Is there a melancholic gaze? From visual distemper to visionary fancy

Claire Crignon de Oliveira, Claire Crignon

► To cite this version:

Claire Crignon de Oliveira, Claire Crignon. Is there a melancholic gaze? From visual distemper to visionary fancy. Yearbook of European Studies (Now called European Studies: A Journal of European Culture, History and Politics), Rodopi, 2003, 10.1177/004724404xxxxx . hal-02176428

HAL Id: hal-02176428

<https://hal.archives-ouvertes.fr/hal-02176428>

Submitted on 4 Aug 2020

HAL is a multi-disciplinary open access archive for the deposit and dissemination of scientific research documents, whether they are published or not. The documents may come from teaching and research institutions in France or abroad, or from public or private research centers.

L'archive ouverte pluridisciplinaire **HAL**, est destinée au dépôt et à la diffusion de documents scientifiques de niveau recherche, publiés ou non, émanant des établissements d'enseignement et de recherche français ou étrangers, des laboratoires publics ou privés.

Is there a melancholic gaze? From visual distemper to visionary fancy

CLAIRE CRIGNON-DE OLIVEIRA, *École Normale Supérieure Lettres
et Sciences Humaines, Lyon*

The aim of this paper is to show the ambivalence of the idea of melancholy in seventeenth-century England from the specific perspective of the melancholic gaze. If the perturbation of the senses and of visual perception may be seen by physicians as a pathological condition, this can also lead the melancholic to develop visionary powers, which can be understood as a remedy against melancholic distemper, as Robert Burton shows in his Anatomy of Melancholy.

Keywords: *black bile; fear; imagination; melancholy; vision*

The aim of this paper is to show the ambivalence of the idea of melancholy in seventeenth-century England by discussing the specific question of the melancholic gaze. Since the very beginning of the history of the idea, there has been a close relationship between melancholy and vision. First associated with a specific colour – the darkness of black bile – melancholy, as a pathological condition, shows itself by fantastic visions and apparitions which keep the melancholic in constant fear. Since Galen, there has been a tradition of characterizing the melancholic as someone who is addicted to fantastic images. As Galen writes in *On the Affected Parts*: 'Fear generally befalls the melancholic patients, but the same type of abnormal sensory images (phantasion) do not always present themselves.'¹

The melancholic is not someone who sees things that do not exist, but someone whose vision of things does not correspond to reality. He thinks that what he imagines is real and is not able to perceive the difference between fiction and reality. Therefore, his vision of reality may be seen as one of the symptoms of his distemper. More precisely, it may be seen as a possible explanatory factor for one of the typical symptoms of pathological melancholy: fear.

Is black bile really responsible for the monstrous vision of reality

which keeps the melancholic in constant fear? Trying to answer this question, seventeenth-century physicians used optical analogies to explain the distorted vision of reality which is characteristic of a melancholic perception of the world. Moreover, they discovered that it was the power of imagination, rather than the colour of the bile, which was responsible for the distorted visual perception of the melancholic. This allowed thinkers such as Robert Burton, for example, to transform the evil into a remedy. While being affected by an abnormal perception of the external world, the melancholic can also learn to control his vision and representation of things by using his visionary fancy and by forging an imaginary vision of the world.

We will attempt to examine the role of vision in the explanation of fear (a typical symptom of the melancholic distemper) through a discussion of the assumption of an 'inward vision' in André Du Laurens' *Discourse of the Preservation of the Sight: of Melancholic Diseases; of Rheumes, and of Old Age*. We would like to underline the fact that, by explaining this process of an inward vision, physicians (Timothy Bright, Thomas Willis) have discovered that the power of imagination, rather than the nature of black bile, is the direct cause of the melancholic's distorted and monstrous perception of himself and of the world. This will lead us to this question: how can imaginary fancy become a remedy to the melancholic vision of the world? We may find an answer to this question in reading Burton's great work: the *Anatomy of Melancholy* (1621).

The soul can look into herself and be afraid of what she sees

As it is very difficult to define melancholy, physicians have chosen to characterize this state by its pathological manifestations. Since the Hippocratic tradition and the twenty-third aphorism, melancholy has been defined as a the result of a long period of fear and sadness: 'if fear and sorrow remain for a long period, they denote the approach of melancholy' (Hippocrates 1982: 170).

But why is the melancholic subject to these specific symptoms? The colour of the humour (the black bile) which is, in the galenic tradition, the cause of the melancholic distemper, has an important part to play in the apparition of fear, as Galen writes in *On the Affected Parts*:

As external darkness renders almost all persons fearful, with the exception of a few naturally audacious ones or those who were specially trained, thus the colour of the black humour induces fear when its darkness throws a shadow over the area of thought [in the brain] (Galen 1976: 93).

The blackness of the humour is the result of a process of combustion

CLAIRE CRIGNON-DE OLIVEIRA: *IS THERE A MELANCHOLIC GAZE?* · 000

and of calcination. According to Galen, fear is the result of the impression made on the intellective faculty by black humour. The French physician André Du Laurens, commenting upon Galen's comparison between external and internal obscurity, writes that the internal obscurity which is produced by the black bile is the cause of the melancholic's constant fear: 'and even as we see the night doth bring it some manner of feare, not only to children but sometimes also to the most confident: even so melancholike persons having in their braine a continuall night, are in uncessant feare' (Du Laurens 1938: 90).

Nevertheless, Du Laurens asks how it is possible to conceive that the colour of the bile can affect the soul since it does not have any internal eye to see what happens inside itself. As a matter of fact, this is what Averroes objected to in Galen's explanation. There is no eye in the brain to perceive the darkness:

Galen imputeth all unto the colour which is black, and thinketh that the spirits being made wilde, and the substance of the braine, as it were cloudie and darke, all the objects thereof appeare terrible, and that the minde is in continuall darkenes ... Averrhoes that had deeper insight in Philosophie, then same for his skill in Phisicke, and being the sworne enemy of Galen, laugheth to scorne this reason. The colour (saith he) cannot be the cause of this feare, because colours can alter nothing but the eyes, being onely the object of the sight, so that the minde can see nothing without the eyes. But there is never an eye in the braine; how then can it finde it selfe agrieved at the blackness of the melancholike humour, seeing that it cannot see it? (Galen 1976: 90).

Since the soul cannot see the darkness of the melancholic humour, how could it be affected by it? While being a defender of Galen's humourism, Du Laurens cannot accept his materialistic approach of the soul. The soul cannot see the darkness of the bile because it does not have any sensory organ: it is immaterial and cannot be affected by a colour. To get round this difficulty, Du Laurens tries to show that the colour is not directly responsible for fear, but that it is the cause of a perturbation in the nature and movement of the animal spirits which touch and affect the imaginative faculty:

The same humour being blacke, causeth the animall spirits, which ought to be pure, subtile, cleere and lightsome, it maketh them I say grosse, darke, and as it were all to be smoked. But the spirits being the chiefe and principall instrument of the minde, if they be blacke and overcolled also, doe trouble her most noble powers, and principally the imagination, presenting unto it continually blacke formes and strange visions, which may be seene with the eye, notwithstanding that they be within (Du Laurens 1938: 91).

If the melancholic is in constant fear, it is because his imagination is affected by the perturbation of animal spirits. Imagination gives then

a false report of reality to the intellective faculty: 'reason doth often make but foolish discourses, having been misse-informed by a fayned fantasie' (74). Perturbation of the imaginative faculty is thus the direct cause of the melancholic fear and of the fantastical visions which haunt the melancholic: 'the spirits and blacke vapours continually passe by the sinewes, veines and arteries, from the braine unto the eye, which causeth it to many shadowes and untrue apparitions in the aire, whereupon from the eye the formes thereof are conveyed unto the imagination' (92).

This process of perturbation of the imagination allows the French physician to speak of an *inward vision* in the melancholic case. When the animal spirits are light and transparent they speed up the mental faculties. But when they become thick and dark they disturb the imagination and make the melancholic take the shadows – which are thrown into his brain by the animal spirits – for external realities lying outside his body. This inward vision explains why the melancholic lives in constant fear and it allows the physician to say that melancholics do see inside themselves: 'The eye doth not onely see that which is without, but it seeth also that which is within, however it may judge that same thing to be without' (91).

Using this principle of an inward vision, physicians no longer need to appeal to the material existence of black bile in the human body. If the melancholic has a specific gaze, and if he is prone to a great number of fantastical and monstrous visions, it is not directly due to black bile. Rather, his imagination is affected by the shadows thrown into his brain by animal spirits. The perturbation of his imagination is the reason for the fantastic visions which haunt him and give him a monstrous vision of himself and of the world.

The melancholic gaze: a monstrous vision of the self and of reality

It is important to underline that the melancholic is not someone who sees things that do not exist, but someone who takes his inward visions for realities. In other words, he is not able to make a distinction between the product of his (distempered) imagination and reality. And as he has a distorted vision of reality and of himself, he lives in constant fear.

In his work *De Anima Brutorum* (1672) or *Two Discourses concerning the Soules of Brutes* (1683) Thomas Willis uses the metaphor of vision to explain the specificity of the melancholic delirium. Here again, it is because he judges the theory of humours insufficient to explain the specific nature of the melancholic delirium that the physician searches for a different explanation. Optical and chemical analogies begin to play a great part in the physician's theory and explanation of

CLAIRE CRIGNON-DE OLIVEIRA: *IS THERE A MELANCHOLIC GAZE?* · 000

melancholy. Starting from the classical characterization of melancholy (Willis 1971: ch. XI: 'melancholy is commonly defined to be a raving without a fever or fury, joined with fear and sadness'), Willis goes beyond Du Laurens' explanation, when trying to explain the effects of the perturbation of the imagination on the melancholic visual perception.

Willis cites three principal characteristics of the melancholic delirium: first, a continual activity of thinking and of fancying; secondly, always thinking about the same things ('in their thinking they comprehend in their mind fewer things than before they were wont ... oftentimes they roll about in their mind day and night the same thing' (Willis 1971: 188)); and, thirdly: 'the ideas of objects or conceptions appear often deformed and like hobgoblins, but are still represented in a larger kind or form; so that all small things seem to them great and difficult' (188). The melancholic is in constant fear because he sees things as it were through some optic glass, and this produces a distorted and monstrous vision of reality: 'the phantasms in the brain evilly affected, are objected to the intellect after the same manner as the visible images are shewed to the eye, by the interposition of some optick glass, to wit, where every object appears an horrid and huge monster' (188).

In Willis's explanation, the perturbation of animal spirits also accounts for the inward and fixed vision of melancholics. Furthermore, the metaphor of vision also plays a part in the explanation of the delirium. Willis uses both chemical and optical analogies to explain its characteristics. He borrows the notion of an 'enkindled flame' in the blood from Robert Hooke's *Micrographia* (Hooke 1670) to explain both healthy and diseased physiological functions. When the blood is not corrupted (by a sudden change in the weather, for example), the brain and nerves act as refractive devices that focus and channel the lucid part of animal spirits in appropriate directions to mediate sensation and motion. But when the blood is corrupted (this corruption being interpreted as a salinification instead of a change in the qualities of humours), the 'inkindling' of the blood is depressed (salty blood produces less light) and animal spirits, being altered, can no longer mediate sensation and motion. This is the reason why the melancholic is continually busy thinking and why this thinking is not followed by actions: 'they look *with eyes turned inwards, or fixed, or obliquely, and sullen or dogged*, and exercise the other faculties both sensitive and locomotive inadvertently, because the spirits being worn out and distracted by continual motion, do not well actuate or beam into the nervous system' (Willis 1971: 190).

Now, to explain the distortion in the content of thought, Willis uses an optical analogy. The diminished lucidity of the spirits in the brain

means that sensory images arriving there are dark and distorted. The intellect receives images distorted as if 'by the interposition of some optic glass' and, more precisely, as if they were seen through a microscope which concentrates many beams from the same object and makes the object appear greater than it is in reality.²

The description of this physiological process allows Willis to assert that melancholy is not a form of *total insanity* but only a form of *partial insanity*. The melancholic does not dote upon every thing, but only upon a few things, and his doting consists in the fact that he takes distorted images given to his intellect for faithful images of reality. This is why he cannot discern things and why his conceptions and thoughts are very confused: 'the imagination is so disturbed, or perverted, that it falsely conceives, or evilly composes or divides, the species and notions brought from the sense or memory' (179).

Nevertheless, the difficulty is to help the melancholic to escape this inward obscurity which hinders him from exercising his intellectual faculty. How can he rid himself of this frightening vision of reality? Here again, Galen's comparison between *external darkness* (which frightens children) and *internal darkness* (which makes the melancholic live in constant fear) shows its limits. This is a point underlined by Timothy Bright in his *Treatise on Melancholy* at the end of the sixteenth century. Melancholy makes the brain devise monstrous fictions which frighten the thought.³ It perverts the clearness of our spirits which is necessary to discern external objects.⁴ But the situation of someone who finds himself in complete darkness is not the same as the situation of the melancholic: 'in the externall sensible darknesse, a false illusion will appeare into our imagination, which the light being brought in, is discerned to be an abuse of fancie' (Bright 1613: 125–6).

An external and sensible darkness may cause such illusions, but does not hinder us from realizing that we are victims of an abuse of imagination. Such an illusion can be dissipated by the light. But interior darkness is not only a lack of light. It is, writes Timothy Bright, a positive or substantial principle which has a real effect on our understanding and hinders us from realizing that we are taking fiction for reality:

the internal darknesse . . . is cause of greater feares, and more molesteth us with terror, then that which taketh from us the sight of sensible things: especially arising not of absence of light only, but by a presence of a substantiall obscuritie, which is possessed with an actuall power of operation (125–6).

This positive and substantial power is able to corrupt the brain and gets it into the habit of forging false conceits, 'whereby it fancieth not according to truth, but as the nature of that humour leadeth it,

CLAIRE CRIGNON-DE OLIVEIRA: *IS THERE A MELANCHOLIC GAZE?* · 000

altogether gastly and fearfull'. This allows the fancy to compose and forge 'disguised shapes, which give terrour unto the heart' (125–6).

In other words, interior darkness, in the case of melancholics, makes us discover that imagination is not only a faculty of delusion but a positive force, a real and protean power, which can create and compose deceitful forms and control our reason instead of being controlled by it. This is why internal darkness is far more dangerous than simply lack of light. The melancholic is in a situation far more dangerous than someone who has temporarily lost his visual faculty. He has the power to look into himself, but this inward vision can make him lose his reason and may render him partly insane. We may conclude here by saying that if the melancholic is subject to a monstrous vision of reality it is because he is the slave of the monstrous power of fancy.

The control of fantasy: visionary fancy as a remedy against melancholy

We would now like to show that the last solution, which allows the melancholic to escape this frightful vision of the world, implies a control of fancy. This last section will perhaps give us an answer to the question asked at the beginning: shall we consider the melancholic gaze as a pure symptom of a distemper, or as a kind of superior knowledge and contemplation?

First, we would like to underline the fact that Willis uses the same terms to characterize the melancholic's gaze as does Burton commenting upon Dürer's engraving (*Melancholia I*, 1517). The melancholic has a distorted vision of reality and comprehends only a few things in his mind, but at the same time he shows exceptional faculties of concentration and meditation. Willis says that '[he] look with eyes turned inwards, or fixed, or obliquely, and sullen or dogged' (1971: 190). *Anatomy of Melancholy* seems to say that the melancholic taciturnity is compensated for by the deepness of his gaze. The melancholic is not someone who is very talkative, but someone who is in a very deep state of concentration:

[melancholic's are] most violent in their imaginations, not affable in speech, or apt to vulgar complement, but surly, dull, sad, austere; *cogitabundi, still very intent*, as Albertus Dürer paints Melancholy, like a sad woman, leaning on her arm, with *fixed looks*, neglected habit, etc. held therefore by some *proud, soft, sottish, or half mad*, as the Abderites esteemed Democritus; and *yet of a deep reach, excellent apprehension, judicious, wise and witty* (Burton 1997: I.3.1.2, 259).

The question can be clearly formulated: shall we interpret the

melancholic gaze simply as a symptom of a pathological condition? This is the *first option* in Burton's sentence. Melancholia's fixed look and concentration may be seen by others as a sign of madness, exactly as Democritus' behaviour and critical gaze is seen by the Abderites as a proof of his pathological condition and of his need for a cure. But there is also a *second option* which allows us to consider the melancholic gaze as a specific and superior form of knowledge, as a sign of deepness of thought.

How can this odd gaze, which is specific to the melancholic, and which inclines him to look into himself very intensely and deeply, become a remedy to his distemper instead of being a symptom of his pathological condition and madness? How shall we look into ourselves without being scared by what we discover there? The melancholic gaze may become a superior kind of knowledge only if the melancholic learns to look into himself. Without any learning, the melancholic gaze can only be seen as a pathological symptom. But if the melancholic learns to look into himself without being afraid of what he discovers, and if he tries to practise a control upon his imagination and the monstrous images that it produces, he may reach a kind of superior wisdom and knowledge.

Burton, assuming the Stoic teaching, shows that the disordered and distorted vision of reality that haunts the melancholic is only a symptom of his distemper, and that the remedy lies in the evil: that is in our representation of things, in our ability to control our imagination which makes us see disorder everywhere:

He himself (I say); from the patient himself the first and chiefest remedy must be had ... Whatsoever it is that runneth in his mind, vain conceit, be it pleasing or displeasing, which so much affects or troubleth him, by all possible means he must withstand it, expel those vain, false, frivolous imaginations, absurd conceits, fained fears and sorrowes (Burton, 1997: II.2.6.1, 363).

He must learn to speak to himself, to fight against the monstrous images that are presented to his intellect. He must resist this distorted vision of reality which frightens him and makes him avoid the company of men: 'you think you hear and see devils, black men, etc. 'tis not so, 'tis your corrupt phantasie; settle your imagination, you are well!' (364).

Another solution for the melancholic is to try to control his imagination by forging a visionary image of the world. The evil (the corruption and excess of imagination) can transform itself into a remedy, on one condition: that the melancholic always remains conscious of the fictitious status of the remedy. This is what Burton tries to do with his utopia in *Democritus to the Reader*. The aim of his

CLAIRE CRIGNON-DE OLIVEIRA: *IS THERE A MELANCHOLIC GAZE?* · 000

utopia is not to propose a reform of the world; rather we need to accept things as they are. Its aim is only to furnish an imaginary remedy. By building this utopia, Burton imagines a world which would be free of melancholy. The remedy lies in the possibility of this representation of the world, and not in the realization of this pure fiction. Burton's utopia must remain a pure chimera. By forging this visionary image of an ideal society, Burton tries to correct his melancholic gaze on society. He tries to control his own gaze which would naturally (without any training) lead him to proclaim the vanity and emptiness of everything. Burton's utopia, describing a world of order, tries to fight the melancholic perception of a disordered and senseless world.

Jean-Luc Marion (1991), commenting upon Dürer's engraving, says that the melancholic's gaze is a gaze which can only reveal the emptiness of everything existing on this earth and therefore also the vanity of all knowledge.⁵ Therefore if the melancholic is someone who is endowed with an inward vision, what else could this inward vision discover about him except the vanity of his own self? Let us remember that according to Timothy Bright, for example, darkness is considered to be an image of death (Bright 1613: ch. XXXVII).

Examining the melancholic gaze we are confronted by the radical ambivalence of melancholy: where exactly is the distortion? In the melancholic gaze or in the common belief that we can trust what our eyes make us perceive? The melancholic gaze is indeed a distorted visual perception of the world. But this abnormal perception and apprehension of the world can give rise to an inward vision which makes the melancholic aware of the power of imagination as a source of delusion, but also as a positive power for forging a visionary image of the world. If the melancholic reflects upon his visual perception, he may then reach a superior kind of knowledge by becoming aware of the limits and powers of his own faculties. But this movement from outside to inside, from a distorted vision to an inward look, is always dangerous. To look deeply into ourselves may threaten our mental health: 'since, indeed, interior darkness much more than exterior overcomes the soul with sadness and terrifies it' (Ficino 1989: bk. I, ch. 4, 115).

NOTES

1. 'As for instance, one patient believes that he has been turned into a kind of snail and therefore runs away from everyone he meets lest he should get crushed; or when another patient sees some crowing cocks flapping their wings to their song, he beats his own arms against his ribs and imitates the voice of the animals. Again, another patient is afraid that Atlas who supports the world will become tired and throw it away and he and all of us will be crushed and pushed together. And there are a thousand other imaginary ideas' (Galen 1976: 93).

2. 'as when many bands of spirits are thrust together in strait bounds, every small object, and of every little moment, seems to them very great and of notable weight; certainly after the same manner, and for the same reason, as when visible images passing thorow a microscopick glass are carried to the eye; for because many beams of the same thing are concenter'd, its magnitude seems to be increased into an immense greatness; so when as every intentional species or image, by the conflux of many spirits together, is formed in the brain, it appears to the soul greater and of more weight than usual' (Willis 1971: 190).
3. 'Melancholike humour ... is settled on the splene, and with the vapours annoyeth the heart, and passing up to the braine, counterffeth terrible objects to the fantasie, and polluting both the substance and spirits of the braine, causeth it, without eternall occasion, to forge monstrous fictions, and terrible to the conceit' (Bright 1613: 124-5).
4. 'this instrument of discretion is depraved by the melancholicke spirits, and a darknesse and clouds of melancholy vapours, rising from that puddle of the splene, obscure the clearnesse, which our spirits are indued with, and is requisite to the due discretion of outward objects' (Bright 1613: 125).
5. 'Le regard de la mélancolie, ne se posant sur aucun des étants sis dans le cadre de la gravure, en sort ... a gravure, par son organisation même, renvoie hors d'elle-même – vers un point de fuite qu'elle ne comprend pas. Et la mélancolie ne regarde rien d'autre que ce point de fuite absent ... Elle frappe de vanité les étants qui l'encombrent ... Le regard de la mélancolie voit les étants dans ce par où ils ne sont pas: par la fuite. De leur point de fuite, ils lui apparaissent comme n'étant pas. Ils lui apparaissent ... comme happés par la vanité ... e monde fuit, par tous ses étants de vanité ... La mélancolie frappe de vanité, et progresse à mesure que le regard dévoie ce qu'il voit' (Marion 1991: 190-1).

REFERENCES

- Bright, T. (1613) *A Treatise of Melancholy. Containing the Causes thereof, and Reason of the strange effects it worketh in our minds and bodie*, 2nd edn. London: William Stansby.
- Burton, R. (1997) *The Anatomy of Melancholy*. Oxford: Thorston.
- Du Laurens, A. (1938) *A Discourse on the Preservation of the Sight: of Melancholike Diseases; of Rheums, and of Old Age*, trans. R. Surphlet (1599), with an introduction by Sanford V. Larkey, Shakespeare Association Facsimiles 15. Oxford: Oxford University Press.
- Ficino, Marcilio (1989) *Three Books on Life*. A critical edition and translation with introduction and notes by Carol. V. Kaske and John R. Clark. Binghamton, NY: Medieval and Renaissance Texts and Studies in conjunction with the Renaissance Society of America.
- Galen (1976) *On the Affected Parts*, trans. from the Greek with explanatory notes by Rudolph E. Siegel, National Library of Medicine. Basel and New York: S. Karger.
- Hippocrates (1982) *The Aphorisms of Hippocrates*, with a translation into Latin and English by Thomas Coar. London: first printed by A. J. Valpy, 1822; special edition copyright, The Classics of Medicine Library.
- Hooke, R. (1670) *Micrographia or some physiological descriptions of minute bodies made by magnifying glasses with observations and enquiries thereupon*. London: James Allestry.
- Marion, J.-L. (1991) *Dieu sans l'être*. Paris: PUF.
- Willis, T. (1971) *Two Discourses Concerning the Soules of Brutes: which is that of the vital and sensitive of man*, with an introduction by Salomon Diamond, History of Psychology Series. Gainesville: Scholars' Facsimiles and Reprints.

Claire Crignon-De Oliveira is a Lecturer in the Department of Philosophy, École Normale Supérieure Lettres et Sciences Humaines, Lyon. Address: 14 rue Eugène Sue, 75018 Paris, France. [email: crideo@ofrance.com]