

The Arts of Melancholy
Proposal for a Hurford Center for the Arts and Humanities Faculty Seminar
April 24, 2015
Richard Freedman

This seminar will use melancholia as a focal point of inquiry into works of art: their modes of representation, their genesis, and their place in a broader scheme of cultural prestige. My aim is to offer a venue in which colleagues from different disciplines (literary, musical, visual studies, as well as the history of the emotions, cognition, and medicine) might come together to study the various modes of representation that circulate through a concept that runs wide and deep through the history of the arts and sciences. There is a vast literature on the subject (as medical condition, as philosophical problem), and a similarly vast corpus of artworks (in the west, at least), that attempt to represent in words, tones, or images the conditions, causes, and effects of melancholia. Here I outline some of the problems of the condition as it is manifest in my own field of interest—the European Renaissance. Along the way I offer some framing questions, readings, and artworks that we might consider (the precise choices should be tailored to the particular interests of those who choose to participate). But first, a few words on the challenge of melancholy for the arts.

Today melancholia is often medicalized as a form of depression, or worse. But for centuries the condition was an affliction of social distinction, understood as the defining ailment of prominent men, including creative artists. Such assumptions trace their lineage through an equally prominent tradition of philosophizing on the subject that traces its origins to a question posed in (pseudo) Aristotle's *Problems*: "why is it that all men who have become outstanding in philosophy, statesmanship, poetry, or the arts are melancholic and some to such an extent that they are infected by the disease arising from black bile as the story of Heracles among the heroes tells?" Taking this question as an assertion of a presumed truth, by the fifteenth and sixteenth centuries the display of melancholia was no less an ailment than a sign of noble—and especially a masculine—virtue. Melancholia, as Juliana Schiersarski has succinctly framed the situation, "became an elite 'illness' that afflicted men precisely as the sign of their exceptionality, as the inscription of genius within them." It is perhaps not difficult to imagine why writers—whether poets or philosophers—might have cultivated the symptoms and reflective processes of melancholia as a way of drawing close to this presumed aura of distinction.

Just what is melancholia, according to the good doctors? The answer depends on who we ask, and in any case embraces so bizarre and various a range of symptoms, causes, and explanations that we may rightly wonder whether melancholia ought to be considered many conditions rather than one. For the conservative world of the medieval medical establishment from Padua to Paris, melancholia takes its place in the scheme of four balanced bodily humors inherited from ancient authorities such as Galen via medieval and Arabic sources (such as Avicenna): blood, phlegm, yellow bile, and black bile (the latter "melancholy" from Greek melas [black] and khole [bile]). Repeated through generations of scholastic physicians such as the Robert of Gordon (active in Montpellier around 1300), this tradition allowed that one's temperament depended in part upon the

relative balance (or temporary imbalance) of these humors and their corresponding qualities (such as hot/cold or wet/dry).

Well into the sixteenth century the doctors of Montpellier similarly explained both disease and feeling according to this “humoral” model, advising patients on the appropriate substances that might rebalance (and thus cure) the equation of essences. Melancholia occupied an anomalous position within this system of complementary qualities, for it could also emerge without apparent physical cause. This notion of groundless anxiety is central to an important distinction made in many subsequent critical writings on our subject, namely between melancholy the humoral substance and melancholia the affective condition, which was formed in that middle region of the brain variously called the imagination or fantasy. It was here, Renaissance authorities agree, that sensory impressions were projected, inscribed, and sometimes erroneously interpreted by the understanding in ways that could in turn be lisible as bodily signs as well as mistaken judgments. When things went wrong, the imagination could be a fearsome organ. Consider, for instance, this description of the “imaginary” melancholic from a short treatise on the conservation of sight by Andre Du Laurens, Montpellier regent and royal physician at the court of Henri IV in the years around 1600, “The true melancholic,” Du Laurens reports,

is normally out of heart, always fearful and trembling, having fear of everything and even fear of himself, like a beast that sees itself; He wishes to flee and yet cannot move, he goes everywhere sighing and sobbing with an inseparable sadness that often turns to despair. He has a perpetual anxiety of body and spirit, he has vigils that consume him (on one hand), and sleep that torments him (on the other). If he thinks to give rest to his passions by some repose, no sooner does he close his eyelids than he is assailed by a million phantoms and hideous specters, by fantastic chimeras, and by appalling dreams. If he tries to call someone to his aid his voice stops short, and can speak only in stammering. He cannot live with company. In short, this is a savage animal, secretive, suspicious, an enemy of the sun, to whom nothing pleases but the sole displeasure that comes from a thousand false and vain imaginings.

For Du Laurens’ contemporaries, the processes by which melancholia was formed were (to our minds) strangely associative and separately sufficient: too much melancholy might cause melancholia, but an impressive array of mental, social, erotic, and even magical operations without apparent physical origin could also cause disturbances in the body and its humors. Such themes figure, for instance, in the ample literature on melancholia as the result of poetic furor, enthusiasm, and genius (such as the writings of Pontus de Tyard, with help from the Florentine neo-Platonist Marsilio Ficino), of philosophical contemplation or scholarly isolation (especially in the writings of Robert Burton, echoing a long tradition of Aristotelean speculation on the subject), of demonic possession (Michel de Montaigne) and (especially) of love sickness, or erotic melancholia (notably Jacques Ferrand).

These and other writings on melancholia have produced a correspondingly rich body of scholarly studies of emotions, the body, and representation. In her recent critical

introduction to an anthology of source readings drawn from authors as diverse as Aristotle (or at least one of his followers) and Julia Kristeva, Jennifer Radden has traced the recurring tension between melancholia as subjective, inner knowledge on one hand and outward behavior or bodily signs on the other. The process by which the external markers of the melancholic subject were gradually projected outward onto works of literary and visual arts constitutes another important thread in studies of melancholia. The classic starting point for many such discussions remains *Saturn and Melancholy*, a magisterial study of creative sensibility and representation published some four decades ago by Raymond Klibansky, Erwin Panovsky and Fritz Saxl.

Over the course of the fifteenth through seventeenth centuries, they argue, melancholy the noun (as humoral substance, and as a personified “*Dame Merencolie*”) gradually took on usage as verb and adjective, opening up the possibility that “notions originally applying only to mental states, inherited also their pictorial form.” Indeed, their work has spawned an entire corpus of iconographical studies that consider the visual representations of melancholia and its various causes, from the medieval to the modern periods (for a selection of images of the sort our seminar will investigate, see the separate Appendix of Visual Examples). Panovsky and Saxl also explained how during the 16th and 17th centuries in particular melancholia might figure “both as an expression of speech and as an active and speaking person who was even capable of being portrayed.” As such, they invite us to consider a wide range of theatrical and literary modes of representation of melancholic princes and artistic geniuses, from such familiar examples as Hamlet to Thomas Mann’s *Dr. Faustus* (and many others in between).

In the case of musical works these interpretive tasks are particularly tricky, since we must also constantly gauge the forms and processes of a medium that is itself largely beyond the power of language to represent. And yet by virtue of this peculiar condition perhaps music is uniquely disposed to articulate stances, attitudes, and conditions of subjective experience in ways we find so difficult to communicate through other means. Once carefully attuned to the semiotic dimensions of musical forms, we can begin to hear some of the aural means by which melancholia might be shared through musical works like John Dowland’s *Lachrimae*, or *Seaven Teares Figured in Seaven Passionate Pavans* (1604), which serves as a culmination of an entire Renaissance tradition of melancholic music, with its descending “tear motif” (the *Lachrimae* are, after all, “tears”). The riff is familiar to students of seventeenth-century opera as the lamento bass-line, and remained familiar enough in the 20th century that George Harrison knew it (just listen to “*My Guitar Gently Weeps*”), even if he didn’t know why. We could continue to trace the sonic manifestations of melancholia in other works of the 19th and 20th centuries, from Schubert’s *Winterreise* to Mahler’s *Kindertotenlieder*. We should also pause to consider the role of music as a both cure for melancholia, no less than a means to represent it. Such claims (as when David’s harp effected a miraculous transformation of King Saul) were frequently cited in the proverbial *laus musicae* (“praises of music”) repeated by writers since the 15th century. Indeed, the notion of music as a kind of drug (for good or ill) was frequently a subject for speculation during the ensuing centuries, from Anton Mesmer’s experiments with the mass hypnosis induced by the glass harmonica, or Friedrich Nietzsche’s critique of Wagner’s music as a kind of narcotic.

Our attempt to understand the representation of melancholia will unavoidably lead us to consider the conceptual status of the affective condition itself. Are emotions mental conditions, or physical ones? How do various attempts to explain them reveal changing conceptions of mind and body? Such considerations will quickly take us through an extremely wide range of materials, both philosophical and medical. But in the end, as Penelope Gouk and Helen Hills have recently argued, we must consider these effects according to the cultural and intellectual contexts in which they were formed: “the historically-positioned subject experiences emotions in an historically contingent mode.” And so, in their view, whether we attempt to understand them as physical disturbances (the original sense of emotion as “movement”), as passions (as in passive suffering or endurance), or as affects (that is, inward orientations or mental states) we must always endeavor to locate the cultural frames of reference and explanatory language through which such effects are mediated. Likewise Gail Kern Paster, who has recently grappled with the problem of understanding the representation of melancholia in Shakespeare’s dramas, proposes that the challenge is to understand “not what the emotions ‘really’ are but only what people have believed about them at different times and places.” And to that we should add “from different disciplinary perspectives,” for if our seminar is successful, we will manage to effect some productive reflection on the stances from which we understand the arts—and ourselves.