contributes to a deeper understanding of the phenomenon of melancholia and offers new perspectives for a creative engagement with our human condition on both individual and collective levels. Like in the previous book of the series, *The Task of Interpretation: Hermeneutics, Psychoanalysis, and Literary Studies*,³ the texts gathered in this volume have fused the horizons of three seemingly unrelated disciplines: philosophy, psychoanalysis, and literary criticism. We believe that the resulting complementing of perspectives offered by those discourses opens up horizons that challenge the existing boundaries of their respective fields, thus bringing the discourse of the humanities onto another plane.

Melancholia: The Disease of the Soul helps us to appreciate that a careful treatment of the disease of the soul cannot be achieved by any single discipline with its own particular methodology and relevant outputs. It calls for an interdisciplinary inquiry into the phenomenon beyond any

³ Edward Fiała, Dariusz Skórczewski, and Andrzej Wierciński (eds), *The Task of Interpretation: Hermeneutics, Psychoanalysis, and Literary Studies* (Lublin: Wydawnictwo KUL, 2009).

established theoretical framework and serves as a powerful admonition against any premature pathologization of human condition. Reducing the disease of the soul to a medical problem means to miss the opportunity of discovering of richness and vastness of being a human being.

Dariusz Skórczewski
Andrzej Wierciński

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“THE NOCTURNAL POINT OF THE CONTRACTION.”
HEGEL AND MELANCHOLIA

Abstract

As a fundamental feature of our existence, melancholy is an inescapable characteristic of our ontological constitution. However, there is a distance between the clinical condition of melancholia and the human feeling, the capacity to feel sorrow and nostalgia. In this sense, melancholy and melancholia are similar but different. During the 19th century only few among philosophers had tried to describe melancholy in terms of disorder, using philosophical tools rather than clinical definitions, drifting the accent from melancholy to melancholia. Hegel was one of them, one that had seen inside the depth of human being in order to understand and describe what is the “the nocturnal point of the contraction:” melancholia, in terms of clinical condition. The philosophical exploration of madness and its parameters is essentially an ontological project: this is how Hegel addressed “the Concept of derangement in general” and melancholia in particular, anticipating most of Freud’s consideration of the topic.

Melancholy is a desire of desires.
Lev Tolstoy, *Anna Karenina*

From Melancholy to Melancholia

“What am I with my desires?,” writes the Russian writer Lev Tolstoy in *A Confession* (1879), a short book, a kind of autobiography which details Tolstoy’s struggle with a mid-life existential crisis of melancholia.

Two years before, in the famous novel *Anna Karenina*, he wrote that melancholy is “a desire of desires.”

Somehow melancholy and desire are connected and they involve all the human existence. The connection that ties together desire and melancholy is quite easy to grasp: from the point of view of the common sense, when we strongly desire something or someone, we miss something or someone: in other words, we feel the absence of the object of our desires. We can experience this in our ordinary life and in the most common situations. However, there is also another point of view, the one coming from philosophy that, rather than focusing on the objects of our desire, shows us the relationship between our (ontological) constitution and the desire. From this point of view, desire is not simply the instinct in terms of an automatic, unlearned, stereotyped response to a specific stimulus, a kind of a reflex, but it is the drive to something or someone, what in German is called *Trieb*, and that has a psychological motivation. Moreover, desire is also a drive that constitutes the human subject,¹ what in the *Phenomenology of the Spirit* Hegel called *Begierde*.² Starting from this initial consideration, we can

¹ Unfortunately, this is not the place to talk about the issue of desire in general and its relevance in the constitution of subjectivity. For a philosophical depth-analysis on this topic I refer the reader to Judith Butler, *Subjects of Desire* (New York: Columbia University Press, 1987), in the author claims (perhaps following Alexander Kojève) that the metaphysical place of the human subject is articulated through the immanent rationality of desire, as Spinoza and Hegel have shown in their works; Brent Adkins, *Death and Desire in Hegel, Heidegger and Deleuze* (Edinburgh: Edinburgh University Press, 2007); Hugh J. Silverman, *Philosophy and Desire* (New York: Routledge, 2000); for a psychoanalytic interpretation, Jacques Lacan, ‘Desire and Interpretation of Desire in *Hamlet*’, ed. Jacques-Alain Miller, trans. James Hulbert, *Yale French Studies* 55/56 (1977):11–52; idem, ‘On Freud’s *Trieb* and the Psychoanalyst’s Desire’, trans. Bruce Fink in Richard Feldstein, Bruce Fink et al. (eds), *Reading Seminars I and II: Lacan’s Return to Freud* (Albany, NY: State University of New York Press, 1996); Richard Boothby, *Death and Desire: Psychoanalytic Theory in Lacan’s ‘Return to Freud’* (New York: Routledge, 1991); Alfredo Eidelsztein, *The Graph of Desire: Using the Work of Jacques Lacan* (London: Karnac Books, 2003).

² Georg Wilhelm Friedrich Hegel, *Phenomenology of the Spirit*, trans. Arnold V. Miller (Oxford: Clarendon Press, 1977).

easily understand the bond between desire (both in terms of instinct and drive) and melancholy.

Melancholy is a typical human feeling: it settles in the depth of human being. Before being a clinical condition, melancholy has been the feeling that shows to a human being his vulnerability, instability, abyss in his ordinary life. Melancholy is not a simple emotion but rather an ontological feature of our existence. We can feel melancholy because we can experience something that recalls us to an original point – a fundamental affect, a kind of faith, God's presence, nothingness – or because we miss something so important and so radical for our existence: an object of our desires.

It is well known how much philosophy has been involved in the description and understanding of melancholy, having one eye to the original constitution of human being and the other to the dialogue with literature. During Romanticism the relationship between philosophy and literature on the ground of melancholy has been fecund. Many philosophers wrote amazing pages and volumes on the issue of melancholy both in the frame of 'Sturm und Drang' movement and in the full Romanticism (I think of Goethe, Hölderlin, von Kleist, Schiller, the Schlegel's brothers, Fichte, Schelling, Hegel, Wordsworth, Coleridge, Keats, Shelley, and others).

As a fundamental feature of our existence, there is always a distance between the clinical condition of melancholia and the human feeling, the capacity to feel sorrow and nostalgia. In this sense, melancholy and melancholia are similar but different. During the 19th century, just a few among philosophers attempted to describe melancholy in terms of disorder, using philosophical tools rather than clinical definitions, drifting the accent from melancholy to melancholia. Hegel was one of them, one that looked into the depth of human being in order to understand and describe what is the "the nocturnal point of the contraction:"³ melancholia, in terms of clinical condition. For Hegel, investigating this topic had not been just a matter of thought but an

³ I refer the reader to Georg Wilhelm Friedrich Hegel, *The Letters*, trans. Clark Butler and Christiane Seiler (Bloomington, IN: Indiana University Press, 1985), 561.

existential necessity:⁴ his interest was personal. Hegel himself struggled with depression; in a letter dated 1810 to his friend Karl Joseph Hieronymus Windischmann, an anthropologist, he wrote:

From my own experience I know this mood of the soul, or rather of reason, which arises when it has finally made its way with interest and hunches into a chaos of phenomena but, though inwardly certain of the goal, has not yet worked its way through them to clarity and to a detailed account of the whole. For a few years I suffered from this hypochondria to the point of exhaustion. Everybody probably has such a turning point in his life, the nocturnal point of the contraction of his essence in which he is forced through a narrow

⁴ Alan Olson underlines that Hegel's entire treatment of madness in the *Encyclopaedia* is a "sublated" attempt to come to terms with his friend's illness: Alan Olson, *Hegel and the Spirit: Philosophy as Pneumatology* (Princeton, CT: Princeton University Press, 1992).

For more in-depth analysis on the issue of madness and psychopathological disorders in Hegel I refer the reader to Jon Mills, *The Unconscious Abyss. Hegel's Anticipation of Psychoanalysis* (Albany, NY: State University of New York Press, 2002); John Russon, *The Self and its Body in Hegel's Phenomenology of Spirit* (Toronto: University of Toronto Press, 1997); Daniel Berthold-Bond, 'Hegel, Nietzsche, and Freud on Madness and the Unconscious', *The Journal of Speculative Philosophy* 5 (1991), 3:193–213; idem, 'Intentionality and Madness in Hegel's Psychology of Action', *International Philosophical Quarterly* 32 (1992), 4:427–41; idem, 'Hegel on Madness and Tragedy', *History of Philosophy Quarterly* 11 (1994), 1:71–99; idem, *Hegel's Theory of Madness* (Albany, NY: State University of New York Press, 1995).

On the issue of mental disorders and their role in the philosophy of Spirit, I refer the reader to Sean Kelly, *Individuation and the Absolute: Hegel, Jung, and the Path toward Wholeness* (New York: Paulist Press, 1993); Errol E. Harris, 'Hegel's Anthropology', *Owl of Minerva* 25 (1993), 1:5–14; Darrel Christensen, 'The Theory of Mental Derangement and the Role and Function of Subjectivity in Hegel', *The Personalist* 49 (1968):433–53; Sean J. McGrath, 'Madness as a Philosophical Problem in Hegel' in Daniela Fargions and Jonathan Sunley (eds), *Merely a Madness?* (Oxford: Inter-Disciplinary Press, 2012); Ferit Güven, *Madness and Death in Philosophy* (Albany, NY: State University of New York Press, 2005), 31–51; Giulio Severino, *Inconscio e malattia mentale in Hegel* (Genova: Il Melangolo, 1983); Mariafilomena Anzalone, 'Alcune riflessioni sulla psicologia di Hegel', *Laboratorio dell'ISPF* 9 (2012), 1/2:100–16; Stefania Achella, 'Un mistero incomprensibile: il problema mente-corpo nella filosofia dello spirito di Hegel', *Etica & Politica / Ethics & Politics* 14 (2012), 2:8–27.

passage by which his confidence in himself and everyday life grows in strength and assurance – unless he has rendered himself incapable of being fulfilled by everyday life, in which case he is confirmed in an inner, nobler existence. Continue onward with confidence. It is science which has led you into this labyrinth of the soul, and science alone is capable of leading you out again and healing you. Throw off, if possible, this burden for a period of time. If you kept yourself at a distance from it you would come back to it with renewed strength and greater power over it.⁵

Moreover, Hegel’s sister Christiane and his university friend Friedrich Hölderlin both became mentally ill. Christiane fell to a nervous disability that forced her to retire as a governess as early as 1814. After that time Hegel invited her to move into his home “permanently,”⁶ her condition worsened and she was institutionalized after being diagnosed with hysteria (*Hysterie*). She was treated by Schelling’s brother Karl for more than ten years (1822–32) after she spent a year in the Zwiefalten asylum. Christiane committed suicide one year after Hegel’s death (1833). The poet Friedrich Hölderlin (1770–1843) suffered a nervous breakdown and was later diagnosed as severe “frenzy” (*Wahnsinn*), what we might nowadays call schizophrenia. The first signs of the illness had appeared as early as 1801. In his pathology there was no clear breakdown or obfuscation of his self-awareness:

If Karl Jasper’s analysis received a clinic validation – according to which the poet’s illness had two phases, one around 1801, marking the shifting from health to illness, and the other around 1805–6, with obsessive pathological developments – we would refer precisely to the transition from a phase to another as the moment when Hölderlin fought against the “blinding” of his spirit, imposing self-discipline to himself in order to avoid the crashing prevailing on the self.⁷

⁵ Hegel, *The Letters*, 561.

⁶ *Ibid.*, 407, 414, 419.

⁷ Francesca Brencio, ‘Foundation and poetry: Heidegger as a reader of Hölderlin’, *Studia Philosophiae Christianae* 1 (2014):197–8.

On Hölderlin’s illness, I refer the reader to Karl Jaspers, *Strindberg and Van Gogh: An Attempt of a Pathographic Analysis with Reference to Parallel Cases of Swedenborg and*

Hegel's ability to look out into the depth of human being is not just a task of his system. The interest towards the negative, in all its forms, was felt by the philosopher since the years in Tübingen and then in Jena, assuming the features of the negative, a theme that links existential and logical-dialectical instances. The question of negativity is a methodological issue for Hegel, whereas madness is one of content.

The negativity is the real theme that runs through Hegel's whole philosophy. At the beginning, it refers to a profound imbalance which characterizes all mankind and which the philosopher became aware of, and then to an authentic laceration of the soul, becoming afterwards the term of mediation through which this laceration gets healed. As he wrote in a Jena lecture 1805–6:

The human being is this Night, this empty nothing which contains everything in its simplicity – a wealth of infinitely many representations, images, none of which occur to it directly, and none of which are not present. This [is] the Night, the interior of [human] nature, existing here – pure Self – [and] in phantasmagoric representations it is night everywhere: here a bloody head suddenly shoots up and there another white shape, only to disappear as suddenly. We see this Night when we look a human being in the eye, looking into a Night which turns terrifying. [For from his eyes] the night of the world hangs out toward us.⁸

The paths of the most profound doubt (*Verzweiflung*) and of the most radical laceration, that is, of the real negation of the existent, are the fundamental moments for the comprehension of the becoming, of the Spirit, and they also pass through the subjective Spirit:⁹

Hölderlin, trans. Oskar Grunow and David Woloshin (Tucson, AZ: University of Arizona Press, 1977); Stefan Zweig, *The Struggle with Demon: Hölderlin, Kleist, Nietzsche*, trans. Eden and Cedar Paul (London: Pushkin Press, 2012).

⁸ Georg Wilhelm Friedrich Hegel, *Jena Lectures on the Philosophy of Spirit* in Leo Rauch (trans. and ed.), *Hegel and the Human Spirit: A Translation of the Jena Lectures on the Philosophy of Spirit (1805–6)* (Detroit, MI: Wayne State University Press, 1983), 87.

⁹ Francesca Brencio, *La negatività in Heidegger and Hegel* (Roma: Aracne Editrice, 2010); eadem, 'Life and Negativity. The inner Teleology in Hegel's Philosophy of

Hegel makes the phenomenon of negation the central element of his system so that any attempt to stand outside it becomes an indirect way of being imprisoned within it. As [Hegel] expresses the point in both the *Phenomenology* and the *Logic*, the kind of negation, opposition, and difference that appears to be external to the system is included in it as the moving principle that allows thought to become a living unity.¹⁰

Hegel and the Issue of Madness

From 1816 to 1830, Hegel lectured on madness. In the lectures Hegel presented not only the general theory of madness but also classificatory systems, remarks on causes, therapies, controversies with the contemporary medicine, in the frame of the subjective spirit, the intrapsychic structures are explained.¹¹ The central part of Hegel’s consid-

Nature’, *Revista Opinião Filosófica* 5 (2014), 1:54–68; Rebecca Comay, *Mourning Sickness. Hegel and the French Revolution* (Stanford, CA: Stanford University Press, 2011), 64.

¹⁰ Carl G. Vaught, ‘Hegel and the Problem of Difference: A Critique of Dialectical Reflection’ in William Desmond (ed.), *Hegel and His Critics: Philosophy in the Aftermath of Hegel* (Albany, NY: State University of New York Press, 1989), 35.

¹¹ Hegel’s taxonomy of mental illness is treated in the sections on the feeling soul, beginning with magnetic somnambulism (*magnetische Somnambulismus*) in §406 and advancing to the other forms of derangement (*Verrückttheit*) in §408. Hegel addresses many forms of derangement including imbecility, idiocy (*Blödsinn*), absent-mindedness (*Zerstrentheit*), rambling mind (*die Faselei*), folly (*Narrheit*) and its forms of world-weariness (*Lebensüberdruß*), melancholia (*Melancholie*), and finally madness or insanity proper (*Tollheit oder der Wahnsinn*). In almost all of these categories of mental illness Hegel refers to some form of thought disorder or detachment from objective external reality and the abandonment of the sublation of spirit. As Jon Mill claims, “the neurotic constitution that is inherently present in spirit, such as in the forms of anxiety, despair, and existential suffering, and having the freedom to disclose itself in many malleable forms of expression, is to be distinguished from madness by its constant relation to external reality, even if such relation is transmuted through the intellect or fantasy. In stoicism and skepticism, for example, even though there is a withdrawal into the interior and a denial of reality, the slave still relates to the world and works the land. The deranged mind, however, constricted to the mode of feeling, loses its grip on reason as ego functions erode due to its fixation on inwardness. It is the ego’s

erations on madness (or mental derangement, in German *Verrücktheit*) is mainly in the *Additions* (“Zusätze”) to *Encyclopaedia of the Philosophical Sciences*, section 408 of the III part of the *Encyclopaedia*. This part, the *Additions*, was published in 1845 by one of Hegel’s students, Ludwig Boumann, based on Hegel’s lecture manuscripts and students’ notes.

Hegel’s discussion of madness is situated within his treatment of the feeling soul; the discussion of the soul constitutes the “anthropology,” the real *Nachtseite* of the Hegelian system in which he describes the relationship between soul and spirit, as the essential feature in evaluating the dialectical movement of madness. As Hegel writes:

Madness is the second of the three developmental stages that the feeling soul has to go through in order to overcome the immediacy of its substantial content to raise itself to the self-related simple subjectivity present in the ‘I,’ whereby it becomes completely self-possessed and conscious of itself.¹²

The philosophical exploration of madness and its parameters is essentially an ontological project: this is how Hegel addresses “the Concept of derangement in general.” The particular kinds of derangement are distinguished not only in accordance with the manifestations of this illness but moreover Hegel stresses that even derangement differentiates itself internally in a *necessary* and therefore rational manner.¹³ Hegel maintains that in order to understand the phenomena of illness, we must be able to appreciate its internal ontology or structure: “The deranged mind has already been displayed as *spirit which is confined*, spirit which has lapsed into itself.”¹⁴ This logic of the interior¹⁵ is anchored

breach with external reality that constitutes madness. We may further state that neurosis is the proper form of spiritual maturity” (Mills, *The Unconscious Abyss*, 170–71).

¹² Georg Wilhelm Friedrich Hegel, *Enzyklopädie der Philosophischen Wissenschaften im Grundrisse*, 6th vol. of *Hauptwerke in 6 Bänden* (Hamburg: Felix Meiner Verlag, 1999), §408, Zusatz.

¹³ *Ibid.*, §408, Zusatz.

¹⁴ *Ibid.*, §408, Zusatz.

¹⁵ See Berthold-Bond, *Hegel’s Theory of Madness*, 19.

in the processes of negation and the abstract formation of the feeling soul, itself the generated consequence of negation:

The logic of interiority is particularly evident in the stage of the immediacy of the feeling soul where it is submerged in the abstract universality of its sentient nature. If the soul remains confined to its feeling immediacy, then the mediated dynamics constituting the logical operations of spirit would be stymied and encrusted in a blind and banal dark universe: this would correspond to spiritual autism, mental retardation, organicity, or a psychotic symbiosis.¹⁶

Hegel claims that madness is not something different from reason. Rather, it is a reversion: in madness the mind "sinks back" into the earliest phases of the development of the soul. According to Hegel, reason and insanity are not opposites but in important respects they are kindred phenomena, sharing many structures and illuminating each other.¹⁷ Hegel speaks on madness as

a reversion to the unconscious, where "the earthly elements" of the body have their home and "the dark infernal powers of the heart are set free". Only a phenomenology of these infernal regions will allow for a full explanation of mental life.¹⁸

Hegel writes:

¹⁶ Mills, *The Unconscious Abyss*, 162.

¹⁷ I would like to recall what the Italian psychiatrist Franco Basaglia, who proposed the dismantling of psychiatric hospitals, will write on the relationship between madness and reason one and half century after Hegel's lecture: "I told that I don't know what madness is. It could be everything or nothing. Madness is a human condition. It exists in us as much as reason. The problem is that the society, to be called 'civil', should accept both reason and madness; instead this society recognizes madness as a part of reason only in terms of bringing it back to reason and only in the moment in which there is a science that designates itself in order to eliminate madness. The psychiatric hospital finds its reason to exist in terms of turning irrational into rational. When someone is mad and enters into a psychiatric hospital, automatically he doesn't exist anymore as someone mad but as someone infirm" (Franco Basaglia, *Conferenze brasiliane* (Milano: Raffaello Cortina Editore, 2000), 38, my own trans.).

¹⁸ Berthold-Bond, *Hegel, Nietzsche, and Freud on Madness and the Unconscious*, 194.

Madness is a state in which the mind is shut up with itself, has sunk into itself, whose peculiarity [...] consists in its being no longer in immediate contact with actuality but in having positively separated itself from it.¹⁹

The movement of withdrawal with which? the spirit retreats itself into a pre-rational state of life, is what Hegel called “life of feeling” (*Gefühlsleben*). In so far as it “feels,” “the soul is no longer a simply natural, but an inward individuality” able to “realize its mastery over its own:”

Finally, in the “feeling of self,” the individual becomes “a sensitive totality.” But the gradual formation of the ‘I’ is paradoxically accompanied by a loss of fluidity, leading to “ruin and disaster within the conscious spirit.” This crisis results from the fact that the subject, being constituted in a free relation to the self, feels at the same time like ‘another’, and this tension pushes it into a state of ‘trembling’ (*durchzittern*).²⁰

For Hegel, the question of madness is a problem of anthropology, precisely of the feeling soul. With Hegel madness becomes a question of the subject and interiority.²¹ Jacques Derrida was one of the first philosophers to recognize the centrality of Hegel in the interpretation of mental disorders for the modernity, underlining that “he deduces madness as a contradiction of the subject between the particular determination of self-feeling and the network of mediations that is called consciousness.”²²

¹⁹ Hegel, *Enzyklopädie der Philosophischen Wissenschaften im Grundrisse*, §408, Zusatz.

²⁰ Catherine Malabou, *The Future of Hegel. Plasticity, Temporality, Dialectic*, trans. Lisabeth During (London: Routledge, 2005), 32.

²¹ According to Güven’s interpretation of madness in Hegel’s thought, madness is the conceptual necessity for the dialectic to come to a halt: “Such a rupture occurs when there is a difference without opposition or contradiction. Such a rupture is a true negativity, that is, the difference between reason and madness cannot be dialectically sublated since they are not opposites, nor do they contradict each other, nor are they the same” (Güven, *Madness and Death in Philosophy*, 33).

²² Jacques Derrida, ‘*To Do Justice to Freud: The History of Madness in the Age of Psychoanalysis*’, trans. Pascale-Anne Brault and Michael Naas, *Critical Inquiry* 20

From this point, mental illness is explicable in the same way as physical illness, since they share the same cause: a paralysis in which the organism's vitality becomes fixated onto a single aspect or part and which threatens the fluidity of the whole. The loss of fluidity is what causes illness; in the *Philosophy of Nature* Hegel writes:

The organism finds itself ill, when one of its systems or one of its organs, troubled by a conflict with the forces of the inorganic, retreats into itself and continues to aim its own actions antagonistically against the interests of the whole, and the fluidity of the whole comprised by all the processes moving through the individual parts is thereby disturbed and brought to a halt.²³

The feeling soul is the subject's "sentient totality" that remains the "darkness of spirit" confined within a constricted inner world "into which the development of the soul may relapse after having advanced to the determination of consciousness and understanding."²⁴ The 'darkness' Hegel speaks of is the unity that the soul has with its natural corporeality, its own substance as subject that remains "enclosed" within its own "particular world:" "It is the incongruity involved in the truer existing in a subordinate and more abstract form of spirit which constitutes illness [*Krankheit*]."²⁵ In the feeling soul there is both duality and indivisibility, as the example of a mother-fetus that Hegel describes in these pages.²⁶ For Hegel, the formal, empty and undifferentiated unity of the feeling soul is an ontological condition of madness: "As form [...] the life of feeling is a disease."²⁷ The mind fixed in

(1994):250. It must be underlined that Hegel remains conspicuously absent from the most recent publication on history of insanity, such as the work of Foucault. Maybe the reason of this poor attention is due to the fact that mental disorders are in the section of Anthropology of his *Encyclopaedia* and this has allowed many scholars to marginalize this topic under the light of Hegel's system.

²³ Georg Wilhelm Friedrich Hegel, *Encyclopaedia of the Philosophical Sciences*, trans. Michael John Petry, 3 vols (London: George Allen and Unwin, 1970), §371.

²⁴ Hegel, *Enzyklopädie der Philosophischen Wissenschaften im Grundrisse*, § 404.

²⁵ Ibid.

²⁶ Ibid., §405.

²⁷ Ibid., §406.

the soul's formalness is trapped in a dark universality, abandoned to an empty immediacy and this is the path of illness.

Hegel's Features of Melancholia

For Hegel, the unconscious plays a central role in the development of insanity (*Wahnsinn*), or more broadly conceived mental derangement (*Zerstreutheit*). He writes:

[T]he spiritually deranged person himself has a lively feeling of the contradiction between his merely subjective presentation and objectivity. He is however unable to rid himself of this presentation, and is fully intent either on actualizing it or demolishing what is actual.²⁸

Hegel conceives madness as the inability to distinguish between inner subjective states of psychic conflict and the objective reality of the external world:

The Concept of madness just given implies that it need not stem from a *vacant imagination*, but that if an individual dwells so continually upon the *past* that he becomes incapable of adjusting to the *present*, feeling it to be both repulsive and restraining, it can easily be brought about by a stroke of great misfortune, by the *derangement* of a person's individual world, or by a *violent upheaval* which puts the world in general out of joint.²⁹

This is the “second face of desire,” which constitutes a regression to an earlier nostalgia, a yearning calling consciousness back to the most archaic depths of its peacefulness: the spirit resorts back to its earlier form projecting its desires within phantasy. The “second face of desire” is what works in madness: it is the power of death instinct that becomes dominant and blocks the human being into the tangles of space and time.

Hegel considers three main forms of derangement with several subcategories characterizing the sick soul: imbecility (*Blödsinn*), folly

²⁸ Ibid., §408, Zusatz.

²⁹ Ibid.

(*Narrheit*), and madness or insanity proper (*Tollheit oder der Wahnsinn*). Two particular subcategories Hegel highlights are forms of depression, namely, world-weariness (*Lebensüberdruß*) and melancholia (*Melancholie*). According to Hegel, a human being who has grown with the adversity of life lacks the ability to “put up with it:”

When life gives rise to *indeterminate* and unfounded disgust, the *capacity* for putting up with it is *lacking*, everything pertaining to actuality elicits a fluctuation between desire and aversion, there is a concentration upon the fixed presentation of the repulsiveness of life and at the same time a drive to overcome it.³⁰

Referred to melancholia, it means that as the soul stands, remains, fixates on its emotional pains, it produces the rising of the death instinct.

On these grounds, Hegel anticipates Freud’s melancholic production of psychic topography and bodily surface: “The logic of subjection in both Hegel and Freud implies that the instrument of suppression becomes the new structure and aim of desire, at least when subjection proves effective.”³¹ Melancholia is the refusal to accept the object lost as lost: it is a kind of suspension of “reality” faced by the subject, and this is what Hegel precisely affirms: “the *capacity* for putting up with it is *lacking*, everything pertaining to actuality elicits a fluctuation between desire and aversion.” In this conceptual frame we can also understand why Hegel describes the melancholiac being as lacking the ability to initiate “liveliness of thought and action,” demonstrating a complete lack of interest in external affairs. As Hegel puts it, if the person continually dwells upon the past, transforming it and keeping it alive, he becomes incapable of adjusting to the present. In the frame of the dialectic between achievement or loss, desire and aversion, action and passivity, melancholy plays an important role, because melancholia

³⁰ Ibid.

³¹ Judith Butler, *The Psychic Life of Power: Theories of Subjection* (Stanford, CA: Stanford University Press, 1997), 60. See also Cláudio Alexandre S. Carvalho, ‘Logic(s) of subjection. Butler’s symptomatic reading of Hegel and Lacan on the symbolic’, *Revista Filosófica de Coimbra* 34 (2008):509–22.

is often unconscious, resulting from a loss that cannot be physically perceived, like love. The melancholic displays something else besides the suffered loss at work in mourning; an extraordinary diminution in his self-esteem, an impoverishment of his ego on a grand scale. While in mourning it is the world that has become poor and empty; in melancholia it is the ego itself. In the melancholiac condition every desire, every hope, every trust has collapsed: there is no space for any view on the present, there is no will to face reality.

Sigmund Freud will describe the particular condition of melancholy in the short essay 'Mourning and Melancholia'. According to him, depressive conditions may be brought on by reaction to the loss of a perceived or actual attachment, such as a love object, emotional detachment or alienation from an object. The unconscious conflicts and meanings, associated with the need for self-punishment, such as guilt, shame, or moral retribution, invert aggression and turn it on the self:

The distinguishing mental features of melancholia are a profoundly painful dejection, cessation of interest in the outside world, loss of the capacity to love, inhibition of all activity, and a lowering of the self-regarding feelings to a degree that finds utterance in self-reproaches and self-revilings, and culminates in a delusional expectation of punishment.³²

Next to Freud's consideration on melancholia there is also Hubert Tellenbach, a psychiatrist that made melancholia the main area of his phenomenological research. In his phenomenological anthropology he is perhaps closest to von Gebattel and, through him, to Martin Heidegger (who was also for three years a patient of von Gebattel). The concept of *Typus Melancholicus* (also known as TM) was shaped by Tellenbach to describe the premorbid and intermorbid personality vulnerable to endogenous depression. His goal was to show us the essential structures (*Wesensstrukturen*) of the melancholic. Tellenbach's

³² Sigmund Freud, 'Mourning and Melancholia' in *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, ed. and trans. James Strachey (London: The Hogarth Press, 1999), vol. 14, 244.

exploration of melancholia began with a detailed study of the change in the spatiality of the world of the melancholic, and then proceeded to the change in temporality. Using Heideggerian tools from *Being and Time*, Tellenbach showed that melancholy is the result of an uncoupling in the temporal relation of human being to the lost object, to the environment, and then to society. Future is not possible any more in this condition, entirely consummated in a permanent past (“if only I had...” is one of the most typical expressions of the melancholic, just as Tolstoy wrote in *A Confession*).³³ Melancholy is often associated with a depressive disorder, as complete desynchronization between the individual and the environment. What is at stake is the way in which the concept of time is understood: synchronization, or temporality.³⁴ In melancholiac condition time has no more time, the hour falls into an endless circle: as Paul Celan writes: “Geh, deine Stunde/ hat keine Schwestern” (Go, your time / has no more sisters).³⁵

Conclusions

“What am I with my desires?,” writes Tolstoy; but this is also the question addressed by Hegel in his consideration of subjectivity and melancholia, from the *Phenomenology of the Spirit* till the *Encyclopaedia*, because the desire is the first form with which the self-consciousness comes into the world: self-consciousness is desire in itself (*Begehrde überhaupt*), he writes in the *Phenomenology of the Spirit*, and from this theme he guides us into the issue of recognition. Hegel’s claim is that conscious-

³³ Hubertus Tellenbach, *Melancholy: History of the Problem, Endogeneity, Typology Pathogenesis, Clinical Considerations* (Pittsburgh, PA: Duquesne University Press, 1961). Among the most important studies on melancholia I refer the reader to Ludwig Binswanger, *Melancholie und Manie: phänomenologische Studien* (Pfullingen: Neske Verlag, 1960); Eugenio Borgna, ‘The Melancholic Consciousness of Guilt as a Failure of Intersubjectivity’, *Analecta Husserliana* 9 (1979):255–65.

³⁴ On the relationship between melancholia and time, Thomas Fuchs, ‘Melancholia as a Desynchronization: Towards a Psychopathology of Interpersonal Time’, *Psychopathology* 34 (2001):179–86.

³⁵ Paul Celan, *Engführung* in *Die Gedichte*, ed. Barbara Wiedemann (Frankfurt am Main: Suhrkamp, 2003), 113.

ness is desire, not merely that it is accompanied by desire. He means that the distinctive character of desire is the “self-consciousness.” The distinguished actions are merely the natural expression of desire and a corresponding form of self-consciousness that is a mere sentiment of self, from actions undertaken in order to satisfy a desire, the actions of a being that does not just embody its self-sentiment but can be said to act on such a self-conception. The link between desire and consciousness is what allows Hegel (to paraphrase Maurice Blanchot) to guarantee the finitude of the human being. While with his death, the human being experiences the “tremendous power of the negative,” with desire he can save his finitude in his desire to be, to persist, to be an ‘I’.

Recalling the Master and Slave dialectic, Hegel deduces the entire subjective and objective progress of our history: the model of desire that emerges from Hegel’s drama is thus one in which desire exceeds both demand and need. While demand and need can both be met, desire is an existential condition which no object or series of objects can ever satiate; it is a “lack of being” as opposed to a “lack of having.”

Melancholia is a *Lebenswelt*, a form of world in which the human being chooses to live. It is a death that never comes, because the “double face of desire” (what for Freud will be the ‘death instinct’) drifts the death a bit further from the subject; it is a window on the desert of time – a time that has lost its significance, its projectuality: the horizon falls in line, “things fall apart, the centre cannot hold.”³⁶ Using Hegelian words, the melancholic subject is a “purely *formal, empty, abstract* subjectivity.”

In this one-sided state, it assumes itself to be a true unity of what is subjective and what is objective, so that in derangement the unity and separation of the two sides [...] is still incomplete. This unity and separation only achieves completeness of form in rational consciousness which is actually objective.³⁷

³⁶ William Butler Yeats, *The Second Coming* in *The Collected Poems of William Butler Yeats*, ed. Richard J. Finneran (New York: Scribner, 1996), 187.

³⁷ Hegel, *Enzyklopädie der Philosophischen Wissenschaften im Grundrisse*, §408, Zusatz.

The melancholiac being does not pursue or understand the "great connectedness" of subjectivity and objectivity: it remains fastened to subjective presentations and "unfulfillable" 'wishes' (*Wünsche*) that are at variance with actuality. For Hegel, the abyss rules the subjective presentations that dominate the melancholic mind; the ego of consciousness is withdrawn back into the imaginative center of fantasy and to the past.

In this respect, melancholia ends being the desire of desires.

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