Exploring the Ontological Ground
Underlying the Conceptualisation of Depression

Volume 1 of 2

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To my sister and her struggle,

Abstract

Conceptualizations of depression, this dissertation will demonstrate, are invariably structured by ontological presuppositions that constitute and define boundaries between individual and social, internal and external, body and mind, selfness and exterior, normal and pathological. Furthermore, the way in which these boundaries are set through the ontological ground underlying the modern bio-medical conception of depression are rooted in the history of Western philosophy, rather than corresponding to natural kinds discovered by neuro-medical science. Essentialist, internalist, and individualist assumptions arguably dominating contemporary practices regarding depression in Western medicine are not unavoidable and necessary, but are contingent symptoms of a certain ontological groundwork, that needs to be revealed and examined from a critical perspective to be able to deal effectively with possible deficiencies of the contemporary bio-medical model. In the following study, I focus on different historical conceptions that pathologise some altered form of affectivity that by contemporary lights we would associate with some manner of 'depression'. These include Hippocrates', Aristotle's, Galen's, and Burton's conceptions of melancholia; Aquinas' model of acedia; and the American Psychological Association's Handbook (APA's), Matthew Ratcliffe's, and Thomas Fuchs' accounts of depression. All these different ontologies are put through a categorical analysis consisting of six steps. In each step, each model is assessed regarding their positions between the two poles: melancholia/acedia/depression being (1) indigenous to the individual versus irreducibly social, (2) caused by internal versus external factors, (3) pathologised based on an individual versus a social dysfunction, (4) formed dependently versus independently in relation to

personal characteristics, (5) defined as a bodily versus a mental phenomenon, (6) detached from versus entangled with the authentic self.

Contents

List of Figures

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Abbreviations and Definitions

1. Abbreviations:

AD: Abbreviation for *Avoiding Distress* (Galen, trans. 2013a).

AoDS: Abbreviation for the Argument of Dual Stability.

AoM: Abbreviation for *Anatomy of Melancholy* (Burton, 1628; 2001).

APA: Abbreviation for American Psychiatric Association.

AWP: Abbreviation for *Airs, Waters, Places* (Hippocrates, trans. 1978a).

oBB: Abbreviation for *On Black Bile* (Galen, trans. 2000a).

CSI: Abbreviation for *On the Causes of Symptoms I* (Galen, trans. 2006a).

CSII: Abbreviation for *On the Causes of Symptoms II* (Galen, trans. 2006b).

CSIII: Abbreviation for *On the Causes of Symptoms III* (Galen, trans. 2006c).

CT: Abbreviation for *Character Traits* (Galen, trans. 2013b).

CSdMB: Abbreviation for *The Capacities of the Soul Depend on the Mixtures of the Body* (Galen, trans. 2013c).

DC: Abbreviation for Dysfunctionality Criterion.

DHP: Abbreviation for *On the Doctrines of Hippocrates and Plato* (Galen, trans. 1980).

DSM-5: *Abbreviation for Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (APA, 2013).

DTAE: Abbreviation for *The Diagnosis and Treatment of the Affections and Errors Peculiar to Each Person's Soul* (Galen, trans. 2013d).

EE: Abbreviation for *Eudemian Ethics* (Aristotle, trans. 1982).

oH: Abbreviation for *On the Humours* (Galen, 2000b).

NE: Abbreviation for *Nicomachean Ethics* (Aristotle, trans. 2009).

tNoM: Abbreviation for *The Nature of Man* (Polybus, trans. 1978).

oP: Abbreviation for *On Prognosis* (Galen, trans. 1979).

otS: Abbreviation for *On the Soul* (Aristotle, trans.

PoA: Abbreviation for On the *Parts of Animals* (Aristotle, trans. 2011)

PN: Abbreviation for *Parva Naturalia* (Aristotle, trans. 1931b).

aRfH: Abbreviation for *A Regimen for Health* (Hippocrates, trans. 1978c).

RiAD: Abbreviation for *Regimen in Acute Disease* (Hippocrates, trans. 1978f).

tSD: Abbreviation for *The Sacred Disease* (Hippocrates, trans. 1978e).

ST: Abbreviation for *Summa Theologica* (Aquinas, 1485; trans. 1942).

UPB: Abbreviation for *On the Usefulness of the Parts of the Body* (Galen, trans. 1968).

2. Definitions

Argument of Dual Stability: The argument that a phenomenon becomes a depressive symptom when it constitutes a dysfunctional and stable pattern that interrupts the previous functional and stable patterns through which the individual performed in the world.

Characteristics category: That which distinguishes between a putative affective abnormality being related to, or not related to, an individual's personal characteristics.

Corporeality category: That which distinguishes between a putative affective abnormality being related to conditions within the body or independent of conditions within the body (and thereby 'mental').

Dysfunction category: That which distinguishes between a putative affective abnormality being pathologised based on an individual versus a social dysfunction. This category is different from the individuality category by means of assessing the boundaries of the pathological core of depression, as opposed to the phenomenon of depression.

Dysfunctionality Criterion: A criterion suggested by APA stipulating that the fact of dysfunction in social settings due to depressive symptoms is a necessary condition for a diagnosis of depressive disorder.

Individuality category: That which distinguishes between a putative affective abnormality being indigenous to the individual versus irreducibly social.

Internality category: That which distinguishes between a putative affective abnormality being caused by internal versus external factors, such as we might distinguish between a 'genetic' versus an infectious aetiology.

Ontological components: Ontologies of individuality, sociality, internality, externality, normal, pathological, body, mind, self, and exterior which interrelatedly constitute an ontological ground.

Ontological/categorical framework: A structure of analysis consisting of six categorical questions formulated as individuality, internality, dysfunction, characteristics, corporeality, and self, which defines the analytical method used in this study.

Ontological ground: A platform constituted by the interrelated ontologies of individuality, sociality, internality, externality, normal, pathological, body, mind, self, and exterior upon which a conception of depression arises.

Self category: That which distinguishes between a putative affective abnormality being detached from versus being entangled with the ‘authentic self’.

INTRODUCTION

Because it is the whole, its ills are communicated to its parts

Durkheim, trans. 2002, p. 172

The main aim of this project is to explore the ontological ground upon which the contemporary bio-medical conception of depression emerges. To clarify the methods of pursuing this aim, first it needs to be explicated what is an ontological ground. An ontological ground is a pre-given platform constituted by basic ontological presumptions about the components necessarily fused in the conceptualisation of a phenomenon, such as psychopathological phenomena in general, or depression in particular[1]. This suggests two things: first that any psychopathological conception necessarily involves certain ontological components (for instance, preconceptions about the unit of pathology), and second that these components are not random but rooted in an ontological ground. Therefore, when I address the ontological components of the concept of depression, I refer to ontologies belonging not exclusively to the conception of depression, but to an ontological ground on which we make sense of depression and other things. Then, to explore the ontological ground underlying depression it is first necessary to clarify which ontologies one assumes as the ontological components of depression. This by itself is a major step to achieve the main goal of the project and it requires a careful analysis, which will be pursued below, but to be able to set a starting point to this analysis, and also to be able to clarify the idea of an ontological ground further before beginning to elaborate this

[1] This formulation of ontology refers strongly to a conceptual framework, and hence places us in an investigation of conceptions of depression rather than the phenomenon of depression itself. Thus, the nature of this study requires us to prioritise and distinguish ontology over and from phenomenology. Yet, the dichotomy of ontology and phenomenology shall not be perceived by the reader as a duality of ontology and phenomenology in an existential sense. Here, the phenomenological stance suggesting that *phenomenology is ontology* is embraced. However, to be able to access the world of formulations the term ontology is used referring to conceptuality, alongside to its core phenomenology.

introduction, let us take it for granted that the ontological ground underlying depression must involve an ontological stand with respect to the individual. According to this, to be able to conceptualise depression, it is necessary to define the unit that is depressed. An ontology of the individual supplies the basis for this in any conceptualisation of depression. To be able to define the boundaries of the unit that is depressed, a presumed ontology of the individual is needed which informs the conceptualisation about the boundaries of the individual as a unit.

As much as revealing an ontological ground's components is essential for its study, so is elucidating its dimensions. By dimensions of an ontological ground, I refer to the qualities of the space in which this ontological ground emerges. For instance, this space is likely to have a geographical dimension, and extends through the Western influence over the world, as the conception of depression is rooted in the history of Western philosophy and medicine. This brings us to the second, and the more important, dimension of the ontological ground underlying depression, which is the historical dimension. As will be demonstrated in detail, the ontological ground underlying depression extends back in the history of Western philosophy and medicine, and therefore an ontological study of depression is best to be conducted as an historical study. According to this, historical differentiation of the medical terminology defining psychopathological phenomena relatable to depression was not necessarily accompanied by differentiation of the formulation of ontological components. Quite the contrary, as will be illustrated soon, there are clear examples showing that paradigm shifts in medical understanding of depression did not always call for or grounded by paradigm shifts in ontological grounds. Therefore, an ontological analysis of depression can achieve more by taking the ontology of depression in a dynamic historical line uninterrupted by terminological and medical differentiations. This

approach will make the undertaken ontological critique more stable by illustrating the extra-medical and extra-scientific aspects of our contemporary bio-medical model.

An historically oriented ontological study of depression could be pursued along several different pathways. For instance, one could pursue research through the history of law and institutions (such as Andrews et al., 2013; Fennel, 1996; Thomas & Russel, 1996) and focus on the nature of practices under which the sufferers of depression are approached. Alternatively, one could investigate the socio-institutional history of the medical understanding of depression (such as Lawlor, 2012; Porter, 2003; and Wallace & Gach, 2008) and explore the social, political, economic, medical aspects of the context in which certain models of depression emerged. Furthermore, one could focus on the history of specific treatments (such as, Healy, 2003; Moncrieff, 2008; and Pressman, 2002) and examine what it is to be treated, and what that must presuppose about that nature of depression. All these methods may contribute to further understanding of the medical and extra-medical processes by means of which depression emerged as a category of psychopathology, but I will suggest that there is a more fundamental history underlying all the other histories cited above. To be able to clarify this point, let me make a seemingly paradoxical statement highlighting the historical approach I will employ in this study: the history of depression is not the history of *depression*. By this I mean two things. First, the conceptual history of depression is not only a history of how a disease is conceptualised, but also of how the components of the underlying ontological ground is categorised. In that sense, if we are to understand why a certain conception of depression is as it is, we need to explore its relation to ontological components. Second, the history of depression does not start with the concept of depression, but it extends back in

history to cover antecedent categories of psychopathology that 'anticipate' depression, such as melancholia and acedia. Of course, one may suggest that it is the history of psychiatry, and not of depression, in which these concepts are linked to one another, and placing concepts other than depression, such as acedia and melancholia, in the history of depression may seem from this perspective as collapsing different phenomena into one modern conception[2]. To answer this possible criticism, it needs to be asserted that melancholia, acedia, and depression are understood as maladies sharing a certain categorical-phenomenological character, which is the pathologisation of an affectivity associated with diminished capacity or state of being.

I believe psychopathological phenomena are examples of Hacking's (1999, p. 29) "interactive kinds" and that they emerge through the interactions between "concepts, practices, and people". From this point of view, it is impossible to claim that melancholia, acedia, and depression were the same thing under different names, but this does not render it redundant to explore the ontological dynamics of their differentiation from one another. Furthermore, if we understand the history of depression as not the history of depression because of the first argument formulated above, the ostensibly differentiating names and phenomenological qualities of acedia, melancholia, and depression do not exhaust the ways in which these concepts are related. The ontological analysis of historically specific doctrines of depression-like syndromes exposes an underlying history of basic ontological assumptions about the nature of human self-hood and the like.

Since a preliminary idea of ontological ground has been offered, it is now time to unpack the approach I will follow to explore it. The first goal to achieve in the

[2] For the debate about whether melancholia and acedia are predecessors of depression, or different conditions altogether, see for example, Daly (2007), Radden (2003), Varga (2013).

remainder of this introduction is to come up with an analytic discrimination of different components of an ontological ground which will constitute the main framework of analysis in later chapters. The second goal will be to establish the necessarily historical nature of the study of these components. These two goals will serve to clarify the nature of the ontological ground that I will work with. Once this is achieved, the next goal will be to convince the reader that it is a worthy undertaking to analyse the contemporary understanding of depression based on the underlying ontological ground. This may be necessary for two reasons. First, to eschew temptations to treat our current ontological configuration as a 'natural kind' (however 'natural' it may be to do so). Second, to abolish the possible idea that the current bio-medical model is underlain by an ontological ground which is pragmatically more beneficial than its alternatives. These two points will be invigorated first by illustrating different lines of thought through which the contemporary individualistic ontology of depression can be challenged; second by actually challenging this ontology to illustrate what depression could look like on a different ontological ground; and third by articulating the reasons why this challenge is necessary. Once these three steps are accomplished, the rationale of the upcoming chapters will be briefly outlined. Last, a categorical framework will be constructed through which differentiating historical terminology can be formulated into neat trackable and comparable categories.

1. The components of the ontological ground underlying any conception of depression

Above it was argued that any ontology of depression incorporates a category of the individual. According to this, the definition of the boundaries of the unit that is depressed is based upon this pre-given category. But the ontology of the individual itself is not enough to define the ontological ground underlying

depression. For one thing, individual is not a self-sufficient ontology. To render an ontology of individual conceptually sustainable, other ontologies are needed. For instance, once we define a unit as individual, we necessarily draw boundaries between this unit and the rest of the world. Once these boundaries are set, without which we cannot define an individual, the ontologies of internal and external emerge. Therefore, it is not possible to have an ontology of individual without an ontology of internal. They are interrelated and interdependent. Furthermore, my insight is that they are embedded in a yet larger ontological ground. This insight is supported by Schmitz's (Schmitz, Müllan, & Slaby, 2011) interpretation of the history of Westerns notions of soul and inner. According to Schmitz (p.252),

> [t]he philosophical tradition since Democritus and Plato, as well as the folk theory of human self-understanding following in their footsteps, has, under the name 'soul' (or 'mind' or other terms), assigned to the conscious subject a private inner sphere,

and this tradition is principally based on the conceptual demarcation of the material and immaterial domains of the subject into body and soul. Following Schmitz, then, one could assert that the emergence of ontology of internal, and therefore individual, is embedded in the history of the ontological demarcation between body-mind. This means two things. First is that an ontological study of contemporary bio-medical conception of depression must necessarily be a historical study, because defining the individual within its biological boundaries, which is what the contemporary psychiatry practice does since today it is the human individual that is defined as the depressed unit, is based on an ontological presumption rooted into the history of Western philosophy. Second is that another, and may be the most fundamental, component of the ontological ground in which the ontologies of individual and internal belong is the ontology of soul.

By distinguishing the thinking, feeling, communicating aspect of human from the body, Western philosophy did not only disembody the mind, but also built the ontological foundations of distinguishing internal from external, and individual from social. According to this, the ontology of soul allows separating the becoming of individual from the world by means of locating an immaterial principle organising this becoming from the inside of the individual. If Schmitz's historical analysis is followed, then, another component of our ontological ground emerges: essence. For the individual to be established as the unit of human becoming, an ontological ground which affords the notion of essence is absolutely necessary. Defining the boundaries of a unit and distinguishing it from an external means also to define the locus in which this thing originates. In that sense, the ontology of internal is not by itself sufficient to sustain the ontology of individual. The internal needs to be capable of organising the becoming of the individual. It needs to be the locus of an essential principle, the soul. Therefore, internal is not just what a unit consists of, but also what is essential for this constitution. It is not a totality of what is inside this unit, but an essence which underlies the becoming of this unit. Only if we have souls, we afford to be individuals with an internal nature, and a becoming detachable from the world. Only if we have souls, we afford to originate in the internal and not the external; think, feel, and live inside our brains and bodies.

One may suggest that although the contemporary ontology of depression is individualistic[3], there is not much talk of essence and internal emerging from this ontology. From this perspective, it may seem possible that these pre-modern ontological components decayed through the underground over time, and their effect does not reach to the surface of modern psychiatry and science. To handle

[3] In terms of taking the human individual as the unit that is depressed.

this possible critique let me give an example from the modern history of depression. While melancholia was a term covering different varieties of madness before the 19th century, after that the concept was decomposed into different subtypes such as depression and schizophrenia. What is interesting here is that, this rather modern development was underwritten by a pre-modern conception of a tripartite soul[4]. As Berrios (1988) highlighted, schizophrenia and depression were distinguished from one another based on the idea that the intellectual and affective capacities belonged to different souls, and therefore their diseases must be ontologically different. According to this, only due to the philosophical trends of the late 19th century, which were based on pre-modern notions, the concept of melancholia was decomposed into its affective and intellectual components, and two separate categories of pathology emerged out of this (Berrios, 1985)[5]. This suggests that in our contemporary bio-medical conception of depression the idea of soul is at least genealogically present. As Berrios (1985) noted, the same philosophical trend triggered the idea of "brain localization" (p. 750), so the concept of soul is ontologically still somewhere in the modern understanding. But where is it? As acknowledged before, we do not come across the mention of the soul very often while we are reading contemporary modern ontologies of depression, although even the mere establishment of depression as a separate category is, I suggest, possibly based on a, presumably outdated, idea of the soul. Did the concept of soul disappear over time leaving in its place a conceptual void, or was it replaced by other concepts? If the latter, how far did the notion of soul evolve? Was it just replaced by a different

[4] The idea of tripartite soul originally belongs to Plato. According to this, there are three souls, namely intellectual, sensitive, and vegetal, which organised different aspects of human's mental experience. This concept will be explored further in the upcoming chapters.

[5] Of course, this also illustrates the neglect in the recognition of affectivity involved in melancholia (Fuchs, 2013d), as well as an enforced dichotomisation of cognition and affection (Colombetti, 2013) through the concept of depression.

terminology, or did the terminology change gradually with the alterations in the notion of soul?

Of course, to answer these questions, and also to decide how we are going to conceptualise the ontology of essence within our ontological analysis, we initially need to unpack the concept of soul. Soul can mean, and have meant throughout history, various things. It can be corporeal or incorporeal, mortal and immortal, moral and immoral, but as I already suggested there is one fundamental element of the idea of soul *as it is inherited*: an inward, essential principle. And if we leave the term soul aside, and turn to essentiality and inwardness, we may find various ways to communicate these notions in scientific and medical discussions. Take the *common-sense* usage of concepts such as self, normal, mental. Can we say that these terms do not imply certain distinctions between essentiality versus contingent add-ons, inwardness from outwardness on different levels? First, self achieves this by distinguishing subject from others, but also selfness from otherness. This may be linked to the ontology of essence, if self is understood as a constant, solid, and regular structure, maybe a personality, which shapes one's interactions with the world from the inside. Second, normal may be linked to the ontology of essence, if normal is conceptualised as standards of becoming immanent in the nature of a species, which belongs to the essence immanent in the individual. In that sense, the contrast between normal and pathological may be a way to communicate a differentiation of what comes from the essence and what comes from the exterior. From this point of view, self and normal are closely interrelated. Last, mental expresses a connection with the ontology of soul, by means of confirming an immaterial, disembodied, and interior organisation which thinks and feels. These three points illustrate that it may be

reasonable to track the ontology of soul in our modern terminology through these terms.

Yet, at this point one question still possibly holds: why do we need this analysis? This possible question may have two bases: first the argument that the ontology of individual, as it underlies the contemporary bio-medical model of depression, addresses a natural kind, and not a categorical construct, and second the argument that be it a construct or not, it works. Let me answer these two arguments respectively below.

2. Why do we need an ontological revolution?

One could claim that the certain ontological ground underlying our conception of depression is an outcome of the recent scientific developments in neurobiology, genetics, psycho-pharmaceuticals trials etc., and that the warrant for this ontological ground is that it constitutes the most accurate platform to conceptualise depression. As an answer to such an argument, it needs to be reminded that ontology is not independent from epistemology and epistemology from economics and economics from politics[6]. The individualistic ontological ground underlying the bio-medical conception of depression does not simply happen to be there. It is rooted in a wider socio-political-economic context. Blazer (2005), for instance, highlights that "methodological individualism" (p. 8), a paradigm looking at the individual for origins and treatments of pathologies, is compatible with the individualistic norms predominant in the contemporary Western world[7]. Similarly, Kirmayer & Gold (2012) assert that neurobiological

[6] Smith (2008) also made a similar argument through his analysis of the history of hyperactivity by suggesting that not the strength of its scientific empirical ground, but the nature of its ontological ground (which was compatible with the common presumptions dominating the social context at the time) brought triumph to the bio-medical model of hyperactivity.

[7] Blazer (2005) claims that the term major depression is a concept produced particularly on individualistic grounds. The invention of the term major depression coincides with a general trend of individualisation, which resulted in the fall of the social psychiatry. According to this, before the

reductionism is popular in our day not only because of its scientific potential, but also because it fits with economic and political interests of capital, by means of distracting attention away from the need for revision in institutional structures and supporting the pharmaceutical industry. They go on to suggest that the contemporary bias against recourse to the social-rootedness of mental pathologies is not relatable solely to the scientific practicality of individualism, but also to "[t]h[e] neutralization of the politically loaded issue of the social origins of mental health disparities go[ing] hand-in-hand with the economic exploitation of biological theory by pharmaceutical companies" (Kirmayer & Gold, 2012, p. 326). The reason science keeps finding out about the (individual) biology of depression, by these lights, is that it keeps looking for it. It is not that the biological data regarding depression necessarily pops up in sociological research. If there is science supporting an individualist ontology of depression, this may be because it means to. Ontologies may be epistemological constructs.

Furthermore, the data illustrating the biological presence of depression is nothing to argue against here, unless it leads to an enforced conclusion about depression being restrictedly biological. As Svenaeus (2007b) suggests, the fact that depression is associated with biological indications does not prove that such indications are the fundamental cause as opposed to effects of some other more fundamental cause. Furthermore, as Kirmayer & Gold (2012) suggests, even if it is ascertained that there is a biological cause of the experience of depression, this does not suggest that the concerned biological factors are formed isolated

establishment of the term major depression, it was expected to distinguish between "exogenous-reactive depression and endogenous depression" (p. 27). Of course, it is questionable if genetic and nongenetic factors are clearly distinguishable from one another and if it is ever possible to classify the exact cause of a case of depression as genetic or nongenetic, yet this binary classification seems more "environmentally-friendly" in comparison to the contemporary concept of major depression.

from environment: “the programs that are inscribed in the brain reflect our developmental histories and the demands of the contexts or environments in which we dwell” (Kirmayer & Gold, 2012, p. 316). Of course, depression is in our brains, bodies, blood, hormones. But it is also in our streets, politics, buildings, gestures, relationships, institutions, norms, and roles. There is no reason to suggest that the former precedes and underlies the latter. As this explains why individualism is not necessarily the most accurate framework to conceptualise depression, let us now view from a theoretical perspective, if and how it could be challenged.

2.1. Challenging the boundaries of individual

In contemporary psychiatry practice the human individual is acknowledged as the unit of depression. It is in relation to the human individual that the aetiology of this condition is sought, and to which treatment is applied. It is the human individual that is depressed. Yet, as it was argued above, to take the human individual as the unit of depression is not a necessary precondition to conceptualise depression: rather it is a symptom of a certain ontological ground on top of which the contemporary psychiatric theory and practice arise. Upon this ontological ground, biological boundaries are sufficient to define an individual ontologically, but alternatives to this ontology may be offered in differing ways. For instance, the indistinguishability of human’s sociality and biology, the priority of sociality to the human’s individual existence, the intricateness of the human’s experience of self and the world, the “extensiveness”[8] (Hutto, 2013; Hutto & Myin, 2013) of the development of capacities essential to being human are some of the themes explored in fields, such as epigenetics (see for instance, Gottlieb, 2000;

[8] See note 10.

Knafo & Uzefovsky, 2013; McGowan et al., 2009; Mill et al., 2008; Pluess et al., 2013; Zhang & Meaney, 2010), detachment theory (such as, Moss, 2015; in press), and phenomenology of mind (such as, Colombetti, 2013; Fuchs, 2013a; Gallagher, 2013b; Gallagher & Zahavi, 2008; Hutto, 2013). Let me briefly illustrate how these studies challenge defining the individual as a unit within its biological boundaries.

To start, epigenetic research illustrates the ways in which the biological structures may be shaped by social influences. As an example, McGowan et al. (2009) point out suicide victims who had suffered childhood abuse differ from suicide victims without such history in terms of the expression of certain genes (to see a review of similar research, see Gottlieb, 2000; and Zhang & Meaney, 2010). This body of research suggests two things. First that even lower levels of biological organisation are not immune from social influence. Genotype-phenotype relations may be regulated by social-environmental factors. Therefore, to detect a genetic structure underlying a certain human trait is not necessarily sufficient to define this trait as "purely" biological, as opposed to social. Second, there are ways in which our social experiences are biologically sealed in our bodies, accordingly what we call social is not necessarily *non*-biological. A quote from Lewontin et al. (1984) adequately express this intricateness of social and biological: "the biological and the social are neither separable, nor antithetical, nor alternatives, but complementary . . . . All human phenomena are simultaneously social and biological" (p. 282).

Second, Moss' (2015, in press) detachment theory also represents a challenge to the distinguishability of sociality and individuality. In his new naturalism, Moss (in press) defines agency and autonomy through levels of detachment. According to this, the whole universe can be considered as a blend

of components with varying levels of “graini[ness]” (in press). The level of graininess corresponds to the level of detachment. The more grainier a bit is, the more detached it is from the blend, which means that it is more autonomously responsive and resistant to perturbations, it is more of an ‘individual’ in a sense, in terms of, for instance, having a “history” (2015, p. 174; in press) detachable from the history of the blend. Based on these grounds, Moss offers a fundamental revision of the mainstream conceptualisation of human sociality as an add-on to individuality. According to Moss, "in hominin evolution . . . the Group emerges as the functional unit, or in other words, the unit of detachment" (in press), before the emergence of human individuals as detached units. This suggests that humans were detached as the Group, before they were detached as individuals, or in other words, in the earlier stages of human evolution, the Group was more of an individual than the individual human beings, and humans were social before they were individuals.

Last, some studies in phenomenology of mind represent an important challenge for conceptualising individual as separable from the socio-physical environment. Through the contemporary studies of phenomenology of mind, the idea of the inextricableness of self and world which is rooted in the philosophies of classical phenomenologists, such as Heidegger (1996) and Merleau-Ponty (2005), is further elaborated in different directions. The vast 4E literature, for instance, constitutes a fundamental part of this field. Based on Clark’s (1997) and Clark & Chalmers (1998) original idea of extended mind, this research area aims to reconceptualise mind as extended, enactive, embodied, and embedded, which can be read as an important challenge to understanding mind as restrictedly internal to the individual, despite its heterogeneity in how to conceptualise the ontological interpenetration between mind and environment (Menary, 2010a).

The original extended mind theory (Clark, 1997; Clark, 2008; Clark &Chalmers, 1998) suggests that most of the cognitive capacities come to be possible through couplings of brain with various devices external to the individual's physical being. According to this, we are able to perform certain cognitive skills, because we are able to engage in enactive couplings with the environment. According to this, mind emerges through these couplings as extended beyond skull and skin, but furthermore as enactive (which emerges through active participation in the world), embodied (which involves the body as the agent of this active participation in the world), and embedded in the world.

The 4E literature challenges the ontological distinguishability of individual and the world initially by questioning if "there [is] an inside and an outside" (Manzotti,2012, p. 92). By challenging the ontological boundary between internal and external, the 4E literature alters the boundary between individual and social in various ways. For instance, studies on embodied and enactive social cognition (such as, Colombetti, 2013; Gallagher, 2013b; Gallagher & Zahavi, 2008; Hutto, 2013) question the existence of a phenomenological gap between self and others. According to this point of view, we have direct access to the mental states of others through our enactive and embodied engagement with other bodies. According to this, we do not infer other's mental states, but we perceive them, which brings the gap between self and others narrower. This gap is more radically reduced by Fuchs (2013a) who claims that mental states of self and others are not always distinguishable, but they are intermingled within interaffective and intercorporeal processes. According to this, our affective states and corporeal feelings are not exclusively ours, but they are co-constituted with others in the world. According to this, we do not only perceive other's mental states on their bodies, but on our own body. In similar lines with this, a significant number of

researchers (see, for example Colombetti, 2013; Colombetti & Krueger, 2015; Colombetti & Roberts, 2015; Froese & Fuchs, 2012; Fuchs, 2013d; Fuchs & Koch, 2014; Griffiths & Scarantino, 2008[9], Schmitz, Müllan, & Slaby, 2011) explore the worldliness of affectionate phenomena and challenge the mainstream understanding of emotions and moods as ontologically and phenomenologically reducible to the individual.

In this section, a number of ways to challenge the understanding of individual as a closed, biological ontology was offered. Let us now consider how the conception of depression would alter if the underlying ontology of individual is shifted towards a rather non-essentialist, externalist ontology.

2.2. An alternative ontology of depression

Above, different ways to challenge the approach defining the ontology of individual within its physical boundaries were introduced. Following this in this subsection, an attempt to introduce an alternative non-individualistic conception of depression will be initiated to be able to illustrate the alteration the conception of depression may undergo, if it is grounded by a different ontology. This initiation will be based upon some non-individualistic accounts of suicidality, psychopathology, and affectivity.

To start, an important contribution to the 4E literature is Gallagher's (2013a, p. 4) conception of "socially extended mind". Gallagher's contribution to the concept of extended mind is crucial for this study for a number of reasons. This is first because Gallagher's attempt to establish mind as not only extended but also as socially extended highlights the interrelatedness of the ontological

[9] Griffiths & Scarantino (2008) make it explicit that they do not intent to define emotions as ontologically external states, however their account of situated emotions establishes sociality as a prominent component of emotions, therefore their position shares with others listed above an attempt to blur the boundaries between individual and social, internal and external.

binaries of internal-external and individual-social. If the boundary between internal and external supports the distinguishability of individual and social then challenging this boundary may enable us to also challenge the boundary between the social and the individual. Second, through the concept of socially extended mind, Gallagher also revises the original extended mind idea by claiming that mind does not simply extend beyond the skin and skull as an ontology which is originally located within the skull, but it emerges within the world[10] as an extensive ontology irreducible to the inside of the skull. Third, through the concept of socially extended mind Gallagher brings a "critical twist" (2013a, p. 12) to the field of extended mind by suggesting that mind is shaped by and in the institutions. This is especially important, because although there is a number of phenomenological researchers (such as, Bortolan, 2017; Fuchs, 2013a; Ratcliffe, 2015; Svenaeus, 2013) exploring the face-to-face interpersonal field in which depression emerges[11], the institutions, norms, and other higher-level social aspects of the domain in which depression emerges remain mostly unexplored[12]. This may be because, "active externalism focuses on active features of the environment in the here-and-now" (Menary, 2010b, p. 3), yet the content and form of the here-and-now is formed through "traditions, institutions, roles, and local norms" (Hutto, 2013, p. 251). Hence, within the enactive, embodied interpersonal relating it is not only the subjects and the physical components of their immediate

[10] Hutto & Myin (2013) and Hutto (2013) highlight a similar point by suggesting that mind is not simply *extended*, which means that it is initially internal and occasionally extends beyond the body and brain to be able to operate. Instead, they suggest that it is *extensive*: it ontology extends beyond body and brain.

[11] Similarly, Raballo and Krueger (2011) point out that psychosis emerges significantly earlier in intersubjective space than it emerges in the personal space.

[12] Such social factors are acknowledged by some phenomenologists. For instance, Fuchs (2005a) claims that biological irregularities underlying psychopathologies are translations of the social world in corporeal phenomena, therefore aetiology of any mental illness includes social factors from various levels. Also, Leder (2005) highlights that some "institutional or cultural worlds, can be depressogenic" (p. 111). Here, this will be carried forward towards defining depression as extensive, rather than caused extensively.

environment being engaged, but also the factors emerging at the higher-levels of social organisation which are implicit in this environment. Therefore, to offer a radical alternative to the individualistic ontological ground that the contemporary bio-medical conception of depression seems to depend, it may be fruitful to acknowledge the constant here-and-nowness of the economic, political, social, cultural institutions and norms in our immediate environment, their constitutive power of making up our being-in-the world, our encounters with objects and others in the world, our ways of being affected by the world. This may also be fruitful for bringing the relevance of discussions about aetiology to the field of phenomenology of depression where it has tended to be neglected. Leder (2005), for one, highlights the neglect of aetiological discussions in the field of the phenomenology of depression, and he opens the way to consider depression as a realistic, worldly action-oriented response to a restricted and dulling environment. There are several lines of thought that may be helpful in developing an alternative non-individualistic conception of depression. Let us examine them below to illustrate the difference an alternative ontological ground would make on how depression may be conceptualised.

First, the "critical twist" Gallagher (2013a) brought into the field of 4E mind can be expanded into a sociological perspective which can be integrated with phenomenological studies of depression. Gallagher's conception of socially extended mind has been a substantial contribution to the field, because it was exactly what was missing. The original extended mind theory, as it was developed by Clark (1997) and Clark & Chalmers (1998), was fed by fields such as robotics, evolutionary biology, and phenomenology of mind, yet not by sociology. In fact, theories of sociologists, such as Durkheim (Durkheim, trans. 2002), could have easily found themselves a place in the theoretical ground underlying the

conception of extended mind. Let me, then, re-visit Durkheim's (Durkheim, trans. 2002) study of suicide briefly, to illustrate first why it would be worthwhile to conduct a more sociologically oriented study of extended mind, and second to discuss what this would mean for conceptualising depression.

To start, the key idea Durkheim (Durkheim, trans. 2002) formulated in his study of suicide was that suicide was a collective, and not an individuated, act whose roots were external to the individual. The term external is preferred here not to highlight the compatibility of Durkheim's understanding with the idea of extended mind, but because he explicitly developed his theory through the language of externality. For instance, he claimed that "[t]he causes of death are outside rather than within us, and are effective only if we venture into their sphere of activity" (p. xli). Also elsewhere, by explicitly criticising the establishment of the individual as the unit of suicide, he claimed that

> [t]he productive cause of [suicide] naturally escapes the observer of individuals only; for it lies outside individuals. To discover it, one must raise his point of view above individual suicides and perceive what gives them unity. (p. 288)

This in fact may correspond to a radical externalism (see, Gallagher, 2013a; Hutto, 2013; Hutto & Myin, 2013) which suggests that the mind does not extend from individual to the world, but is always already in the world.

Yet, of course neither externalism nor Durkheim's (Durkheim, trans. 2002) understanding of suicide is simply about understanding an individual phenomenon as determined by social causes. Beyond introducing different social structures in which different types of suicide, namely "egoistic" (p. 168), "altruistic" (p. 175), and "anomic" (p. 206), are aetiologically embedded, Durkheim did reveal the existence of suicide within the society, not as an accumulation of random individual acts, but as an inherently social phenomenon with a robust structure.

Furthermore, he actually introduced the notion of a social mind "exterior to the individuals" (p. 277), through which the collective acts of suicide are generated. Therefore, the notion of mind's extensiveness was prominent in Durkheim's work. He opened up the possibility of understanding mind, or more correctly some operations of the mind, as embedded in the environment. In his description of this environment, he also reflected the here-and-nowness of higher-level social organisations as implicit in the immediate physical environment.

> The social fact is sometimes so far materialized as to become an element of the external world. For instance, a definite type of architecture is a social phenomenon; but it is partially embodied in houses and buildings of all sorts which, once constructed, become autonomous realities, independent of individuals . . . Social life, which thus crystallized, as it were, and fixed on material supports, is by just so much externalized, and acts upon us from without. (p. 278)

Yet, he does not understand the external world as exhaustively social, and leaves room for the notion of material agency:

> But though [written rules, like law] are not self-sufficient, they are none the less in their own way factors of social activity. They have a manner of action of their own . . . . The material forms it assumes are thus not merely ineffective verbal combinations but active realities, since they produce effects which would not occur without their existence. They are not only external to individual consciousness, but this very externality establishes their specific qualities. Because these forms are less at the disposal of individuals, individuals cannot readily adjust them to circumstances, and this very situation makes them more resistant to change. (p. 279)

All in all, in Durkheim's (Durkheim, trans. 2002) understanding suicide is a collective act pursued by a social mind which is embedded in an environment in which social and physical qualities are intermingled. Through this argument, 120 years ago, Durkheim pioneered understanding mind as irreducible to the individual. But where does this leave us with challenging the individualistic ontological ground upon which the contemporary conceptualisation of depression presumably arises. Unfortunately, Durkheim's study of suicide does not suffice

for this goal. Although he introduced three types of suicide[13] that are socially embedded, he did not consider the causes of suicide as exhaustively social. In fact, he distinguished between the individually and socially triggered cases of suicide and classified "insanity" (p. 4), including melancholia, among the individual causes[14], and thereby excluded melancholy suicide from his social analysis, claiming that this type of suicide has no *real* motives, which are not "purely imaginary" (p. 12). Therefore, Durkheim's analysis as well needs revision if it is to be referred to reconceptualise depression as a social phenomenon. This revision needs first to do away with the dichotomy of individual and social causes of depression, through establishing individual as an ontology inherently social, and then to reconceptualise depression as a social ontology neither aetiologically nor phenomenologically reducible to the individual. If Durkheim's theory of suicide is interpreted upon this ground, depression does not appear irrelevant to the socially rooted cases of suicide, on the contrary, it emerges as an embodied communication through which the communal mind underlying the acts of suicide reaches for the individual. From this perspective, the groundlessness of depressive feelings (i.e. the lack of 'realistic' reasons causing the suffering of a depressed individual) would not indicate an internal pathology creating depressive affectivity, but an altered way of relating to the world which is formed

[13] Durkheim (Durkheim, trans. 2002) claimed that there potentially is a fourth type of suicide that is socially embedded, "fatalistic suicide" (p. 239) possibly emerging in societies in which there is extreme social control. He did not analyse this further, because he claimed such social structure did not exist in Europe of his day. As controversial as this is, tragically and without doubt many occasions affording a study of fatalistic suicide emerged in history after Durkheim. One of the most recent examples may be the increasing number of suicides among the former civil servants, and their significant others, discharged from their positions during the State of Emergency in Turkey, ongoing since July 20, 2016 (See, in Turkish, Öztürk, 2017).

[14] Durkheim (Durkheim, trans. 2002) expressed some hesitation for classifying insanity as an individual cause. For instance, he tended to keep the boundary between normal and insane rather blurry by suggesting that not all melancholy suicides are caused by insanity: in some cases, a normal person can become melancholy and commit suicide, as a response to an "external circumstance" (p. 13). Yet, an individual domain stripped from sociality still comes prominent in his understanding.

within institutions only when "[the individual] venture[s] into their sphere of activity" (p. xli). An advantage of this approach is that, when we understand depression as socially grounded, but not as necessarily caused by particular social factors, the lack of any apparent social situation relatable to a case of depression does not appear sufficient to rule out the sociality of depression. For instance, one may not experience any apparent conflict in their social relations with significant others, yet the ways the social structure constrains and affords one's ability to relate with significant others may itself be depressogenic[15].

Durkheim's study of suicide has been examined as a resource for offering a radical challenge to the individualistic ontology which seems to underlie the contemporary bio-medical model of depression. Durkheim accounts for the higher-level sociality that may possibly be involved in the genesis and experience of depression. A second possible ground to pursue this goal is "systems-theoretic models" of mental illness. There are two examples of such models, first by Kirmayer & Gold (2012) and second by Fuchs (2012). Let us examine them respectively.

In their work through which they attempt to "re-socializ[e] psychiatry" (p. 307), Kirmayer & Gold (2012) argues against a biological psychiatry which establishes the brain as the main locus in which psychopathological phenomena emerge by reducing experience into a by-product of neurological operations, and sociality into acquired habits and conventions. As an alternative, they suggest psychiatry needs to understand human as "a hierarchy of systems with emergent levels of structure and dynamics at each level" (p. 312). According to this, a hierarchical system is constituted by the relations between its components, rather than being

[15] This point will be evaluated further below through the concept of "affordance" (Gibson, 1986).

a sum of its components. Any connectivity between different components of a system represent a different level of the hierarchy with its own dynamics, responsivity to perturbations emerging in other levels. As much as human biology is a system of many systems, it is also a part of a larger system which includes the socio-physical world. From this perspective, psychopathology is to be understood as a "systemic pathology" (p.312) which is way too complex to be reduced into the activity of neurons.

Kirmayer & Gold's (2012) hierarchical systems view of psychopathological phenomena may help offer an alternative ontological ground upon which to understand depression. Firstly, because there is room in their understanding for the idea of mental illness as socially caused. Secondly, and more importantly, because in this view sociality has to be understood in terms of a hierarchical system, which emerges at the interaction of higher and lower levels of the system first, but then through loops in and feedbacks from the system mingle in the emergence of higher levels of organisation which eventually forms the larger system in which lower-level organisation is rooted. In this framework, the agency of social structures or institutions are stronger than individual agency in forming social interactions, as they

> structur[e] the social worlds that afford us identities, power, and purpose. They underpin the collective notions of personhood that define our goals and aspirations. They influence the narratives that regulate our sense of autobiographical memory and identity and the forms of embodiment through which we acquire our sense of self. (p. 318)

In Moss' (2015, in press) terms, then, this suggests that social institutions are more "detached", than single individuals, and they are more of an individual in terms of producing individuated responses to perturbations than single individuals who always act, feel, and fall ill within institutions. From this

perspective, psychiatry should be “clinically applied social science” (Kirmayer & Gold, 2012, p. 326) which tries to understand and cure depression, and other psychopathologies, without putting abrupt boundaries between individual and the larger system in which the concerned phenomenon emerges.

Another “systems-theoretic model” of mental illness is suggested by Fuchs (2012). Similar to Kirmayer and Gold (2012), Fuchs also highlights that brain, human, and environment need to be understood as interrelated parts of a system. In his “systemic-ecological” (p. 332) account, Fuchs sees brain “as an organ of mediation and transformation for biological, mental, and social processes that are bound up in circular interplay” (p. 332). In this sort of a system, both “‘upward’ causality . . . . and ‘downward’ causality” (p. 333) are involved. Mental processes do not always occur as the effect of physical processes, but vice versa, physical processes emerge out of mental processes[16]. Subjectivity, which emerges on a higher level of organisation formed through local loops between environment and the organism, plays a key part in this by means of interpreting the environmental outputs and feeding back the lower-levels of the organisation. Brain, as noted before, does the work of translation in this connectivity, by means of, converting the information of the environment into bodily substances, say chemicals and hormones. This in a way adjusts the organism to the larger system of which it is a part of. This suggests that “mental processes are enabled or realized by neuronal processes, but are not localizable in the brain” (p. 335), and as it concerns us, neither are the psychopathological phenomena, such as depression. According to this,

> depression results from a perceived loss of meaning and social resonance, not from a lack of serotonin. Moreover, it is not the objective features of the

[16] Fuchs addresses various phenomena, but the most relevant example is the efficiency of both psychopharmaceuticals (upward) and psychotherapy (downward) to reverse an unwanted emotion.

> situation, but their subjective evaluation as insurmountable, which is decisive for the depressive reaction. (p. 338)

The passage cited above clearly illustrates why Fuchs' systemic-ecological model of mental illness is handy to radically challenge the individualistic ontological ground in which the bio-medical conception of depression is rooted. In this model, the lack of serotonin does not appear to be the ultimate cause of depression, but the conversion of subjective experience in/of the world into physical substance. According to this, the emergence of low levels of serotonin in an organism is not the original pathology underlying depression, but an embodiment of the original pathology which is embedded in the world. Here, the emphasis Fuchs put on subjectivity is of vital importance, because it constitutes an important challenge to the groundlessness of depression, which is a key argument of the internalistic/individualistic accounts. From Fuchs' perspective, it has no meaning to claim that depression occurs in the existence of no external reason which can justify it, because it is the individual's subjective relation with the world that is not necessarily apprehended intersubjectively[17]. Yet, at the same time subjectivity as understood by Fuchs is not reducible to the individual. In the formation of subjectivity, the world is not a passive object of individual's perception, but an active participant. From this point of view, the world enacts in the constitution of individual's subjectivity as much as the individual themselves. Therefore, claiming that depression is formed through the individual's subjective being in the world, enables us to understand this world as a bundle of meanings without losing its worldliness.

Above two lines of thought are introduced which may be followed to conceptualise depression as a worldly phenomenon. There is yet one final

[17] For an earlier work in which Fuchs expressed his view of depression and subjectivity, see Fuchs (2002).

concept, the concept of "affordance" (Chemero, 2003; Stoffregen, 2013)[18], which may bring further clarity to the issue. Stoffregen (2013) defines affordances as "emergent properties of the animal-environment system" (p. 116) which represent "opportunities for action" (p. 124). According to this, an organism can only act in ways that are afforded in the system to which the organism belongs. This suggests that the qualities of the environment are as effective as the qualities of the organism in determining the ways in which the organism behaves. In fact, since it is a system in question, it is not stand-alone environmental and organismic qualities that matter but their connectivity rendering the whole a system and not an accumulation of different factors. Let me give an example. One of the oldest parks of Ankara, *Kuğulu Park (Park with Swans)*, is famous with its small pond accommodating swans and ducks. While I was growing up, I have paid several visits to this park and never observed that the swans tried to fly. When I first moved to Exeter, one of the most striking things for me was to see that the swans from Exeter Canal were able to fly (I had never realised before that day that flying was included in the swans' behavioural repertoire). After some observation, I realised that the swans needed a large space in the water to be able to take off. Remembering the little pond in the Kuğulu Park, I thought that I understood why the swans never flew in Ankara - because the pond was too small to afford the initiation of flight. Yet, as a happy coincidence, a while later I found out from Temelkuran's (2015a) novel *Devir* that the situation was more complex. The swans in the Kuğulu Park did try to fly in the earlier days of the park, but as the park was located within a part of the city covered with tall

[18] The concept of affordance was first introduced by Gibson (1986). The reason why here Chemero (2003) and Stoffregen (2013) are addressed is that their approach to affordances as properties of not environment, but the relations between animal and environment (Chemero, 2003) or environment-animal system (Stoffregen, 2013) fit better with the framework developed hereby upon Durkheim (Durkheim, trans. 2002), Kirmayer & Gold (2012), and Fuchs (2012).

buildings, they never manage to take off without harming themselves. As a response to that, an operation was performed on the Kuğulu Park's swans and they were robbed of their ability to fly. Now, neither the physical characteristic of the Kuğulu Park, nor the characteristics of species, nor the coup government's brutal and oppressive treatment of the swans in 1980s is enough by itself to understand why Kuğulu Park does not afford flying for the swans. Only if we understand all these factors in circular relations, we manage to see the system in which affordances are embedded. Yet, this is not quite enough to relate the discussion to depression. To achieve this, it is also needed to question if we can only understand affordances in behavioural terms, or also in affective terms.

If we go back to the Kuğulu Park example, we can easily say that the swans of Kuğulu Park which cannot afford flying in the current system, can neither afford any possible flying-related affections that are affordable for swans from Exeter. Does this suggest that affectivity can also be understood in terms of affordances, or affectivity is a by-product of the behavioural affordances? I feel a strong tendency for the former explanation, because it would be considerably problematic to conceptualise affectivity as an outcome of behaviour, since behaviour is most of the time underlain by affective motivation. As Temelkuran (2015b) reports from her archival studies, it was observed in 1980s that the swans of Kuğulu Park were not only robbed from their ability to fly after the operation, but also from their motive to flow. They never even try to fly after the operation. Now, if we understand affordances as opportunities to feel that are embedded in the animal-environment system, the loss of daily feelings and the emergence of depressive feelings may also be explained in terms of affordance. Bruineberg & Rietveld's (2014) illustrate the considerably restricted affordance space a depressed subject is surrounded by. This offers us a phenomenological account

of a depressed person's experience of/in the world, but furthermore it may also be possible to understand the worldliness of the ontogenesis of depression. Chemero (2003), who understands affordances as formed through relations between subject and environment, queries how affordances ever change. This question matters for understanding the ontogenesis of depression, since it has potential to offer an account of how a person gets depressed in the first place. How does the vivid, promising affordance space become so dull and restricted[19]? From Chemero's perspective, the affordance space alters mostly due to environmental factors, which are more prone to change than the individual capabilities. According to this, shrinking of affordances in a depressed person's being-in-the-world, is not necessarily simply to be attributed to the private state the individual finds themselves in. It is not simply that the environment cannot afford much for an individual with a depressed state, but more like that depressed individual and the environment constitutes a dull system altogether. Based on such an ontology, it would be plausible to claim that the individual's subjective state can be a product of the system that does not afford anything else for the individual, just as claiming that the individual perceives a dull affordance space, because of the bodily/existential state in which they find themselves. At this point, the environment-centred position offered here could be criticised based on the argument that depression is medicalised only when there is no environmental change involved. Or in other words, if there is a certain life event related to the genesis of the depressive state, then the bio-medical criteria for defining depression as a psychopathology does not apply. As a counter argument, I suggest that what is understood as environmental change, and what is legitimate

[19] This is the question regarding the aetiology of depression which is mostly neglected in phenomenology literature.

environmental ground to explain the emergence of depression, is very much restricted in the contemporary bio-medical understanding. Depression followed by the loss of a significant other is normal only if it lasts three mounts for instance, however if depression continues after that duration, the sufferer will be eligible for a diagnosis of major depression. Yet, the environmental change involving the loss of a significant other may not be resolved and stabilised within three months. Furthermore, environmental change does not necessarily involve a distinguishable life event and it can be more embedded in the dynamic relation between the individual and the environment. Or in other words, the environmental change that we are talking about may be just *life*, rather than a life *event*. As Woolf (1960) writes in *Jacob's Room*, "[i]t's not catastrophes, murders, deaths, diseases, that age and kill us; it's the way people look and laugh, and run up the steps of omnibuses" (p. 81). The social roots of depression are not necessarily personal catastrophes which can be pinpointed in certain events, but our relations to higher levels of the social system which are interpenetrated in everyday life as materialised in daily practices and objects. Therefore, absence of a certain catastrophic life event is not enough to rule out the environmental involvement in the ontogenesis of depression. A point made by Bruineberg & Rietveld's (2014) may also support this argument. According to them,

> the generation of an adequate action-readiness rests upon precise sensory feedback that feeds into a dynamical system . . . that is shaped by the organism's previous interactions with the environment. (p. 8)

And, "[m]oods are action-readiness patterns that persist for longer periods of time and typically have a relatively global character" (p. 11). According to this, moods are states defining the individual's subjective action-readiness and they are formed as an output of individual's dynamic relation to the world. Affordances emerge when "the changing world and dynamics of the agent's state mesh

together in a way that makes adequate action possible" (p. 2). Bruineberg & Rietveld's understanding of moods in terms of affordances could help understanding the worldly ontogenesis of depression, but they choose not to apply this approach to mood disorders. Instead, they tend to explain depression in individualistic terms. According to them, "mood disorders a[re] disorders that distort the field of affordance" (p. 11). In other words, they are inadequate action-readiness.

As a response to Bruineberg & Rietveld's (2014) account, I suggest here understanding depression not as a pathology distorting the field of affordance, but as a genesis of a certain affordance space, dull and bereft of possibilities, which is embedded in the individual's subjective history of the world. From this perspective, depression is not a detachment from the reality, but the only affordable reality in the individual's subjectivity.

Buchheim et al.'s (2013) study, in which they outline research illustrating that the individual's social history affects the likelihood of developing depression later in life, constitutes a good example of illustrating the embeddedness of depression in inter-subjective realities. Buchheim et al.'s research suggests that in a social world constituted by shaky attachment narratives, development of depression may be expected. According to this, sociality cannot be sufficiently conceptualised as either a cause or an outcome of depression. Rather, sociality is the world in which depression emerges.

To understand the difference this sort of an ontology makes in our conceptualisation of depression let me visit Bortolan's (2017) phenomenological account of depression. In her article, Bortolan conducts a phenomenologically insightful study of the relation between narrative self and depression. Although her work illustrates the extensiveness of depression from a phenomenological

point of view, it remains individualistic on the issue of ontogenesis. For instance, in her article, Bortolan cites the following passage from Plath (1971, p. 2):

> I was supposed to be having the time of my life. I was supposed to be the envy of thousands of other college girls just like me all over America . . . And when my picture came out in the magazine the twelve of us were working on . . . everybody would think I must be having a real whirl. Look at what can happen in this country, they'd say. A girl lives in some out-of-the-way town for nineteen years, so poor she can't afford a magazine, and then she gets a scholarship to college and wins a prize here and a prize there and ends up steering New York like her own private car. Only I wasn't steering anything, not even myself.

Bortolan (2017) interprets this passage as an illustration of the disruption in the affective connectedness to the narratives about self due to depression. According to this, the non-depressed self in Plath's case, could affectively connect with the feelings that the narratives offer her; whereas the depressed self cannot achieve this affective connection. This state of 'I can't feel what I should/would' according to Bortolan, which is caused by the loss of feeling in depression eventually leads to an altered feeling of self. This interpretation reflects some level of individualism, as it locates depression mainly in the individual and conceptualises it as a source of an altered sense of connecting to the world. Yet, from the perspective that I suggested, the same passage could be read as an illustration of a depressed world which does not afford to be connected with the existing narratives. In this latter interpretation, the idea is that depression is not an individual phenomenon causing an altered sense of the world and self. It is an embodied state of being stuck in a depressogenic world which does not afford to be connected with the narratives that others can connect with on a daily basis.

Earlier it was claimed that depression is understood as an individual disorder today, because of the individualistic ontological ground upon which we make sense of things. Then, in this section, to illustrate that the individualism of

depression is not a natural kind, but an ontological presupposition, first different lines of thought which challenge conceptualising individual in their physical boundaries were outlined. Following this, an alternative non-individualist and externalist ontology of depression is developed to support the argument that depression would emerge as significantly different from how it appears today, if we shift to an alternative ontological ground. These two subsections illustrate that the definition of the boundaries of individual comes from categorical construction, and therefore they can be changed. Now, the last question to answer before deciding if we need an ontological revolution is, be it a construct or not, does individualism work for understanding and treating depression; is it to be favoured over our non-individualistic ontology?

2.3. Does individualism work?

It was argued above that when the dependency of a human individual to its socio-physical environment is considered, it is no longer clear that there are natural boundaries distinguishing the individual as a separate self-sufficient unit. If this conception of individual works, it is not because the human individual as a self-sufficient unit is a natural kind, but pragmatically because it is perceived as useful for addressing problem such as depression. Yet, the adequacy of the individualistic conception of depression is controversial. There is already a vast amount of research calling for a revision of our contemporary bio-medical conceptualisation of depression based on various issues, such as incorporation of varying subtypes within one category (such as, Coryell, 2007; Ratcliffe, 2015), exclusion of causes from the criteria (such as, Radden, 2003; Fink et al., 2007), and overmedicalisation (such as, Kokanovic et al., 2013). Furthermore, a number of scholars who have been exploring the phenomenological qualities of depression (Bortolan, 2017; Fuchs, 2001; Fuchs, 2005a; Fuchs, 2013a; Fuchs,

2013b; Fuchs, 2013c; Fuchs, 2013d; Fuchs, 2014; Gaebler, et al., 2013; Gerrans & Scherer, 2013; Glannon, 2002; Kapfhammer, 2006; Micali, 2013; Michalak, et al., 2012; Ratcliffe et al., 2013; Ratcliffe, 2014; Ratcliffe, 2015; Sass & Pienkos, 2013a; Sass & Pienkos, 2013b; Slaby et al., 2013; Svenaeus, 2007b; Svenaeus, 2013) commonly concluded that depression is a phenomenon emerging in an interpersonal field. Yet, even the terminology that we use to communicate the research on depression reproduces some ontological trends that the phenomenology of depression research means to challenge. Leder (2005) and Fuchs (2005b) highlight the necessity for a revision in terminology, since our current terminology highly reflects dualist ontologies of internal and external, body and mind, individual and social. A similar argument is made by Schermer (2009) who points out that new technological developments, such as DBS[20], inform us about the operations of body and mind, and initiate ways to revise our "symbolic order: our organizing categories and the associated views on norms and values" (p.220). The symbolic order that Schermer addresses bears links with the ontologies cited above, and her call to answer the emerging "conceptual and normative questions" (p.229) highlights the insufficiency of the ontological ground underlying conceptions like depression. Therefore, if we aim to revise our bio-medical model of depression efficiently, we need an ontological revolution.

A vital reason to revisit our conceptualisation of individual and social while revising our ontology of depression is to define accurately the unit to be treated. By abruptly driving a wedge between individual and social, fixing them into well-defined binary categories, taking individual as a unit ontologically separable from the social and restricting the locus of depression treatment within the physical

[20] DBS is a treatment method based upon the stimulation of an electrode surgically inserted in the brain through a stimulator surgically inserted in the chest (Brain Research Trust, date unknown).

boundaries of the individual, the contemporary psychiatry practice may be leaving an important part of the locus in which depression is embedded out of the picture. Schermer et al. (2009) and Schermer (2015) suggests that trying to enhance moods and traits through psychopharmaceuticals obscure the complex aetiology of the targeted condition, renders it bereft from "reason and meaning" (Schermer, 2015, p. 1185). She also claims that "real well-being is not only 'in the mind' but also 'in the world'" (Schermer, 2013, p. 441), not simply caused by medical interventions, but rooted in the individual's worldly affairs. Although Schermer's analyses do not necessarily refer to the enhancement of 'pathological'[21] moods, such as depression, here it is argued that this view is helpful to understand the limitations of reductionist treatment methods applicable to depression, such as psychopharmaceutical treatment. In fact, Schermer's argument can be carried forward to suggest that it is not only reason and meaning that is left aside through reductionist treatments, but more importantly actual, immanent aspects of the phenomenon of depression. From this perspective, treatment methods taking the individual as their locus are not only non-efficient, but also potentially destructive, because they may function as means of "social quietism" (Schermer, 2015, p. 1183) or "individualization of social problems" (Kirmayer & Gold, 2012; Schermer, 2015, p. 1187). If depression is located within the social context, including social structures and interpersonal relations, the individual's suffering is only one aspect of a large phenomenon. In fact, it is not only *an* aspect, it is a social *ache* embodied by the individual: it functions in informing us about something that needs fixing beyond the individual. Through reductionist treatment methods, we

[21] Schermer et al. (2009) and Schermer (2015) avoid establishing a natural distinction between normal and pathological moods, but still in these analyses the central theme is the enhancement of daily moods and the concept of cosmetic psychopharmocology, rather than extreme experiences such as depression.

do not only fail to save the individual from a potential fire[22], figuratively, but we also silence the alarm.

3. Which ontologies to be selected?

Above, it was argued that an exploration of the ontological ground upon which the contemporary bio-medical concept of depression emerges is essential to be able to understand the weaknesses of this conceptualisation. It was taken for granted that this conception bears a certain level of individualism, since it takes the human individual as the unit that is depressed. But, as it was argued the ontology of individual is only one component of the larger ontological ground that with which we are concerned. As it was explored, in any conceptualisation of depression necessarily are incorporated ontological presumptions regarding individual, social, internal, external, self, other, normal, pathological, mental and corporeal. To explore what these ontologies stand for in our contemporary understanding of depression is the main objective of this study, but as it was noted this objective can better be achieved through a historical study. Now, let us explain the relevance of history to our ontological analysis in more detail.

As noted before, the formation of the ontologies underlying the conception of depression likely extends beyond the invention of the concept of depression in the 19th century. Therefore, to fully expose these ontologies, it may be useful to extend our ontological analysis back in the history. Through a historically oriented ontological analysis, we may become able to argue more confidently that a conception of depression is necessarily underlain by an ontological ground, and

[22] Here, my intention is not to rule out the application of psychopharmaceuticals all together, but just to suggest that being able to release the suffering through psychopharmaceuticals should not be the end of a depression treatment, rather the individual-environment system should be readjusted to achieve a satisfactory level of well-being. Psychopharmaceuticals may function well in this holist treatment program, and then there is no reason to avoid them. What is problematic is to apply antidepressants to achieve a degree of numbness which blurs the individual's experience of suffering and render them 'functional' again in various social settings.

how we conduct bio-medical research on depression and make sense of the findings of such research is a product of this ontological ground. One may argue that, this argument renders the critique we offer too pessimistic in the sense that it points to a solid, stubborn, and historically rooted structure, rather than a modern invention which could be challenged more easily. Despite this may be a valid concern, if this pessimistic assumption is correct, then it is better to start digging under the bio-medical model to be able to diagnose its issues more accurately, rather than taking an ostrich attitude. Besides, the historically rootedness of the ontological ground underlying depression does not mean that it is immune to change. As illustrated before, there are certain movements in philosophy which already challenge certain ontological assumptions about social, cognitive, and emotional capacities. Therefore, undergoing a historically oriented ontological analysis on depression is not a fruitless ambition which will end up diagnosing an unresolvable issue. It is better be read as an attempt to expose the historical nature of the issues with the contemporary bio-medical account of depression to be able to provoke an ontological revolution. A simple comparison between phenomenological and bio-medical models of depression could remain inefficient to motivate such a drastic transformation and stimulate simple conceptual revisions, which would remain as alternative reformulations of the same ontologies. Through this historical approach, we may argue more strongly that what we need is an ontological revolution, instead of conceptual revisions. For this reason, it is believed going back to the earliest plausible antecedents to contemporary thinking could be of value.

In this case, the best place to start this historical analysis may be Hippocrates' account of melancholia, since melancholia was defined as a category of pathology first in the Hippocratic medicine. Subsequently, an analysis of the

Aristotelian ontology of melancholia is to be conducted, since it could be interesting to observe the possible similarities and differences between pre-Socratic and post-Socratic ancient Greek ontologies. Following this, the Galenic ontology of melancholia is to be analysed. This appears essential in light of his considerable effect on Western medicine, yet also because his model may potentially reveal an interesting ontological framework due to his dependence on both Hippocrates and Plato[23]. After analysing three different ontologies of melancholia, another ontology, namely acedia, is to be introduced based on Thomas Aquinas' conceptualisation. This also offers a potentially fruitful ontology, since the locus of pathology will shift from medical to moral, and from mind-body to soul. Then, Burton's early modern conception of melancholia will be analysed focusing specifically on the question of modernisation of the concerned ontological components. Finally, in the last chapter the contemporary conception of depression will be studied. This will initially include an analysis of the bio-medical conception, but also two phenomenological accounts of depression. As, this is expected to reveal a contrast, it will enable us to observe the transformative power of the ontological ground on the nature of the concept of depression.

This historical analysis should focus on shifts between different conceptions of psychopathology, such as melancholia, acedia, and depression to see what is beyond the shifts between medical and moral paradigms, and analyse the dynamics of reconceptualising certain ontological boundaries between individual-social, self-exterior, internal-external, normal-pathological, and mind-body. From this perspective, it is expected to find that the contemporary ontological ground shares some characteristics of pre-modern ontologies, yet this does not mean

[23] This is found worth highlighting, as the two philosophers belong to different ends of Pre-Socratic and Post-Socratic philosophy, and reveal substantial differences in formulating certain ontologies, such as body and mind.

that the ontological history of different conceptions of melancholia, acedia, and depression was static. On the contrary, this sort of a history may emerge not as a smooth line of development motivated by scientific and medical "breakthroughs" leading the inaccurate conceptualisations to fade and a more elaborate understanding to triumph, but rather as a non-linear and irregular trend of change. Therefore, as much as the common ontological characteristics of different models will be revealed, so too will the discontinuity between them.

4. Categorisation of the ontological ground

In the previous section the importance of employing a historical perspective within an ontological analysis of depression is argued for. Yet, this brings a certain challenge to the study, which is to deal with the terminological differentiations concealing ontological similarities. This challenge may best be overcome by deconstructing various ontologies of depression into their ontological components and reconstructing these components into historically trackable and comparable categories. Through the above analysis of the two key themes, namely essentiality and inwardness, the following interrelated ontologies emerged: individuality, internality, normality, mentality, and self. Let us, then, set an ontological framework through which the required deconstruction and reconstruction can be maintained by elaborating on these ontological components.

The first ontology, individuality, concerns the boundaries of individual. As argued before, on an essentialist and internalist ground, it is likely that the ontological boundaries of individual would be set to exclude the social with the presumed assumption that what is individual is not social. On this sort of an ontological ground, depression, which is understood as an individual condition, would be indigenous to the individual. On the other pole, we may have the

ontology of individual as innately social. In this ontology, there is no room for an opposition between individual and social. Whatever is individual is already social. If depression is conceptualised upon this ontological ground, then it would present as an ontology irreducibly social.

Here, it needs to be highlighted that through the term irreducibly social, depression is not intended to be conceptualised as necessarily underlain by certain definable social causes. In fact, a claim as such would invigorate the duality of 'social factors' and 'individual responses' which we intend to challenge here. Depression can be irreducibly social in an aetiological sense, without being caused by certain individual social factors. From this perspective, the *form* of social relatability shaped by concurrent institutions, culture, language etc. may itself be depressogenic, rather than the *content* of these relations being the cause of depression. Similarly, the organisation of daily life in the modern capitalistic society may be depressogenic, rather than certain life problems being the cause of depression. Everything may seem to be going 'well' in a certain system, but what is defined as 'well' by this system may itself be depressogenic. From this perspective, depression is not an individual's response to certain social factors, but it is a product of a certain social system. It is a space that exists in today's social world. A depressed person is someone who experiences themselves as posited in this space that is distinct and detached from the world's social possibilities and their relatability to others as dull and unfruitful. The conception of depression as irreducibly social indicates that depression is a phenomenon which belongs to a social world. This sort of an experience can only belong to a sociable being who does not find themselves in a world that affords meaningful sociability. Depression is indeed the very experience of this loss, and in this way, it is irreducibly social.

As highlighted above, there is already a significant literature discussing the worldliness of affective phenomena and define affections as feelings of one's situatedness in the world (see, for example Colombetti, 2013; Colombetti & Krueger, 2015; Colombetti & Roberts, 2015; Froese & Fuchs, 2012; Fuchs, 2013d; Fuchs & Koch, 2014; Griffiths & Scarantino, 2008, Schmitz, Müllan, & Slaby, 2011). From the irreducibly social perspective formulated above, it may be possible to suggest that non-daily affections, such as depressive states can also be understood as a part of our active situatedness in the world, rather than individual pathologies rendering the individual as out-of-touch with their surrounding environment. In that sense, depression could be a meaningful withdrawal from a surrounding environment which gives no affirmative feedback to subject's initiation to exist attuned (or maybe more accurately the individuated experience of a person who is excreted from the system because they cannot exist attuned). All in all, the main motive for coming up with the term irreducibly social is to make room for reconceptualising depression as a worldly phenomenon, rather than an individual pathology blocking the individual's reception of world's affective qualities.

This analysis gives us the first category, the individuality category, which asks whether depression is conceptualised as indigenous to the individual or irreducibly social. Assessing each model of depression within this category will enable us to comment on the individuality component of the ontological ground it is based on.

Before moving forward to the second category two points need to be noted to clarify the nature of the query to be made through the individuality category. First one is that this query must be dually organised to study the individuality question both aetiologically and phenomenologically. Whereas, through the former

perspective the individuality of the origin of depression is analysed, for instance, if depression develops due to purely individual causes, through the second perspective the individuality of the phenomenal qualities of depression is studied. This dual structure is offered not because it is found necessary to distinguish aetiological and phenomenological perspectives from one another, but to be able to detect it if they are so distinguished within a certain model of depression. For instance, conceptualising depression as an alteration in one's being-in-the-world does not necessarily mean that its origin is irreducibly social as well as its experience. One may extend the boundaries of the domain in which depression emerges without doing away with an individualist and internalist aetiology. One could suggest that depression is a worldly phenomenon emerging due to alterations in an individual. Therefore, to be able to explore the boundaries of individual at various levels, this analytic uncoupling is needed.

The second ontological category, internality, is concerned with whether depression is reducible to the internal space of the individual. This ontology as well may be considered to entail a dual query along the same lines drawn above. From a phenomenological perspective, it can be studied if depression is a worldly phenomenon, covering, but not reducible to, the individual. On the other hand, from an aetiological perspective it can be examined if the causation underlying depression is worldly or reducible to the individual. The examination of models of depression within the individuality category though will focus only on the latter question, since the former question is most likely to be answered through the analysis of individuality. According to this, the worldliness of depression will necessarily involve sociality, since it is unlikely to expect that the non-social aspects of the world will be independently such to depression. On the other hand, it is not unlikely that the non-social aspects of the world may be depressogenic,

therefore the aetiological question entailed by the internality category still requires a consideration. Based on this, we can formulate the question of the internality category as follows: is depression caused solely by factors that are internal to an individual or is its ontogenesis beyond the individual?

The categorisation of some factors taking place in the ontogenesis of depression as internal versus external may be challenging. Whereas some factors, such as climate, can clearly be understood as environmental/external, a deeper ontological analysis is needed to explore the boundaries of the sphere in which characteristics such as gender or personality[24] belong. Therefore, introduction of a third category may be needed. An examination of a model of depression within this category may enable us to explore the relation of any feature of the individual to melancholia/acedia/depression, and then to dig under these features to see what is the individual, and also their melancholy/acedia/depression, composed of. This category, then, may be termed and formulated as the "characteristics category" and be based on the question of whether depression develops dependently or independently in relation to an individual's personal characteristics. In the case that any personal characteristics prove to be relevant to the development of depression, then their ontological status will be explored further. Because this category aims to explore any feature defining the individual, no features will be excluded from the analysis, including the ones that are beyond the individual's control or are relatively free from social influence, such as age or similar developmental characteristics. This problem is examined in order to discuss the sensitivity of the physical cause of

[24] Some studies suggest that depression and certain personality traits, or rather a certain type of personality, are related (Fuchs, 2013b; Stanghellini et al., 2006; Tellenbach, 1961). For this reason, as well, it makes sense to include a particular category which is capable of handling the concept of personality in an in-depth analysis.

melancholia to an individual's personal characteristics, and to explore the scope of its dependence on such characteristics. Characteristics such as age will not be excluded from the analysis, even though they are not specific, as such, to individuals and their particularities, because they may be pertinent to individual particularities in a developmental sense.

The third ontology, normality, is concerned with the clash between the ontological boundaries of normal and the ontology of essence. Therefore, the formulation of a category out of this ontological question needs to focus on the locus of the pathologisation of depression. According to the APA (2013) depression is a mental disorder. But this is far from self-explanatory. As Wakefield (1992) underlines, the concept of disorder has long been disputed. As he suggests, this debate is constituted by various parties, who would understand disorder as a social construct, a statistical deviance, unexpected distress, etc. Wakefield himself defines disorder based on dysfunction. But following the view that not every dysfunction is a disorder (e.g., a nose which is dysfunctional in holding one's glasses would not lead to the classification of a nasal disorder), he suggests the term "harmful dysfunction" (p. 381). He suggests that

> disorder lies on the boundary between the given natural world and the constructed social world; a disorder exists when the failure of a person's internal mechanisms to perform their functions as designed by nature impinges harmfully on the person's well-being as defined by social values and meanings. The order that is disturbed when one has a disorder thus simultaneously biological and social; neither alone is sufficient to justify the label *disorder*. (p. 373)

Wakefield's account of disorder is presently found useful on different levels, but his establishment of social and biological as indistinguishable aspects of the unit of dysfunction is especially crucial. As illustrated, there is a vast literature now suggesting that the boundary between internal and external only reflects a conceptual presupposition, and that mental mechanisms are irreducible to an

internal sphere. Furthermore, Svenaeus (2007b) suggests that pathologisation of depression should not seek dysfunctions reducible to the individual, but rather a significant change emerging “at the level of the life-world” (p. 155). At this point, then, the question is whether conceptions of depression always regard the blurred boundaries between individual/biological and social. To answer such questions, let us formulate a category out of the theme normality. This category will be named as the dysfunction category and through this category different models of depression will be assessed based on the question of whether they pathologise depression based on an individual or a social dysfunction.

The fifth ontological category, mentality, is concerned with the level of ontological separation of mind from the body. As illustrated before, upon an essentialist ontological ground mind can be conceptualised as a capacity of the soul, located in a private, inner, immaterial space and thereby categorically distinguished from the body and the world. Whereas this ontology corresponds to Cartesian dualism, a strictly reductivist materialist ontology still remains insufficient to offer an integrated ontology of mind, body, and the world. As Schermer (2009) highlights, the Cartesian understanding of body and mind which defines body as a machine controlled by the mind has been further challenged through the recent development of technologies such as DBS[25]. The application of such technologies indicates that the body is not always the passive recipient within its relation to mind: changes within the body actually affects the mind, alters the nature of thoughts, feelings, etc. While these advances constitute an empirical basis to challenge the Cartesian conceptions of body and mind, it may threaten to simply reproduce the dualistic and mechanistic understanding of the relation between body and mind in a reversed determinism. From this perspective, it is

[25] See note 20.

not the mind which controls the body, but vice versa, it is the body which "produc[es]" (Schermer,2009, p. 221) the mind. Despite the dramatic alteration in explaining the relation between body and mind, this materialistic approach does not actually offer an ontological shift. It simply reformulates the relation between body and mind upon the same dualist ontology. As Leder (2005) points, both ontologies remain reductionist in conceptualising mental phenomena, such as thoughts, emotions, and cognition. A proposal of a radically ontological shift in the formulation of body and mind emerges within the field of phenomenology. For instance, Fuchs (2012) suggests that

> there is no separation, but rather a circular interaction of psychological, and biological processes . . . . This interaction, however, cannot be expressed in terms like 'the mind acting on the brain' or 'the brain producing the mind'. Instead, the brain acts as a mediator and transformer which may be addressed through input on different hierarchical level and which converts it in both directions: neurobiochemical changes become mood changes on the subjective level, but subjectivity in turn influences the plasticity, structuring, and functioning of the brain. Vertical circular causality allows for both approaches equally. (p. 340)

This brief review[26] suggests that the ontological boundaries between body and mind have been dynamically re-shaped by technologic advances, philosophical trends, and scientific paradigms, yet this dynamism has had no clear terminological articulation[27]. The term mental outside of a context does not have a determinate meaning: it can mean various, even opposing, things depending on what sort of an ontological ground is underlying it. Therefore, even

[26] For a comprehensive review of varying ontologies of body and mind, see Glannon (2002).

[27] According to this, the terminology that we use to communicate the research on depression reproduces some ontological trends that the phenomenology of depression research intends to challenge. Leder (2005) and Fuchs (2005b) highlight the necessity for a revision in terminology, since our current terminology highly reflects dualist ontologies of internal and external, body and mind, individual and social. Leder (2005) stresses the terminological challenges of handling the body-mind problem in a non-dualistic and non-reductionist manner. According to this, even when we talk about body-mind relations, we talk about the relations between two separate domains. On the other hand, Kirmayer & Gold (2012) suggests that any attempt to defeat this language may result in the reduction of higher-levels of organisation to lower.

the most basic categorisation of depression as a mental illness forces us to define mental (Fuchs, 2005b). Let us then formulate a category to explore the ontology of mental underlying each model of depression. This category will be named as the corporeality category and will be based on a phenomenological and ontological/aetiological examination of the question of whether depression is conceptualised as bodily or mental, with a clear framework revealing the boundaries of each.

The last ontological component that concerns us is self. The strong connection between some historical conceptions of psychopathology, such as melancholia, and human personality, and scholarly interest in exploring the relation between self and depression (see for example, Bortolan, 2017; Fuchs, 2013b; Radden, 1989; Radden, 2013; Sass & Pienkos, 2013a; Svenaeus, 2007b; Svenaeus, 2013; Tellenbach, 1980) may be enough to justify the statement of self as a component of the ontological ground underlying the conceptual history of depression. In addition to these, a stronger motivation for me was to explore the possible ontological relation between soul and self. Although this may represent a departure from the current phenomenology discussions on the relation between self and depression, and hence render our analysis of self hard to relate to the phenomenology literature on the issue, pursuing the analysis of self in this direction constitutes certain benefits for this study. As established, it is vital for this study to come up with means to track the ontology of essence within the historical and contemporary models of depression, and when examined in its relation with soul, the concept of self may constitute a useful tool serving this purpose. As argued before, if self is conceptualised based on an essentialist and internalist ontological ground, it may reveal a strong connection to the ontology of soul in terms of representing a constant, regular, stable, and neatly definable

structure. This sort of an ontology of self is understood as a secular reformulation of soul, emerging upon the same essentialist and internalist ontological ground, yet within a different context, because for such regularity to be sustainable, a regulating principle, an essence is needed. Opposed to this would be an externalist, enactivist, nonessentialist ontology of self (for instance, see Gallagher & Zahavi's [2008, p. 200] that would suggest that the self is unpredictably shaped by the individual's enactive ways of being in the world. Whereas, the former ontology proposes self to be well-defined, there is room for alterations in the latter. The point linking the conceptualisations of depression to the ontology of self is the question whether there is room in the ontology of self for one's self-experience altering through depression. Based on this, the discussion of the ontology of self can be organised through two questions: (1) whether self is understood as stable, regular, and well-defined or as fluid, and (2) whether the ontology of depression is integrated within the ontology of self or disintegrated from it through a dual ontology of authentic self and depressed self. The problem with this formulation is that it fails to remain productive for analysing the phenomenological accounts of the relation between self and depression. For instance, Svenaeus (2007b, p. 162; 2013, p. 29) claims that self is dynamically formed in the world through attuned bodily resonance. Therefore, conditions like depression through which one's attuned being in the world is undermined, and the body loses that vibrant quality that helps the subject to engage with the world, there is a disruption of the self, which may eventually result in the experience of alienated self. Contrary to this, Bortolan (2017) suggests that in depression prior narratives of the self that were supported by certain ways of non-depressive affectivity become affectively unconnectable. Yet, this does not cause a sense of alienated self, but an altered self, because a version of narrative self is sustained

through new narrations that are now supported by depressive affectivity. A similar view is suggested by Antrobus & Bortolotti (2016). According to them, depressive delusions function in sustaining the consistency of a narrative self of the depressed person. Here, although the insight offered by Bortolan and Antrobus & Bortolotti might correspond to a feeling of changing self; Svenaeus' account of alienated self, despite it describes a feeling of loss authenticity accompanying depression, does not really correspond to the essentialist position. Svenaeus (2013) approaches self as embodied subjectivity as such that is constituted in the world. In this framework, he accounts for the feelings of alienation emerging throughout depression by drawing on the loss of home-likeness of the world, rather than on an essentialist ground which presupposes that the experience of self is solid and consistent. This suggests that, the category of self, as we formulated it, may remain clumsy at certain points, especially when analysing the phenomenological accounts. Yet, instead of leaving the self category out as a solution to this problem and renouncing its possible benefits for exploring the ontology of essence in the history of depression, it is preferred here to work with it taking its weaknesses into consideration and include in the analysis why and how this category breaks when it is necessary.

Before ending this section, one more point needs to be made about the application of the ontological framework to historical material. If we are to examine the historical models of depression through our ontological framework, we need to make sure that "while we reawaken the past, carry it to our day, reanimate the atmosphere of the age in which their contemporaries lived, we do it without imposing our own categories to the past" (Merleau-Ponty, 2017, p. 38)[28]. In fact, the historical methodology embraced in this study may seem like the

[28] Translated from a Turkish edition by myself.

approach on which Merleau-Ponty expressed concern about in the above quote. From such perspective, the ontological framework may emerge as an inefficient tool, a modernising goggle, which distorts essential aspects of historical conceptions of depression, pull them apart from their unique context, and reconstruct them into modern categories. To be able to answer such criticism, it first needs to be established that with or without our ontological framework, we are modern beings, and in a way, we are doomed to carry our modernising goggles while we are reading historical material. There is no reason to suppose that the ontological framework that is employed here blurs our vision more than it already is. Still, one more justification may be offered for allowing ourselves to apply to our ontological framework. According to this, through the ontological framework, we do not offer that historical accounts of depression were made up of categories, such as individual, dysfunction or self. As highlighted in the beginning of this section, these categories are used to be able to retrospectively explore the transformation and transmission of certain ontological components from one ontology, paradigm, period to the other. In that sense, exploring Aristotle's take on individual or self in his account of melancholy, is not to indicate that Aristotle had a category of individual or self as we would understand it today. As already established, the categories of individual and self do not aim to impose the contemporary notions of individual and self to historical models, but rather aims to explore the shape Aristotle gave to the notions of essentiality and inwardness. The categories were needed not to do away with the historical rootedness of Aristotle's understanding of essentiality and inwardness, but to be able to highlight the continuity of ontological components from premodern to contemporary models. If we were to work with concepts like essence or soul, we would never be able to expose the links between premodern and modern

ontologies. A modern translation could not be avoided, but by conducting detailed analyses of each premodern ontology, I made the effort to execute this translation without reducing the actual ontologies into modern categories.

In this introduction, the nature of the conceptualisation of depression is defined as a product of an ontological ground, which is a compound of presumptions regarding individuality, internality, normality, mentality, and self. The contemporary bio-medical conception of depression gives some explicit indications of a possibly individualistic ontological ground. In what follows, these indications will be further explored to reveal its underlying ontological ground from a historical perspective focusing on the evolution of the ontological components through various conceptions of psychopathology relatable to what we understand as depression today, which will serve as an ontological framework to observe the possible weaknesses of the conceptualisation that we depend on.

CHAPTER 1

MELANCHOLIA IN THE HIPPOCRATIC CORPUS

The primary goal of this chapter is to examine the concept of melancholia throughout the Hippocratic writings and to assess how to formulate this model of melancholia within the categorical framework[29] constituting the core of this study. This analysis will be based upon the following Hippocratic treatises: *Airs, Waters, Places (AWP)* (Hippocrates, trans. 1978a)*; Aphorisms* (Hippocrates, trans. 1978b)*; A Regimen for Health (aRfH)* (Hippocrates, trans. 1978c)*; Epidemics* (Hippocrates, trans. 1978d)*; The Sacred Disease (tSD)* (Hippocrates, trans. 1978e); *Regimen in Acute Diseases (RiAD)* (Hippocrates, trans. 1978f)*;* and *The Nature of Man (tNoM)* (Polybus, trans. 1978). From these treatises three themes arise within which the categorical analysis will be pursued: the material ontology of melancholia, the phenomenological description of melancholia, and the Hippocratic medical context in which the conceptualisation of melancholia was situated. Let us examine these themes below respectively.

1. The material ontology of melancholia

In this section, the medical explanation(s) attributed to melancholia by the Hippocratic physicians are examined based on their understanding of 'black bile', the ultimate physical origin of melancholia according to the Hippocratic medicine. Following this, a discussion of the individuality, internality, and dysfunction categories are initiated.

To start, the Hippocratic Corpus reveals some heterogeneity of ideas on many issues. The concept of 'black bile' is subject to this heterogeneity as well. Although it is commonly thought that there is one single Hippocratic humoral theory in which four humours – blood, phlegm, yellow bile and black bile – were

[29] As introduced in the Introduction, this framework consists of the categories of individuality, internality, dysfunction, personal characteristics, corporeality, and self. Assessing a model of melancholia within this framework means to explore where to situate that specific model within the spectrum of each category.

listed as the constitutes of human nature[30], this was only one of many versions of the humoral theory (Jouanna, trans. 2012c; Nutton, 2004). According to Jouanna (Jouanna, trans. 2012a) this version was proposed by Polybus[31], a pupil and son-in-law of Hippocrates, in *tNom*, yet in no other treatise did it become prominent. Although in many treatises the term “black bile” was addressed, there is no sufficient reason to think that the authors referred, by this term, to a separate humour. According to Nutton (2004) and Jouanna (Jouanna, trans. 2012c), except from *tNoM,* the term black bile was mostly used in the Hippocratic Corpus to describe the stiffening of the bile, which was considered to be a pathological change in the quality of this fluid. According to this point of view, there are three fluids – blood, phlegm, and bile – which are considered to be the main bodily fluids in the Hippocratic Corpus, whereas the position of the black bile, and therefore the medical account of melancholia, tends to vary between different treatises. Owing to this disparity, different appearances of the term ‘black bile’ from different Hippocratic treatises are examined below. First, different treatises in which the three-humoured understanding of human nature becomes prominent are discussed. Second, *tNoM,* wherein the idea of four humours was originally established is analysed.

Let us start this discussion from *RiAD* (Hippocrates, trans. 1978f), which includes various references to black bile. Although, this treatise does not offer a detailed description of the humoral theory, it is likely that the author had not considered black bile as a separate humour, but a pathologically altered version

[30] According to Jouanna (Jouanna, trans. 2012b), the reason why this version of the humoral theory later became known as *the* Hippocratic humoral theory is that Galen incorrectly attributed this treatise to Hippocrates and then praised it as *the* Hippocratic understanding of humours.
[31] Although there is a controversy about who is the author of which Hippocratic treatise, here it is acknowledged that *tNoM* was written by Polybus, because Aristotle, a contemporary of Hippocrates, referred to the author of this treatise as Polybus. Although Jouanna (2012c) is convinced that this treatise is attributable to Polybus rather than to Hippocrates, Nutton (2004) remains rather uncertain, hence, it should be noted that this issue lacks clarity.

of bile. This is because, along with the statements on “black bile” (p.203), another concept, that of “bitter bile” (p.202), was brought into discussion, and later on the same page, it was stated that “[water] causes bitterness because it is of bilious nature, and is thus bad for those of bilious constitution” (p. 203). From this statement, it can be inferred that bitter bile is not something completely different to bile, but it is something bile can become. This is why bilious individuals should be careful when drinking water, as this can render their bile bitter. In this case, bile is conceptualised as a humour the qualities of which can alter according to diet[32]. Accordingly, when the author addressed black bile, he was probably referring to a blackened version of bile, and not to a separate humour.

Similarly, in *AWP* (Hippocrates, trans. 1978a) black bile was also addressed in a way that implies a humoral theory which is based only on three humours. According to this treatise,

> If the autumn is rainless with northerly winds and there is rain neither under the Dog star nor at Arcturus, this weather suits best those who are naturally phlegmatic and a watery constitution and also women. But it is most inimical to those of a bilious disposition because they become dried up too much. This produces dry ophthalmia and sharp fevers which last a long time and also, in some cases, ‘black bile’, or melancholy. The reason for this is found in the drying up of the more fluid part of the bile while the denser and more bitter part is left behind. (Hippocrates, trans. 1978a, p. 158)[33]

In this passage, it is evident that black bile was thought as a version of bile, the character of which changed according to the season. Especially in the last sentence of the passage, the process of the transformation of the bile into the black bile was explained explicitly. Furthermore, it is “those of a *bilious*

[32] As it will become clear later, this conceptualisation of bile as something subject to constitutional changes, is a credible reason by itself to assume that in *RiAD,* any idea similar to the account of the four-humours proposed in *tNoM,* is not embraced. Because, as it will be illustrated below, in *tNoM*, it is stated very clearly that humours are constant in terms of their qualities, and they cannot transform into each other.

[33] This passage also gives an important insight on gender and melancholia which will be discussed later.

disposition" (p. 158), and not of *melancholic* disposition, who are under the risk of "becoming dried up too much" (p. 158) and eventually falling ill. Here, black bile is, again, something into which the bile turns. Therefore, the idea of black bile as a separate humour, does not exist in *AWP.* Consequently, melancholia is linked to bile and a condition to which bilious individuals are prone. As will be illustrated below, this is clearly at odds with the view proposed in *tNoM*.

In *tNoM* (Polybus, trans. 1978), wherein the author Polybus established his four-humoured understanding of human nature, the main intention of the author was to argue against the idea that human nature is singularly constituted by any of the elements of fire, earth, water, or air. According to him, if human's constitution was constituted by only a single element, then there would not be any disease at all, since, according to the author, disease occurs only through one substance interacting with another substance in a pathological way, and hence deforming it. This point of view becomes evident in the following passage:

> I hold that if man were basically of one substance, he would never feel pain, since, being one, there would be nothing to hurt. Moreover, if he should feel pain, the remedy likewise would have to be single. But in fact many remedies because there are many things in the body which when abnormally heated, cooled, dried or moistened by interaction, engender disease. (Polybus, trans. 1978, p. 261)[34]

In order to support his view of the plurality of substances which constitute the human nature, Polybus referred to another point, the constancy of these

[34] In this passage, it is also possible to find the roots of the so-called 'health is balance' statement, which is discussed further below. Only after some further explanations made by Polybus, it becomes clear that the idea of a pathological interaction between different fluids actually occurs through an imbalanced proportion of different qualities. But even in this point, it is possible to realise that by the statement "being one, there would be nothing to hurt" (Polybus, trans. 1978, p. 261) the author implicitly raises the idea of imbalance, as where is only one substance, there is never an imbalance. The other way is also true: only because there are plural elements underlying human nature, there are several different treatment methods. Because, health means balance; and balance can be lost and therefore re-achieved via fluctuations in different substances, which then allows the imbalance to be resolved with different remedies. Consequently, the human nature must consist of different elements, because there would not be any balance, and therefore different remedies for diseases, without this plurality.

substances. According to this theory, the four elements tend to remain as they are in nature. Fire, for instance, reserves the qualities of hotness and dryness, and these qualities are constant for fire; they are not subject to change. Owing to this, Polybus claimed that the substances which underlie human nature should also remain constant:

> I propose to show that the substances I believe compose the body are, both nominally and essentially, always the same and unchanging; in youth as well as in age, in cold weather as well as in warm. (p. 261)

On the basis of this, he suggested that there must be more than one element in the human body. As the increase or decrease of any quality of a human body, dryness for instance, cannot be accounted for by the drying of a naturally moist substance; it must be accounted for by an increase in the amount of *another* substance which is naturally dry.

This way of thinking reflects the theoretical basis on which the concept of black bile, as a separate humour, was constructed. By Polybus' humoral theory as proposed in *tNoM,* the four qualities "heat, coldness, dryness, and wetness" (Polybus, trans. 1978, p.265) were distributed to the four humours in different pairs, to form the constant expressions of these four qualities in human nature. According to this, blood is wet and hot, whereas yellow bile is dry and hot, and phlegm is wet and cold. Thus, there is need for another substance, which is to be dry and cold. According to Polybus, this humour is the black bile, which had been assumed, by the previous Hippocratic authors, to occur only through a pathological alteration of the bile. In *tNoM*, on the other hand, Polybus already established clearly that, from his perspective the qualities of the elements cannot

change; therefore there must be a separate humour which carries the qualities of coldness and dryness[35].

Depending on this four-humoured understanding of human nature, Polybus then proposed a systematic alternative to the ideas he argued against in the beginning of his treatise:

> The human body contains blood, phlegm, yellow bile and black bile. These are the things that make up its constitution and cause its pains and health. Health is primarily that state in which these constituent substances are in the correct proportion to each other, both in strength and quality, and are well mixed. Pain occurs when one of the substances presents either a deficiency or an excess, or is separated in the body and not mixed with the others. (Polybus, trans. 1978, p.262)

This passage is important not only in terms of attributing the status of an independent humour to black bile, but also in terms of giving an indirect insight in why melancholia had come to be known as a malady caused by an excess level of black bile. According to this passage, all these four humours need to be mixed in the right proportion for the "healthy" state of the body to be preserved. If one of these humours becomes excessive, an imbalance occurs which eventually causes different ailments to arise. In this case, melancholia is likely to be an ailment which is formed by an excess level of black bile. Although there is not any direct statement in *tNoM* (Polybus, trans. 1978) which allows this argument to be put in a more certain way; it is possible to find two more passages which would support the idea that Polybus might have viewed melancholia as an ailment of excess cold and dry. The first one of these passages mentioned above is as follows:

> During the summer, the blood is still strong but the bile gradually increases, and this change continues into the autumn when the blood decreases since the autumn is contrary to it. The bile rules the body during the summer and

[35] As will be shown in the second chapter, Polybus' version of the humoral theory differs also from the Aristotelian version, which proposes that the black bile constitutes of the qualities of hot and cold. This is the material basis of the difference between the two views of melancholia.

> the autumn…. The blood in the body reaches its lowest level in autumn, because this is a dry season and the body is already beginning to cool. Black bile is strongest and preponderates in the autumn. When winter sets in the bile is cooled and decreases while the phlegm increases again owing to the amount of rain and the length of the nights. (p.265)

Here, while Polybus discussed the changes in the proportion of the four humours according to the four seasons, he related the black bile to autumn, and, by claiming that the black bile becomes strongest when the body starts to lose its heat in a dry time of the year, he implicitly indicated, as stated above, that it is a cold and dry fluid. This idea becomes evident in the following sentence: “each [humour is] preponderating in turn according to its natural characteristics” (Polybus, trans. 1978, p.265, p. 265). As black bile preponderates when it is cold and dry, then its substantial qualities are cold and dry. All in all, in this passage the author related cold and dry to autumn and black bile. Yet still, this is not enough to clarify the relation of these to the ailment of melancholia.

The following passage gives some further insight on the relation between the disease of melancholia, the humour of black bile, the season of autumn and the qualities of cold and dry. According to this passage, quartan fever, which is a type of fever, is linked to black bile and autumn, but more importantly there is a connection between this fever and melancholia as a category of disease:

> A … reason for [quartan fevers’] chronic character and difficult resolution is that they are caused by black bile; this is the most viscous of the humours in the body and remains the longest. As evidence of this note the association of quartan fevers with melancholy. Quartan fever has its highest incidence in the autumn and in those between the ages of twenty-five and forty-five. This is the time of life when the body is most subject to black bile, and the autumn is the corresponding season of the year. If a quartan fever occurs at any other time of the year, or at any other age, you may be sure that it will not be chronic unless some other malady be present. (Polybus, trans. 1978, p.265, p. 271)

Although Polybus addressed the concept of melancholia in this passage (which is the first and the last time in *tNoM*) he still did not give any clear idea on what

sort of a phenomenon it is. Indeed, he did not even state directly that the concept of melancholia refers to a category of illness[36]: it is possible only to infer this from the passage, considering the context in which Polybus puts melancholia. Throughout this passage, the author gave information on the factors rendering quartan fever, a chronic pathologic condition which is caused by an excess level of black bile. According to this, quartan fevers can be chronic when they occur in the season and age associated with black bile and melancholia. If the quartan fevers occur in any other time of the year or life period which is not linked to melancholia, but is still chronic, then it must be linked to some *other* malady. This passage gives two reasons to think that the term melancholia constitutes a category of illness. First, the assumption that black bile is the cause of quartan fever was made based on the coexistence of quartan fevers and melancholia. This can be considered as evidence that melancholia was already linked to a surplus level of black bile. If so, it follows that melancholia is a category of illness depending on Polybus' approach to health and disease is considered. Second, it is again possible to ascertain that when Polybus said "it will not be chronic unless some other malady be present" (p.265, p. 271), he meant some malady other than melancholia, as in the passage there is no other concept referred to which might constitute an illness[37]. All in all, the passage quoted above does not only support the assumption that in *tNoM,* melancholia was approached as a category of illness, but also verifies that it was considered to be related to the black bile,

[36] Although it might seem obvious that the concept of melancholia refers to a category of illness, it may be misleading to assume that it is without any supporting evidence. As Jouanna (2012c) also stated, throughout the history the term melancholia had been used with reference to three different categories - the temperament, the humour, and the illness –, and not solely to the category of illness. Therefore, it is crucial to pay some further attention to the context in which this term was referred to, for avoiding a confusion of these different categories.

[37] Here, there is another possible way of interpreting this sentence: Polybus might also have meant some other malady than quartan fever, if quartan fever can be thought as a category of illness, but not a symptom. This nosological issue is not discussed further here as, firstly because it is not directly relevant to the main problems of this chapter, and secondly because it is not critical as the first point already supports that melancholia is a category of illness.

autumn, midlife, and therefore, an imbalance created by an excess of cold and dry.

After illustrating certain aspects of Hippocratic humoralism, let us now start analysing this model within the individuality issue. To remind, through this category it is aimed to explore whether melancholia was conceptualised as indigenous to the individual or irreducibly social. Based on the analysis conducted in this section, it is possible to claim that the on the aetiological side of the question of individuality Hippocratic physicians were concerned primarily with the physical origin and genesis of the pathology underlying melancholia, and did not make any explicit statement on any point which would render melancholia irreducibly social. Due to this, it is likely that Hippocratic physicians might have viewed melancholia as a phenomenon indigenous to the individual. Nevertheless, it must be remembered that, although the texts studied so far do not give any reason to suggest that melancholia was understood as an irreducibly social phenomenon in Hippocratic medicine; neither do they give enough reason to reject this argument. Therefore, it may be too early to draw a certain conclusion on the issue of social irreducibility.

Internality issue, on the other hand, aims to understand whether the causation underlying melancholia was conceptualised as internal or external to the individual. Regarding this issue, it should be noted that in *tNoM* (Polybus, trans. 1978) the proportion of black bile was considered to arise due to dry and cold weather. This statement implies that the rise of the proportion of dry and cold in an individual is linked to an increase of the proportion of dry and cold external to the individual, and therefore one could assume that external factors play a primary role in the formation of melancholia. However, it would be problematic to interpret this relation as a deterministic process and suggest that being exposed

to dry and cold weather necessarily causes the proportions of cold and dry contained by the individual to reach excessive levels, and this ultimately creates melancholia. The relation between environmental factors and the formation of melancholia is more complex than this. According to this, whether certain weather conditions cause some qualities to reach excessive levels depends also on the original levels of these qualities as they occur in the individual's body before being exposed to certain weather conditions. For instance, individuals with a naturally dry and cold constitution (these would be the ones for whom it is healthy, normal, and natural to have a relatively higher level of black bile) can potentially become melancholic in autumn, because even the slightest increases in the qualities of cold and dry might render their proportion of black bile excessive. On the other hand, the autumn weather is not potentially dangerous for individuals with a naturally moist constitution: because these individuals' level of black bile is proportionally lower in the first place, even if it rises it can rarely become excessive. On the contrary, this sort of weather might be even healthy for those with a rather moist constitution, because it minimises the danger of becoming excessively moist, which is a stronger probability for such individuals. According to this, the individual physic as an internal factor plays an essential role in the formation of melancholia, but before establishing melancholia as an internally led condition, it is important to note that the individual physic itself was conceptualised as environmentally sensitive in the Hippocratic medicine. This suggests that the most fundamental physical qualities of an individual are not constant and stable, but they are prone to be influenced by external environmental factors. Therefore, it occurs that the causality underlying melancholia can be understood better as a relation between internal and external. It may seem possible that in this relation the internal factors play a more primary

part, since they form the physical basis on which the environmental factors act upon, yet it is important to notice that this physical basis itself is not enough the explain the formation of melancholia by itself. It is true that according to the Hippocratic understanding some people are prone to becoming melancholic, but this by itself does not cause melancholia. The potential immanent in the individual becomes actual through the way in which environment effects the individual. In this sense, it might be problematic to consider either internal factors (such as natural constitution) or external factors (such as climate) as the ultimate cause of melancholia. In fact, it would even be problematic to claim that there are internal and external factors clearly separable from one another. The domain of internal is not segregated from the domain of external, but prone to be interpenetrated by it. In other words, the conceptualisation of the boundary between internal and external is rather fluid and this makes it problematic to prioritise either over the other in the formation of melancholia. It appears more plausible to consider the ontogenesis of melancholia as a reaction displayed by a particular human body in the face of particular environmental factors. This sort of a phenomenon is reducible to neither the internal nature of the individual nor to the external nature surrounding them.

Last, through dysfunction category it is aimed to answer whether melancholia was pathologised based on an individual or a social dysfunction. The texts studied to display the nature of the material ontology of melancholia imply that the pathologisation of melancholia was based upon an aetiologically individual dysfunction. According to this, melancholia is a pathological condition because it corresponds to an interruption of the physical balance sustaining health for the individual. Although this physical balance is environmentally sensitive, the texts examined so far did not indicate any social aspects of the environment in

question. In fact, even if it is assumed that the environment in question is a socio-physical environment, melancholia is not formed because there is an environmental dysfunction, but because some environmental factors render the bodily fluids dysfunctional. Following this, it appears plausible to conclude that in Hippocratic medicine, melancholia was pathologised based on an individual dysfunction. Still, similar to the case of individuality category, it may be reasonable to revisit this conclusion later in Section 3 based on the new material to be examined.

2. Hippocratic descriptions of melancholia

In this section, the Hippocratic concept of melancholia is examined from a phenomenological perspective. The aim is to reach a phenomenal description of melancholia depending on the symptomatic arguments made by the Hippocratic physicians about this malady. Attaining such a description of melancholia is essential to understand whether the conceptualisation of melancholia was restricted to an individual domain. This may contribute to the discussion of Hippocratic conceptualisation of melancholia within the individuality category by combining the ontological aspect of the issue explored in the previous section with a phenomenological aspect. To achieve this goal, first the Hippocratic descriptions of melancholia are introduced below; and second these descriptions are examined with regards to the individuality category.

To start, the Hippocratic Corpus proposes a substantially limited phenomenological description for melancholia[38]. One of the two Hippocratic

[38] According to Jouanna (2012c), this deficiency of description of melancholia in the Hippocratic Corpus actually supports that melancholia, as a pathology category, was already a well-known phenomenon in Ancient Greece – and was not invented by any Hippocratic author, but on the contrary, predates the Hippocratic school of thought – that the authors hardly found it necessary to define what it is that they are calling melancholia.

treatises which offers such descriptions is the *Aphorisms.* In the main[39] statement on melancholia proposed in *Aphorisms,* it was claimed that "Patients with fear or depression[40] of long standing are subject to melancholia" (Hippocrates, trans. 1978b, p. 229). Although this sentence enables the reader to start forming a phenomenological picture of the ancient malady melancholia, it simultaneously implies that "fear or depression[41]" (Hippocrates, trans. 1978b, p. 229) per se is not sufficient to complete this picture: whilst these indications are part of this experience, they are not fully-representative of the ancient concept of melancholia.

In *Aphorisms,* there are other statements proposed on melancholia, which might contribute to the elaboration of the phenomenological description of this ancient concept. For instance, the author of *Aphorisms* stated that "If the tongue be suddenly paralysed or if any part of the body be similarly affected, that is a sign of melancholia" (Hippocrates, trans. 1978b, p.233). In another passage, the author claimed that "In melancholic diseases, a flow of humours to one part of the body is dangerous in that either apoplexy, a fit, madness or blindness will follow[42]" (Hippocrates, trans. 1978b, p.231). In the former passage, it is clear that the author related sudden paralysis[43] to melancholia. Interpreting the latter passage appears more challenging than the latter, as here, the reference is not to melancholia but to "melancholic diseases" (Hippocrates, trans. 1978b, p.231). As it is not clearly stated in *Aphorisms* whether melancholia is the only disease

[39] This statement is called 'main', because it is referred to as 'the Hippocratic definition of melancholia' by several different authors who wrote on Hippocratic understanding of melancholia.
[40] While viewing this statement, it is crucial to avoid the modern connotations of the term 'depression'.
[41] See note 38.
[42] This statement also reveals that melancholia was not categorised as some sort of madness, but this will be addressed later.
[43] According to Jouanna (2012c), this reference to sudden paralysis, led melancholia and epilepsy to be associated by the other physicians followed the Hippocratic tradition later.

formed by excessive levels of black bile, it might be possible that the term melancholic diseases does not solely refer to melancholia, but to a category of diseases, which are caused by excessive levels of black bile (melaina chole). This does not constitute an ontological distinction between these two concepts. It only implies that “apoplexy, a fit, madness or blindness” (Hippocrates, trans. 1978b, p. 231) might not be particular to melancholia, and might rather be a general category of symptoms associated with excessive levels of black bile.

Epidemics is the other treatise in which a description of melancholia appears. In Book III – Case 2, a female patient’s situation following her labour was described thoroughly. According to the relevant passage, this patient suffered from several symptoms such as, “high fever with shivering”, “loss of appetite”, “delirium”, “thin dark urine”, “insomnia” and “moist cough” (Hippocrates, trans. 1978d, p.129). In the end of the description of this patient’s case, the author stated that “Coma set in and there was loss of appetite, despondency, insomnia, fits of anger and agitation associated with a melancholy disposition” (Hippocrates, trans. 1978d, p. 129).

To summarise, according to *Aphorisms* and *Epidemics,* the Hippocratic term melancholia captures such features as, fear, despair, despondency, loss of appetite, insomnia, tantrums and sudden paralysis. Furthermore, there are other indications mentioned in these two treatises which might occasionally coexist with melancholia, such as blindness, madness, apoplexy, fever, delirium and dark urine. As aforementioned, the phenomenological descriptions of melancholia do not hold more detail than this. Nor does it become any clearer, as the given definitions of the term almost reinforce its uncertainty by bringing forward other terms related to melancholia, such as madness, but leaving them unidentified. Thus, *the* Hippocratic meaning of the term melancholia cannot be exposed in full-

sense, because “doctors reading the patient’s medical case complemented it with their own knowledge, which is no longer available to us” (Jouanna, trans. 2012c, p. 235).

As only an incomplete conclusion can be derived from the Hippocratic Corpus on what sort of phenomenon melancholia was, it is hard to deduce to what degree the Hippocratic physicians depended on the social as well as the physical phenomenal qualities of melancholia while conceptualising it. Based on the analysis made in this section, it is possible to claim that although the physical symptoms of melancholia played a dominant role in the medical conceptualisation of melancholia, reference to some terms such as ‘madness’ leaves room for the social irreducibility. In fact, the involvement of the term ‘madness’ does not supply a clear solution here, because the content of this term is similarly vague. Still, as will be explored later in Section 3.4, the Hippocratic Corpus gives us enough reason to assume that the term ‘madness’ is linked strongly to the concept of ‘mental’, which was used to address behavioural and intellectual phenomena. This may be indicating some sociality involved in the underlying ontological ground, possibly concerning with the individual’s social existence altered by melancholia.

3. Melancholia in the Hippocratic medicine and philosophy

Throughout the discussion above, the Hippocratic approach(es) to the concept of melancholia were discussed. This discussion included both the medical explanations of the concept and the phenomenal descriptions of it as a disease. In this last section of the chapter, the intention is to illustrate how melancholia was situated in the Hippocratic philosophy and medicine from a wider perspective. After an analysis of the Hippocratic treatises, several themes emerge. In the remainder of this chapter, melancholia is discussed within these

themes. The goal here is to extend the understanding of the Hippocratic concept of melancholia; and thus, bring some further insight to the main problems of this study.

3.1. Melancholia and gender

In this subsection, the main objective is to explore whether melancholia was introduced as a malady specific to a certain gender by the Hippocratic authors. The discussion of the gender and melancholia theme links up to the fourth question of this study examined within the characteristics category. Through this category it is aimed to study how the formation of melancholia is influenced by individual's characteristics. The analysis made in this subsection intends to reveal if Hippocratic authors regarded gender as a personal characteristic aetiologically involved in the formation of melancholia.

In the Hippocratic Corpus, there are three passages which give an idea on whether melancholia, as a Hippocratic concept, had any gender or not. The first one of these passages appears in *Aphorisms*, whereas the second in *AWP* and the last in *Epidemics*. The examination of these three passages reveals the Hippocratic Corpus's uneven, heterogeneous structure with regards to the gender and melancholia issue.

To start, according to the author of *Aphorisms,*

> a rainless autumn in which the winds come from the north is advantageous to women and those of a watery constitution. Others suffer from dry ophthalmia, from acute fevers, from running at the nose and, in some cases, from melancholy. (Hippocrates, trans. 1978b, p. 214)

Here, the influence of a rainless autumn on black bile, which increases its proportion, was described, and women were considered as less prone to this influence thanks to their moist nature. Indeed, it was stated that due to this

characteristic of their nature, they could actually benefit from the type of weather which would render others melancholic.

Similarly, in *AWP,* women were considered as being safe from melancholia for the same reason proposed in *Aphorisms.* In the passage from *AWP* it was claimed that

> If the autumn is rainless with northerly winds and there is rain neither under the Dog Star nor at Arcturus, this weather suits best those who are naturally phlegmatic and of a watery constitution and also women. But it is most inimical to those of a bilious disposition because they became dried up too much. This produces dry ophthalmia and sharp fevers which last a long time and also, in some cases, 'black bile' or melancholy. (Hippocrates, trans. 1978a, p.158)

According to the two passages quoted above, a similar view of melancholia and gender was employed in *Aphorisms* and in *AWP.* Both treatises support the hypothesis that women rarely suffer from melancholia, because they have a moist constitution, scarcely dry enough for melancholia to occur. However, as mentioned before, in *Epidemics* a case of a woman with a melancholic disposition was discussed. As previously stated[44], this woman suffered from a "loss of appetite, despondency, insomnia, fits of anger and agitation associated with a melancholy disposition" (Hippocrates, trans. 1978d, p.129).

Here, two possible explanations are suggested for this contradiction. First, the case discussed in *Epidemics* might have been viewed as an anomaly by the author and interpreted as a case of an extremely ill woman who, despite her naturally moist constitution, dried up to such a level that she eventually became melancholic. Second, this contradiction might simply be a result of a variety of different views appearing in the Hippocratic Corpus and proves that there is no single and homogenous Hippocratic understanding of melancholia.

[44] See p. 82.

In this chapter, the latter explanation is favoured over the former, and two reasons are proposed for this. Firstly, there is no claim about the possibility of any anomaly in *Epidemics*. If the author of *Epidemics* had embraced the same view of melancholia and female constitution as the authors of *Aphorisms* and *AWP,* this case would attract his attention as an anomaly and bring him to the point of at least stating this. Secondly, the text does not actually claim that the patient suffered from melancholy, but had a melancholic disposition. For an accurate interpretation of this text, the difference between melancholia as a malady and a melancholic disposition is considered essential. While the former refers to the formation of the malady of melancholia due to excess levels of black bile, the latter addresses individuals for whom the humoral balance is sustained when the level of black bile is proportionally higher than that of the other humours. Thus, when an individual has a melancholy disposition, they do not necessarily suffer from melancholia as an illness, but they only have a naturally higher level of black bile, which increases the probability of forming this malady. This distinction is important, because according to *Aphorisms* and *AWP*, a woman's constitution is watery, in other words, she does not have a melancholy disposition. On the other hand, in *Epidemics,* it was stated that the woman had a melancholy disposition, which is the exact opposite of that which was claimed in the other two treatises. Depending on what the term melancholy disposition stands for, it is possible to suggest that according to *Epidemics* the patient's proportion of balance did not come to be dominated by black bile due to her extremely agonising medical condition, which rendered her naturally moist constitution dried up enough for melancholia to occur. Rather, she was already predisposed to melancholia prior to her medical condition, which means that her

humours were naturally in balance when she had a higher level of black bile. Again, this is clearly at odds with the view previously introduced.

To summarise, the Hippocratic Corpus reveals different explanations on the issue of gender and melancholia. According to one view, it is not likely for women to suffer from melancholia, because they are not predisposed to it thanks to their naturally moist constitution. On the other hand, in *Epidemics* a woman with a "melancholy disposition" (Hippocrates, trans. 1978d, p. 129) was addressed, without any indication that this example constituted an anomaly for the author. Therefore, it is possible to assume that the Hippocratic Corpus consists of varying ideas on at least one of the followings: qualities which lead to melancholy and the constitutional qualities of women.

It was proposed earlier that the gender discussion could supply a basis to examine the Hippocratic conceptualisation of melancholia within the characteristics category. Before making any further comments on this, it seems necessary to remind that the plurality of ideas proposed by various Hippocratic authors on the gender issue supplies an unstable basis to depend on for the analysis in question. When the approach embraced in *Epidemics* is taken into consideration, there appears no reason to suggest that gender was addressed as a personal characteristic constituting a precondition which could possibly alter the outcome of a pathological increase in the level of black bile. On the other hand, when the approach embraced in *Aphorisms* and *AWP* is taken into account, it seems quite clear that the influence of gender was stressed, on the basis of the idea that women have a naturally moist constitution which, even if the proportion of black bile increases dramatically, it can hardly dry up enough to result in melancholia.

Despite this unstable basis, it can still be concluded that the Hippocratic Corpus suggests some physical characteristics (such as natural constitution) which may serve to reinforce or weaken the possibility of becoming melancholic. In other words, there is room, in the Hippocratic medicine, for the idea that the physical origin of melancholia (in this case excessive levels of black bile) does not operate in isolation from the rest of the physical qualities of an individual, but interacts with them; and melancholia is formed through this interaction rather than being a direct result of a rise in the proportion of black bile. The examination of the gender and melancholia issue reveals that in some cases gender appears to be one of these characteristics and a factor determining the natural constitution of the individual, and therefore may render an increase in the level of black bile risky for the formation of melancholia.

3.2. Interaction and melancholia

Despite the variety of ideas constituting the Hippocratic Corpus, it is also possible to recognise that there are some issues on which the different treatises tended to agree. One of these issues is the understanding of health as a balance resulting from the interaction between various factors such as individual's constitution, environment, and lifestyle. This premise of the Hippocratic Corpus is regarded as important here, as it is the theoretical ground upon which the Hippocratic ontology of melancholia was built. Therefore, understanding this premise and exploring what it offers for melancholia is useful to enrich the current discussion. Furthermore, it is a sufficient ground to discuss some of the main problems of this study, such as the individuality, internality, dysfunction, and characteristics categories. To conduct an analysis on these problems, first in this subsection the understanding of health as an outcome of an interaction is

introduced. Subsequently, how this understanding applies to melancholia and what it means in terms of the problems listed above is discussed.

Firstly, according to Jouanna (Jouanna, trans. 2012e) interpreting health as an outcome of an interaction between human body and external factors is an old tradition in Ancient Greek thinking, which predates the rationalist and naturalist medicine and philosophy of Hippocrates. According to Jouanna, it is possible to see the roots of this tradition in Greek tragedy, in which health was described as an outcome of the relation between the individual and the Gods. The idea of interaction remained in Hippocratic medicine, but its form altered from defining a relationship between the individual and supernatural factors to defining a relationship between the different natural factors, such as human physique and physical environment.

In the following passages, from *tNoM* and *aRfH* respectively, the idea of interaction becomes prominent. In these passages, the authors explained the influence of dietetics[45] on health. Moreover, they claimed that there is no one right diet for an individual, but which diet is right for an individual depends on how their physique is influenced by other physical factors.

> it is obvious that all, most, or least one of the factors in the regimen does not agree with the patient; such must be sought out and changed having regard to the constitution of the patient, his age and appearance, the season of the year and the nature of the disease. (Polybus, trans. 1978, p. 267)

> diets … must be conditioned by age, the time of the year, habit, country, and constitution. They should be opposite in character to the prevailing climate, whether winter or summer. Such is the best road to health. (Hippocrates, trans. 1978c, p. 273)

[45] Jouanna (2001b, 2012f) asserts that the ancient understanding of dietetics does not only include nutrition, but also other physical activities, such as physical exercise, bathing, sleep, and sexual intercourse.

Both these passages clearly reveal that health cannot be obtained simply through following a certain type of diet. Rather, regimen needs to be adjusted on the basis of the peculiar constitution of the individual. The term constitution, here, refers to the natural proportion of humours. What the authors understood by this concept is the idea that, although all individuals are composed of certain humours, the healthy proportion of these humours (or the levels of humours which sustain the balance) alters in each individual. For instance, in *Aphorisms,* "melancholics" (p. 217) were addressed in order to refer to individuals whose proportion of humours is dominated by black bile, or in other words whose right balance of bodily fluids is sustained when the proportion of black bile outdoes the proportion of other fluids. Similarly, in *tSD* (Hippocrates, trans. 1978e, p. 242, 249) and *RiAD* (Hippocrates, trans. 1978f, p.203) the terms "phlegmatic" and "bilious" were used in order to refer to individuals whose constitutions are dominated by phlegm and bile respectively. On the one hand, this idea creates these types, called melancholic or phlegmatic for instance, but on the other implies that even these types are not enough to understand an individual's constitution since, even it is possible to categorise individuals on the basis of the humour dominating their constitution, each individual still has a unique proportion of the four fluids (Jouanna, trans. 2001c; Nutton, 2004). For instance, although all melancholics' constitutions are dominated by black bile, this occurs in a unique proportion in each melancholic.

According to the passages quoted above, aside from the natural constitution of the individual, it is also crucial to regard the influence of individual, natural, and environmental factors. This is because, whereas the constitution is determined by nature, it is not constant, but subject to fluctuations created by the effects of several factors (Jouanna, trans. 2001a, 2012f; Nutton, 2004). This means that,

although it matters, whether an individual is by nature melancholic or sanguine for the assignment of the right diet for this individual, it also matters where they live, what sort of a lifestyle they have, what age they are, what season it is, and what sort of ailment they are suffering from at that moment, because all these factors interact with the natural constitution of the individual and alter the proportion of their bodily fluids. This means that, as the main function of the right diet is to keep the bodily fluids correctly balanced, it is vital to be aware of the other factors acting upon the proportion of these fluids and follow a diet which can reverse the abnormalities.

The understanding of health as an outcome of an interaction between individual, environmental, and natural factors is essential to the Hippocratic medicine, and therefore there are various passages reflecting this point of view. It was laid out most clearly in *AWP* as the main intention of this treatise is to establish the influence of such factors. One example of this is the following passage in which the author intended to defend the idea that different climates result in individuals with different constitutions: “the body cannot become hardened where there are such small variations in climate; the mind too, becomes sluggish” (Hippocrates, trans. 1978a, p. 164). Another example is the aforementioned passage[46] discussing which season is best suited to which constitution. A similar discussion occurs in *tNoM, aRfH,* and *Aphorisms*[47].

The environmental factors tackled so far correspond mostly to the physical environment, such as the influence of climate. However, Jouanna (Jouanna, trans. 2001a) claims that there is room in the Hippocratic medicine for the

[46] See p. 85.
[47] The relevant passages are quoted in p. 75, 89; p. 89; and p. 84 respectively.

influence of social customs on an individual's nature. This idea is supported by the two following passages from *AWP:*

> So much for the differences of constitution between the inhabitants of Asia and of Europe. The small variations of climate to which the Asiatics are subject, extremes both of heat and cold being avoided, account for their mental flabbiness and cowardliness as well. They are less warlike than Europeans and tamer of spirit, for they are not subject to those physical changes and the mental stimulation which sharpen tempers and induce recklessness and hot-headedness. Instead they live under unvarying conditions. Where there are always changes, men's minds are aroused so that they cannot stagnate. Such things appear to me to be the cause of the feebleness of the Asiatic races, but contributory cause lies in their customs; for the greater part is under monarchical rule. (Hippocrates, trans. 1978a, p. 160)

> Calm and an easy-going way of living increase cowardice; distress and pain increase courage. That is one reason for the more warlike nature of Europeans. But another cause lies in their customs. They are not subjects of a monarchy. (Hippocrates, trans. 1978a, p. 168)

According to these passages, the environment forming the characteristics of an individual is not only physical, but also social. In fact, on the basis of the two passages in question, it is credible to think that the concept of environment referred to in *AWP* is a socio-physical environment. According to this, social customs are influenced by physical factors, but then they in turn influence the individual characteristics, and therefore health, together with the physical environment. Here the physical aspect of the environment is still more dominant, constant, and determinant, as the influence of social customs was defined as contributory in the former passage, and furthermore as the social customs are determined by the physical nature on some level.

So far, the interaction of social, individual, and natural factors underlying an individual's health was described. Based on this, it can be asserted that melancholia, in the Hippocratic Corpus, was viewed as a malady whose potency is formed by the individual's constitution; but whether this potency is actualised

or not may depend on the influence both of the individual's characteristics (such as their age, gender, preference of lifestyle) and of the socio-physical environmental factors surrounding them.

This claim supplies a sufficient basis to discuss some of the main problems of this study. To begin, following the analysis conducted in this subsection, it is possible to gain some further insight on the aetiological discussion of the individuality category, which was left uncertain in the first section. Here, it is proposed that according to the Hippocratic philosophy, the social environment can influence the constitution of an individual. If this is so, then it may also be possible that social customs can influence the formation of a constitutional physical basis which results in melancholia. Therefore, it appears credible to suggest that in the Hippocratic medical understanding, there is room for melancholia to be irreducibly social from an aetiological perspective. However, there is no way to be certain about this point, as melancholia was not discussed in this regard in the Hippocratic Corpus. Thus, the social irreducibility argument remains debatable.

Another problem which is to be examined in this subsection is the internality category. It was stated above that melancholia is caused by the relation between individual's physical constitution and environmental factors. According to this, the formation of melancholia is reducible to neither internal nor external factors. As well as the internal constitutional potential of becoming melancholic is not sufficient for the formation of melancholia, there is no certain external factor determining melancholia by itself independently from the individual's constitution. The physical constitution of the individual supplies the preconditions upon which the environmental factors act upon. Therefore, the formation of melancholia caused by a relation between individual's physique and environmental factors.

This argument is supported through the analysis conducted in this subsection. According to this, on the one hand no external factor can be melancholic in itself. It is the individual's given constitution which has a natural and inherent melancholic character, and renders the external influences melancholic. On the other hand, as stated in *AWP*, the external factors do not only influence the individual's constitution through creating fluctuations in the balance of the humours, but they actually play a determinant role in the formation of some of the individual's constitutional characteristics in the first place. Indeed, the constitutions of the individuals who are exposed to different socio-physical environments tend to differ from one another due to the differences in the environmental determinants. Therefore, the formation of inherently melancholic quality of internal factors are not stripped from the influence of external factors. This argument supports that it is problematic to make a clear distinction between the internal nature of an individual and the external environment, and to place the ontogenesis of melancholia within the clearly defined boundaries of either. Nevertheless, it is necessary to highlight that this point was never discussed explicitly with regards to a melancholic disposition, therefore this conclusion as well remains contradictable at some level.

The analysis of interaction and melancholia can also contribute to the discussion of dysfunction category. Above, it was stated that in the Hippocratic Corpus melancholia was pathologised on the basis of unbalanced bodily fluids which is likely to correspond to an individual dysfunction working on the aetiological level. However, it was also noted that this conclusion could be revisited if new material to be examined brings some insight in the issue, because there was no enough evidence to eliminate the social dysfunction argument. Indeed, the discussion of interaction and melancholia supplies a new ground to

discuss the dysfunction category. As stated before, in the Hippocratic understanding the boundary between internal and external is already considerably fluid. According to this, the internal nature of the individual is environmentally sensitive which means it is not constant but subject to be altered by the environment. While this statement illustrates the intertwined conceptions of internal and external, it was not enough to support the social dysfunction position for two reasons: first, because there was no indication of the sociality of the environment at this point; second, because even if there was, this would not be enough to suggest that melancholia is caused by dysfunctional environmental factors. Although the analysis pursued in this subsection eliminates the first reason by illustrating the socio-physical nature of the Hippocratic conceptualisation of environment, it does not offer anything to disregard the second reason. Based on this analysis, it was suggested that social factors such as customs play a fundamental role in the formation of physical constitution. According to this, there is room for the idea that the formation of natural disposition towards melancholia is irreducibly social. Yet, there is no indication that these social factors correspond to any social dysfunctionality. The passages quoted from *AWP*[48] suggest that the customs and social life style function in a certain way and the individual located in this social system develops a physical constitution which tunes with this so that the balance in the socio-physical unity capturing the individual, the social and the physical world is sustained. While this blurs the conceptual boundary between internal and external, and individual and social even further by claiming that the individual/internal and social/external factors cannot be distinguished clearly from one another even on the level of their origin, it still does not suggest anything on the dysfunctionality of the social

[48] See p. 92.

aetiologically involved in the formation of melancholia. Therefore, the previously suggested conclusion is repeated here: according to the Hippocratic understanding, it is an individual dysfunction underlying the pathologisation of melancholia.

In the case of the characteristics, which is the fourth question of this study, it is possible to derive a clear conclusion from the analysis made in this subsection. What was previously stated[49] regarding the influence of characteristics, such as age and gender on the formation of melancholia suffices for this conclusion. Furthermore, it is claimed here that it might be also possible to add the individual's character into the list of personal characteristics influencing melancholia. According to this, in the passages examined in this subsection lifestyle[50] was listed among the factors affecting both health in general and melancholia in particular. Here, it is suggested that the formation of a certain lifestyle is underlain by an intersection of circumstances which are out of an individual's control, and individual preferences which are linked to the individual's character and will. In this sense, it appears credible to suggest that in the Hippocratic medicine and philosophy, becoming melancholic is not conceptualised as something completely out of an individual's control. Although there are some natural or environmental conditions, which might increase or decrease the probability of becoming melancholic independent to the individual's control; some conditions can be manipulated by the individual, a fact which renders the characteristics influencing the individual's choices important. Therefore, although becoming

[49] See Section 1.1.

[50] Although lifestyle is an influential factor taking place in the interaction which creates health and disease, it is controversial to suggest that the influence of this is similar to the influence of natural factors. According to Jouanna (2001a, p.212), "The health of human beings depends … not only on the manner in which they live but on a whole series of natural factors that impose themselves upon every individual, no matter what a person's particular way of life may be".

melancholic is not entirely in the individual's control, the formation of melancholia is a function of an equation, some of the constants of which are determined by the individual's choices. This supports the conclusion that in the Hippocratic understanding the formation of melancholia is influenced by various personal characteristics, such as age, gender, will, and character.

3.3. Body, mind and melancholia

Another theme to study within the Hippocratic medical context in which the concept of melancholia is situated is body, mind, and melancholia. The main objective of the discussion here is to explore the nature of the boundary between the Hippocratic conceptions of body and mind. In the Hippocratic Corpus, the terms 'mental' and 'mind'[51] are referred to several times, separately from the concept of body. The occurrence of 'body' and 'mind' as two separate concepts leads us to the question on what basis the Hippocratic authors distinguished between these terms. Examining this question links the discussion to two main questions of this study: corporeality category and characteristics category. This relates clearly to the corporeality category, because the main objective of this category is to explore the nature of the boundary between body and mind, and to understand how melancholia links to each phenomenologically and ontologically. Furthermore, this theme relates to the characteristics category, because if the Hippocratic naturalism applies to the concepts of will and character, any 'mental' process, including personal choices, might appear to be determined by the individual's physique, which would render the conclusion made in the previous subsection questionable.[52] To clarify these questions, below first the Hippocratic

[51] *Aphorisms* (Hippocrates, trans., 1978b, p. 209); *RiAD* (Hippocrates, trans., p. 200, 203) *AWP* (Hippocrates, trans., 1978a, p. 164) and *tSD* (Hippocrates, trans., 1978e, p. 249, 251).

[52] It was derived from the analysis made in the previous subsection that some individual characteristics, such as will or character, can influence the formation of melancholia to some

conceptualisation of body and mind is introduced, and then based on this corporeality and characteristics categories are discussed.

To begin, in the following passage the author of *tSD,* firstly described the brain as the seat of thought, sensation, taste, and judgement as well as of madness and delirium. Secondly, he claimed that no body part except for the brain is the responsible for all mental operations.

> It ought to be generally known that the source of our pleasure, merriment, laughter and amusement, as of our grief, pain, anxiety and tears, is none other than the brain. It is specially the organ which enables us to think, see and hear, and to distinguish the ugly and the beautiful, the bad and the good, pleasant and unpleasant. Sometimes we judge according to convention; at other times according to the perceptions of expediency. It is the brain too which is the seat of madness and delirium, of the fears and frights which assail us, often by night, but sometimes even by day; it is there where lies the cause of insomnia and sleep-walking, of thoughts that will not come, forgotten duties and eccentricities. All such things result from an unhealthy condition of the brain (Hippocrates, trans. 1978e, p. 248-249) . . . . Neither of [the] organs takes any part in mental operations, which are completely undertaken by the brain. (p. 251)

Relying on this passage, it is possible to claim that the Hippocratic author here referred to the concept of mental without differentiating it from the brain. On the contrary, “psychological phenomena [we]re mentioned among purely physical phenomena without any categorical difference, and the cause for mental disorders [wa]s virtually always sought in bodily factors” (Eijk, 2005, p. 125,126). According to this, brain and mind do not constitute two ontologies, but only one, the latter being merely a function, or an outcome of the former. Thus, the author of *tSD* did not distinguish the mind from the body on an ontological basis, but only on a phenomenological basis. ‘Mental’ was only a category of symptoms. According to this one can be mentally deranged or exhibit some mental symptoms, yet one cannot be mentally ill without having some physical anomaly

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degree; therefore, the individual might have some control over their melancholia up to a certain point.

pertaining to the brain. In this regard, 'mental' and 'physical' are not opposed but intertwining categories: the 'mental' is seated in the 'physical'. Yet, there is still some hierarchy between body and mind in the sense that mind is always shaped by the body, and there is no proof suggesting that body is affectable by the mind. Therefore, only bottom-up relations seem to exist between body and mind from the Hippocratic perspective[53][54].

If the corporeality category is viewed on this basis, it can simply be concluded that whereas the Hippocratic physicians distinguished the conceptualisation of body and mind on a phenomenological level, they did not hold the same approach on an aetiological level. If the content of the phenomenological description offered for melancholia is viewed from this perspective, it can be claimed that both mental and physical components of experience were included in this description, and therefore Hippocratic melancholia is considered to be both a bodily and a mental phenomenon at the same time. On the other hand, from an aetiological perspective, it occurs that Hippocratic melancholia is a bodily ontology whose most fundamental formation is purely corporeal.

In addition to initiating the discussion of the corporeality category, the examination of the body and mind theme can also contribute to the previously started discussion of the characteristics category. Based on the ontological physicalism of the Hippocratic medicine established in this subsection, it is necessary to re-question whether there is room in the Hippocratic understanding

[53] Jouanna (2012e) claims that in the Hippocratic medicine, psychological factors were stressed as the possible cause of some maladies in some occasions. This claim does not seem applicable to the passage in question here (unless Jouanna is referring to some psychosomatic factors), because according to this passage, there is no cause of a malady other that the physic. In this sense, there is no psychological factors forming a malady, but only 'psychological'/'mental' symptoms formed by a malady.

[54] It is considered here necessary to stress a point made by Eijk (2005). According to him, different Hippocratic authors differ in the independence they attribute to mind. Here, the analysis based solely on *tSD,* and a different conclusion can be derived from a different treatise.

for the idea that an individual can have some control over becoming melancholic through the choices they make. According to this, in the Hippocratic philosophy ‘mind’ and ‘body’ were not distinguished from one another ontologically. This does not only mean that the brain is the origin of all judgement, but also that an unhealthy condition of the brain can lead an individual to ‘wrong’ judgements and decisions. If so, then the choices made by an individual do not necessarily fit the modern notion of free will. This suggests that it might be misleading to put an ontological boundary between the physical and moral characteristics of an individual, as one’s morality is immanent in their physique. Therefore, according to the Hippocratic philosophy, it might be problematic to consider morality as something through which an individual can have an actual control over their lifestyle, because how they think and what decisions they make has a physical basis. Nevertheless, this is not to say that the physical determinism underlying the character of an individual renders the issue of morality irrelevant. It is possible that, although it is the physique of the individual which prevents them from making the right decisions, this still makes them ‘immoral’, because it is the physical basis itself what entails some moral attributes.

To conclude, this analysis revealed that various individual characteristics, such as gender, age, character or personal preferences leading the individual to a certain lifestyle were considered as aetiologically involved in the formation of melancholia. However, it still remains problematic to proceed further on the basis of the last characteristic mentioned above and imply that individuals might have some control over becoming melancholic through their choices. This is because in the Hippocratic understanding there is no ‘mind’ beyond the ‘brain’, and there is no ‘individual’ beyond their ‘nature’.

3.4. Self and melancholia

The last problem of this study concerns with the presuppositions about the status of the self that structured the way melancholia was understood by the Hippocratic physicians. This is considered important for the present study due to the connotations attached to the term ‘melancholic’ regarding personality and identity. In this sense, melancholia might constitute some meaning which extends beyond ‘being ill’ and pertains to the definition of self. Therefore, it appears credible that developing an examination of the ontology of melancholia based on the ontology of human self might yield some fruit. This examination is pursued through the self category. It is aimed through this category to explore whether a binary conceptualisation of self which distinguished between ‘authentic’ self and melancholic self underlies the conceptualisation of melancholia. To answer this question, it is essential to reveal how melancholically altered behaviour or emotional/intellectual expressions of an individual are conceptualised, whether as a detachment from a stable and constant self or as a different aspect of a fluid and multifaceted self. To analyse this, firstly the assumption made by Jouanna (Jouanna, trans. 2012d) that the Hippocratic physicians interpreted disease as a wild beast attacking the individual is discussed. Secondly, the implications of this idea with regard to the ontology of self is examined. Thirdly, whether this applies to melancholia is analysed, stressing its possible contradiction to the idea of being naturally prone to melancholia, which appears prominently often in the Hippocratic Corpus.

First of all, according to Jouanna (Jouanna, trans. 2012d), it can be inferred, from the vocabulary used dominantly in the Hippocratic Corpus that the Hippocratic physicians tended to interpret illness as an enemy, some sort of “wild beast” (p. 95) attacking the patient. Jouanna claimed that the Hippocratic authors

used adjectives such as "'beastly'", "'wild'", "'savage'" (p. 83) to describe illnesses. Similarly, to define the influence of an illness on an individual they applied verbs such as "'to eat'" and "'to graze'" (p. 91). In Jouanna's view, in the Hippocratic Corpus,

> disease can, in its acute form, appear as an eruption of something wild threaten to devour a man's flesh like a ferocious beast, or a fire compared to a ferocious beast, and it can eventually lead to the patient's behaviour becoming like a wild beast. (p. 95)

Jouanna (Jouanna, trans. 2001b, p. 335) also claims that "Hippocratic metaphors imply that disease was conceived as a disorder, as a disruption of the *normal*[55] state". Jouanna's (trans. 2001b, trans. 2012d) assertions suggest that the Hippocratic physicians viewed "illness" as a phenomenon external to the individual, something alien to them, which alters their nature, which connotates essence or self, by attacking them. If so, it follows that in this philosophy the human self is viewed as something subject to be violated by illness. Although this argument only implicitly implies that the self is conceptualised as a stable phenomenon, it still presents a solid reason to suggest that the alterations caused by any illness were understood by Hippocratic physicians as outcomes of the essence violated by illness, which, then, do not reflect the individual's 'real' self, but the contrary, a detachment from this real self.

As a category of illness, it is likely that melancholia also fits into this framework. Some passages in *tSD* support this assumption. According to the first passage,

> moistness is the cause of madness for when the brain is abnormally moist it is necessarily agitated and this agitation prevents sight or hearing being steady. Because of this, varying and acoustic sensations are produced, while

[55] Italics does not appear in the original text.

> the tongue can only describe things as they appear and sound. So long as the brain is still, a man is in his *right mind*[56]*.* (Hippocrates, trans. 1978e, p. 249)

Although this passage does not directly refer to melancholia, it states explicitly that the brain needs to be free from changes for the 'right mind' of an individual to be sustainable. Later in the same page, the author claims that,

> The brain may be attacked both by phlegm and by bile and the two types of disorder which result may be distinguished thus: those whose madness result from phlegm are quite and neither shout nor make a disturbance; those whose madness results from bile shout, play tricks and will not keep still but are always up to some mischief. Such are the causes of continued madness, but fears and frights may be caused by changes in the brain (Hippocrates, trans. 1978e, p. 249).

In this passage, the author firstly described two types of madness as the results of some changes in the brain, one caused by phlegm and the other by bile. Secondly he claimed that 'fears and frights' are also caused by changes in the brain. Although there is no way to be certain about this, there is a possibility that by 'frights and fears' the author referred to melancholia[57]. This possibility becomes stronger when it is considered that the author of *tSD* made this claim right after he explained a type of madness which is caused by an attack of *bile* to the brain. Therefore, considering the proceedings of the discussion in *tSD,* it is reasonable to think that after finishing the examination of a type of madness caused by bile, the author might have proceeded to another type of illness, which is similarly related to bile. On the other hand, even if he did not refer to melancholia specifically in this case, it is highly likely that the account he suggested would apply to melancholia as well, because melancholia consists mainly of fear and despair, and therefore the pathology underlying the fears and

[56] İtalics does not appear in the original text
[57] As already illustrated above, melancholia is associated with fear in *Aphorisms.*

frights addressed in the passage above should be involved in the formation of melancholia as well.

Based on this argument, it is possible to relate melancholia to changes in the brain which, when considered with the former passage, should result in an alteration of the 'right mind' of the individual. Through a humoral perspective, this may imply a normative understanding of the right balance of the humours underlying the concept of self, which indicates that when the humours are out of balance one is not oneself anymore. Therefore, the Hippocratic concept of melancholia might indicate an alienation from one's real self. Consequently, it becomes possible to claim that according to the author of *tSD*, melancholia is an illness, like many others, which attacks the individual and consumes their right mind by ruining the stillness of their brain. This conclusion supports the idea that the human self was thought to be a unidimensional and stable phenomenon, and when an individual changes due to melancholia, this is due to an inhibition of the 'right mind'; a detachment from the 'authentic' self.

An alternative to this view could be suggested by depending on the Hippocratic idea that melancholia is something to which some individuals are *naturally* prone. As it is constitutional to be melancholic for some individuals, it can be claimed that Hippocratic medicine attributes a rather internal meaning to melancholia. This contradicts with the conclusion drawn earlier in this subsection, because if it is immanent in one's constitution to become melancholic, then, it becomes problematic to claim that being 'melancholic', and exhibiting some alterations due to this, can be alien to the individual's self at all. As a response to this argument, it needs to be highlighted that what is natural in individuals whose constitution is dominated by black bile is being prone to melancholia, and not developing melancholia. In Hippocratic understanding, melancholia is a

pathological state caused by an interruption of humoral balance. For some individuals this balance is sustained when black bile is higher than usual, and because a relatively modest rise in the proportion of black bile can result in an excessive level of black bile, it is easier for these individual's to develop melancholia. Yet, this does not mean that it is natural for these individuals to develop melancholia. As for other individuals with different constitutions, for individuals with a constitution dominated by black bile as well melancholia corresponds to a pathological state, an interruption of bodily balance. Therefore, there is enough reason to assume that for these individuals as well becoming melancholic means being in a physical condition which does not support the pursuit of their right mind, and therefore relates to a detachment from the authentic self.

4. Conclusion

Throughout this chapter the Hippocratic view on melancholia was examined. This examination was based on the reformulation of the Hippocratic account of melancholia within the categories of individuality, internality, dysfunction, characteristics, corporeality, and self. In the first section, the discussion was based on various forms of humoral understanding of melancholia. According to the four-humoured version of the humoral theory, which was established by Polybus in *tNoM* and became known as *the* Hippocratic theory later, melancholia was an illness caused by excess levels of black bile. This analysis allowed the individuality, internality, and dysfunction categories to be tackled. On this basis, first it was asserted that the treatises examined did not address any possible involvement of sociality in the pathological genesis of melancholia. Therefore, it appeared likely that melancholia was viewed as indigenous to the individual rather than irreducibly social. However, it was also highlighted that the lack of

argumentation on sociality issue within the material examined in this section was not enough to eliminate the social irreducibility argument, therefore this conclusion was left open for discussion. Second, the key question of the internality category was focused on. This analysis offered that the Hippocratic physicians viewed melancholia as an outcome of the relation between internal and external factors. The ontogenesis of melancholia was underlain by both internal (such as bodily constitution, which is the proportion of four humours) and external (such as climate) conditions, and it did not occur that one necessarily dominates the other through their relation. Last in this section, Hippocratic melancholia was examined within the dysfunction category. This suggested that the pathologisation of melancholia was based upon an individual dysfunction (the dysfunction of bodily fluids) instead of a social dysfunction. However, similar to the conclusion drawn for individuality category, this conclusion was also left open for discussion, since the lack of evidence on the sociality of dysfunction underlying melancholia was not enough to eliminate this argument.

In the second section, the Hippocratic descriptions of melancholia were introduced. Despite the limited knowledge yielded by the Corpus on the issue, it was possible to determine that the main characteristics of melancholia were fear and despondency. Apart from these, some other symptoms were also referred to by the Hippocratic physicians as either directly or indirectly related to melancholia. These symptoms can be listed as follows: loss of appetite, insomnia, tantrum, sudden paralysis, blindness, madness, apoplexy, fever, delirium and dark urine. On the basis of this analysis, the individuality category was revisited again, to see whether melancholia was irreducibly social from a phenomenological standpoint. Although melancholia was defined based on symptoms observable upon the individual, and although most of the symptoms

related to melancholia were physical, the vagueness of the meaning of the term 'madness' left some room for the sociality that might have been involved in the Hippocratic conceptualisation. Although the explicit definition of this term was not offered by the authors, it became possible to deduce that it was used with reference to some anomalies in behaviour and thought, and based on the association between madness and melancholia, it occurred likely that the social consequences created by the physical anomaly underlying melancholia were also included in the Hippocratic conceptualisation of melancholia. Therefore, it was concluded that the Hippocratic conception of melancholia possibly corresponds to a social phenomenon[58], but because the sociality was involved in the conception of melancholia only in the position of a possible outcome, the Hippocratic model does not fall under the extreme pole of social irreducibility.

In the third section, some concepts and themes included in the Hippocratic medicine and philosophy were discussed on the basis of their relevance to the concept of melancholia and to the main problems of this study. This discussion was organised in four subsections. The analysis in the first subsection focused on the question of whether melancholia was particular to a specific gender. The analysis revealed that melancholia was mostly viewed by the Hippocratic doctors as a malady to which men are more prone due to their naturally dry constitution. Thus, it occurred credible that gender, according to the Hippocratic authors, was a characteristic which interacts with the physical cause of melancholia and influences its formation. However, in *Epidemics,* the case of a female patient with a melancholic disposition was discussed, which indicated that there was an inconsistency among different Hippocratic treatises on the nature of gender and

[58] This still does not affirm that the Hippocratic physicians understood melancholia as an irreducibly social *ontology*.

its relation to melancholia; hence, it was found problematic to assert that the interpretation proposed above can be generalised as *the* Hippocratic understanding of the issue in question. Still, this analysis offered that in the Hippocratic medicine there was room for the idea of the involvement of physical characteristics of the individual (whether gender was among them or not) in the formation of melancholia.

The second theme discussed in this section was the Hippocratic physicians' emphasis on the interconnectedness between the environment, dietetics, individual factors, and nature as the origin of health and disease. Although melancholia was not discussed explicitly within this theme by the Hippocratic physicians, it was still possible to arrive at some conclusions based on the understanding of health and disease underlying the concept of melancholia. First, as in *AWP* individual's constitution was described as shaped by social customs, it was possible to argue that there is room in the Hippocratic Corpus for melancholia being an irreducibly social ontology. The analysis made in this subsection also showed that some constitutional characteristics of the individual are determined by the influence of the external environment in the first place. This supported the conclusion made before on the internality issue. According to this, the Hippocratic physicians drew a fluid conceptual boundary between the domains of internal and external. According to this, the very internal factors taking part in the formation of melancholia were originally determined by the socio-physical environment. In this case, the individual's nature and the environment are not two segregated domains, but they are intertwined. This supported the argument that the importance of either internal or external factors cannot be prioritised over the other for the formation of melancholia. In fact, even an unproblematic distinction of internal and external factors as such cannot be made.

The third theme examined within the Hippocratic medical context was the conceptualisation of body and mind. This discussion linked to two key problems of the study: initially corporeality category and secondly characteristics category. For the corporeality category, the main question to be answered was whether there is an ontological distinction between the concepts of mind and body according to the Hippocratic Corpus. To start, it was noted that the term ‘mental’ was often addressed throughout the Hippocratic Corpus, yet this was only to categorise certain functions of the brain, and not to distinguish a ‘mental’ realm ontologically differentiable from the physical. Based on this analysis, melancholia was described within the corporeality category phenomenologically as both mental and physical, but ontologically as simply corporeal.

In addition to presenting the fundamental basis on which corporeality category to be discussed, the study of body and mind also contributed to the exploration of the Hippocratic account’s position within the characteristics category. It was stated by the Hippocratic physicians that lifestyle was among the factors influencing the physical health. Since lifestyle may depend on individual’s choices at some point, it was suggested that an individual’s will and character could also be included in the list of personal characteristics interacting with the formation of melancholia. Here, another question appeared, regarding whether the will or personality of an individual is ontologically different from their age or gender, in terms of being determined by the nature and not being subject to the individual’s control. This question was examined on the basis of the analysis pursued on body and mind. If mind is completely determined by the body, then it is implausible to suggest that will, which is a mental phenomenon, may have an influence on the formation of melancholia. Accordingly, it was concluded that an individual’s character can influence the physical pathology underlying melancholia through

the choices an individual makes. However, because this character originates from a physical basis, it might be problematic to categorise the individual's character differently from an individual's gender or age, and to claim that an individual can have some control over becoming melancholic through their will. This implies that the Hippocratic understanding offers an idea of will and morality which is considerably different from the modern meanings of these terms. According to this, there is no binary of rational and biological ontologies in the Hippocratic view. The morality/immorality of an individual's wilful choices are embedded in their corporeal nature. Therefore, no *free* choice is free from being bound up with the individual's nature.

The last Hippocratic theme to be viewed as a part of the categorical analysis was the ontology of self underlying melancholia. Here, the aim was to explore whether human self was conceptualised as a stable and unidimensional entity (which would imply that the melancholically altered manifestations of an individual reflect an alienation from the self) or as an unstable and multidimensional entity (which would imply that melancholia does not create an alienation from the 'real' self, but a transmission towards a different dimension of the self). To answer this question, firstly Jouanna's (Jouanna, trans. 2012d) theory that in the Hippocratic medicine disease was viewed as a wild enemy which attacks the individual from the outside was introduced. Based on this idea, it was argued that this conceptualisation of disease might be linked to an understanding of stable self, because the analogy between a wild enemy and disease implies clearly defined boundaries of an attacker and a victim. To evaluate the validity of this interpretation, the representation of melancholia in the Hippocratic Corpus was analysed from this perspective. To conclude, it was claimed that in some Hippocratic treatises melancholia was viewed as an interruption of the stillness

of the brain, which results in an alteration of ‘the right mind’ of the individual. From this perspective, it occurred credible to assume that there is room in the Hippocratic medicine for the idea that melancholia shadows over the essence of the individual, which becomes accessible only through the maintenance of the right balance of humours. On the other hand, this conclusion could be challenged by the idea that some individuals are naturally and constitutionally predisposed to melancholia, which could render the alienation from the ‘authentic’ self interpretation rather problematic. However, this counterargument was rejected by the claim that what is natural in individuals who are predisposed to melancholia is relatively high levels of black bile, and not excessive levels of black bile. Whereas the first condition is a healthy condition in which the natural proportion of humours is sustained, the second is pathological condition in which this proportion is disturbed. In this sense, whereas the ‘right mind’ of the individual is accessible in the first case, in the second it is pathologically altered. Depending on this, it appears plausible to claim that in Hippocratic philosophy healthy and melancholic selves were viewed in a binary, and melancholia was understood as a detachment from the authentic self.

CHAPTER 2
MELANCOLIA IN ARISTOTLEIAN PHILOSOPHY

My wound existed before me, I was born to embody it[59]*.*

Bousquet, 1967

The purpose of this chapter is to analyse Aristotle's concept of melancholic, explore his account of melancholia, and then re-establish his model of melancholy in the six categories[60] which constitute the basis of this study. To start, it is rather challenging to establish Aristotle's understanding of melancholia and expose the meaning of his concept of melancholic because these concepts were not explicitly described in Aristotelian corpus. The only passage which includes statements written specifically on melancholia is *Problems* 30.1 (Aristotle, trans. 1936), but there is controversy about whether Aristotle himself or one of his pupils wrote *Problems*, therefore an analysis solely based on this text might be unreliable. Nevertheless, the current analysis here includes the ideas introduced in *Problems* because, whether Aristotle's own text or a summary of the original text, *Problems* contradicts neither Aristotle's natural philosophy (Radden, 2000), nor his other arguments relevant to melancholia (Eijk, 2005), and therefore it is likely that it gives some important insight into how to interpret the Aristotelian account of melancholia.

Apart from *Problems* 30.1 (Aristotle, trans. 1936), *Parva Naturalia (PN)* (Aristotle, trans. 1931b)*, Eudemian Ethics (EE)* (Aristotle, trans. 1982)*,* and *Nicomachean Ethics (NE)* (Aristotle, trans. 2009) [61] are the other texts in which Aristotle employed the concept of melancholic. None of these texts, however, aimed to give a clear explanation or definition of melancholia, nor are they

[59] Translation from the French original appears in Deleuze & Parnet (trans. 2007).
[60] To remind, these are individuality category, internality category, dysfunction category, personal characteristics category, corporeality category, and self category.
[61] In some English translations of *PN* (Aristotle, trans. 1931b) and *NE*, the term 'τούς μελαγχολικους' is translated as 'excitable', instead of 'melancholic'.

particularly on melancholia. Rather, they refer to the so-called ‘melancholics’ in different contexts, through which it becomes possible to account for where to situate melancholia, or being melancholic, in Aristotle’s wider philosophy of nature and ethics. Below, after exploring *Problems* 30.1 in the first section, these other texts will be introduced in the second section.

1. Melancholia in *Problems* 30.1

This section focuses on *Problems* 30.1 (Aristotle, trans. 1936) which is the only Aristotelian text written directly on melancholia. In the opening lines of this text a question was posed:

> Why is it that all men who are outstanding in philosophy, poetry, or arts are melancholic, and some to such an extent that they are infected by the diseases arising from black bile? (p. 155)

This question indicates three key points of Aristotle’s view of melancholia which will be viewed respectively in this section. First point indicates that there may be an association between melancholy and being infected by black bile. Second, although their difference remains unclear within the phrase quoted above, there are two separate conditions which are referred to as being melancholic and being sick because of melancholia (black bile). Third, many creative and intelligent people appear to be influenced by either of these two conditions. These three aspects of are the Aristotelian model of melancholy are discussed further below.

1.1. Physical basis of melancholia

To start, when the terminological affinity between the concepts melancholy and black bile (*melaina chole*) is considered, it may occur quite clear that when describing a type of person referred to as melancholic, Aristotle simultaneously sets up a physical basis for this type and indicates that black bile, a bodily fluid, constitutes this physical basis. Therefore, what Aristotle understands from black

bile needs to be clarified primarily. To achieve this goal, below the Aristotelian conceptualisation of black bile will be examined based on first its role in the body (which also relates to the issue of the amount leading to the development of melancholia), and second its proportion and character. Throughout this examination, it will be also explored how the Aristotelian understanding of black bile differs from the Hippocratic one.

To start, because Hippocrates' conceptualisation of black bile is mistakenly taken as *the* representative of the ancient mainstream understanding of this concept, it is important to start the examination of black bile from the acknowledgment that there was no unitary concept of black bile, and various philosophers differed in how they understood it. Therefore, the first thing to note regarding this issue is that to grasp the concept of black bile in Aristotelian philosophy, it is crucial to be cautious about the connotations of the term "black bile" and to avoid the classical Hippocratic interpretation, as Aristotelian understanding of humoralism is considerably different from that (Jouanna, trans. 2012c).

First, Aristotelian and Hippocratic philosophies are at odds with each other on black bile's role in the body. According to Hippocratic humoral theory, black bile is one of the four bodily fluids (together with blood, phlegm, and yellow bile) which exist in every human body[62]. The proportion of these fluids is quite important, as any imbalance creates pathological conditions. Melancholia, for instance, is a malady that occurs due to an imbalance created by *excess* levels of black bile. There is insufficient evidence, however, to assume that Aristotle embraced the classical humoral understanding of the human body and the four fluids. On the

[62] As shown in the previous chapter, this is not *the* Hippocratic humoral theory, but the Hippocratic humoral theory which has been more influential throughout the history.

contrary, Eijk (2005) states that it is very unlikely that Hippocratic humoral theory influenced Aristotle at all, because Aristotle, in *On the Parts of Animals* (*PoA*) 653, explains phlegm, yellow bile, and black bile as residues, together with faeces, instead of interpreting them as the vital equivalents of blood. As these fluids are residues, they need to be excreted from the body; rather than being contained. Therefore, the natural containment of black bile in the body appears to be an abnormal state[63], according to Aristotle, and based on this, it could be asserted that 'melancholic' is not a type of person who contains black bile in *excessive* levels, but a type of person who contains *any* amount of black bile. Therefore, melancholia and melancholic diseases are caused not by *excess* levels of black bile, but by *any* amount of this fluid.

This, however, does not mean that the proportion of black bile is completely unimportant, On the contrary,

> for just as men differ in appearance not because they have faces, but because they have a certain type of face some handsome, some ugly and some again having no outstanding characteristics (these are of normal character), so those who have a small share of [black bile] are normal, but those who have much are unlike the majority. If the characteristic is *excessive*, such men are *too* melancholic, and if the mixture is of a certain kind, they are abnormal. (Aristotle, trans. 1936, p. 165)[64][65]

This brings us to the second aspect of the Aritotelian understanding of black bile: proportion and character. The quoted passage suggests that, the proportion together with the character of black bile shapes what kind of a melancholic that

[63] Here, a controversy seems to appear as it is suggested that *any* containment of black bile is abnormal, however in some cases it is still natural, and does not fit into a category of disease. This point is analysed below broadly with reference to Aristotle's concept of 'nature'.
[64] Italics does not appear in the original text.
[65] Here, the expression 'those who have a small share of this mixture are normal' might occur as an evidence for a moderate amount of black bile would not lead to melancholy. However, it is also possible that the term 'normal' is not the opposite of 'melancholic', but one of the several different resemblances of melancholics. This latter interpretation becomes clear later in the passage, as it is implied that an excessive level of black bile does not create melancholia, but exaggerates the severity of melancholy which is already formed. The next passage quoted immediately after the one in question may also be seen as an evidence for this interpretation.

person is. For instance; “those with whom the excessive heat[66] has sunk to a moderate amount are melancholic, though more intelligent and less strange” (p. 163) and

> those . . . in whom black bile is considerable and cold become sluggish and stupid, while those with whom it is excessive and hot become mad, good-natured or amorous and easily moved to passion and desire, and some become more talkative. (p. 163)

The passages quoted above indicates how Aristotle links being melancholic to black bile. This passage shows that Aristotle does not only differ from the Hippocratic physicians in terms of the proportion of black bile, but also in terms of the character of it. Hippocratic medicine defines black bile as cold and dry; whereas Aristotelian philosophy, in *Problems* 30.1 describes it as an uneven mixture of cold and hot. According to this, although black bile is naturally cold, it is also suitable to become warmer because of its imbalanced nature. To sum up, in Hippocratic medicine anyone who has an excess level of dry and cold black bile becomes melancholic. On the other hand, in Aristotelian philosophy, anyone who contains any amount of black bile is called melancholic, but what kind of melancholic characteristics are exhibited by this person varies according to what type (cold or hot) of black bile they have.

1.2. The difference between natural and pathological melancholia

The aim of this section is to analyse how the Aristotelian conceptualisation of melancholia varies on the basis of the underlying cause: nature versus accident. However, prior to examining this twofold conceptualisation of melancholia, below first Aristotle’s melancholic type will be described. Following this, the concepts of natural melancholy and pathological melancholy will be explored.

[66] Here, it is not clear whether the author mentions a decrease in the black bile’s heat or a decrease in the amount of excessively heated black bile.

1.2.1. The description of the melancholic type

Before discussing the two different conceptualisations related to melancholia – being naturally melancholic and being in a pathological condition because of black bile – it is useful to introduce the description of the melancholic type. In this sub-section, the concept of melancholic type will be studied on the basis of first the analogy between wine and black bile offered in *Problems 30.1* (Aristotle, trans. 1936), second the concept "daily despondency", and last the parallelism between the uneven consistency of black bile and the inconsistent phenomenal character of the melancholic type.

The description of the melancholic type as mentioned in *Problems* 30.1 (Aristotle, trans. 1936) is heavily dependent on the analogy between wine and black bile. This analogy becomes evident in the following lines quoted from *Problems* 30.1:

> Now the liquid and the mixing of the black bile is due to breath . . . . And the power of wine contains air. So wine and the mixture mentioned are similar in character. (p. 159)

According to this both wine and black bile have a similar character. Furthermore, as illustrated by the passage quoted below, they create similar characteristics in human beings.

Neither in the case of wine nor in the case of black bile, however, is it possible to suggest that these liquids result in melancholic characteristics in a direct way, which give rise to the same outcomes every time. There are two factors which interfere with the relation between these liquids and the characteristics they lead to: first, the amount and characteristic of the liquid, and second, the variable relation between the body and the liquid. In the former case, just like different amounts of wine have different influences, so black bile produces different results

according to its amount and character, as already illustrated. This is also evident in the following passage:

> One can see that wine produces every sort of character, by watching how gradually changes those who drink it; for finding them chilled when they sober and inclined to be silent, when a slightly too great quantity has been drunk it makes them talkative, a still larger quantity makes them eloquent and bold, and as they go on they become eager for action; when still more is drunk, it makes them first arrogant and then mad; a very large quantity relaxes them and makes them stupid, like those who are epileptic from childhood, and are very near to melancholic. So, just as a single individual changes his character by drinking and using a certain quantity of wine, so are men in relation to individual characteristics. For just as the one man is when he is drunk, so is another by nature. (Aristotle, trans. 1936, p. 157)

In the latter case, the outcome of the black bile changes according to how the body and the fluid interact. This not only varies from one individual to another, but from one time to another in an individual. According to this, "[melancholics] differ at different times according to the relation of their body to this mixture. The melancholic mixing is in itself uneven, just as it makes men uneven" (p. 163).

Throughout his analysis of the variability of the outcomes of black bile, the author of *Problems* 30.1 puts another concept, "daily despondency" (Aristotle, trans. 1936, p. 165), forward and claims that "it is also with daily despondencies; for sometimes we are in a condition to feel grief, but we cannot say what we grieve about; and sometimes we are feeling cheerful, but it is not clear why" (p. 165). Here, the concept of daily despondency is not clearly defined, neither is its position with regards to melancholy. Therefore, the meaning of the quote above appears controversial. Nevertheless, one possible assumption would be to suggest that the author of *Problems* 30.1 expands the content of melancholia to capture the daily rise and fall of mood without any severe consequences. According to this interpretation, the affections, among which are feelings of grief or despondency, of an individual might be influenced by the daily changes in the proportion and character of black bile. Thus, the uneven character of black bile

and the variability of its behavioural/emotional outcomes might explain some seemingly unreasonable feelings, whose origin or reason appear ambiguous to the sufferers themselves.

Along with the emotional fluctuations described above, it is also stated in *Problems* 30.1 (Aristotle, trans. 1936) that the uneven nature of melancholia, gives rise to a number of different, sometimes even opposing, characteristics. According to this, similar to drunk people, melancholics, can be both “talkative” (p. 163) and “silent” (p. 159), “depressed” (p. 169) and “cheerful” (p. 163, 167), “bold” (p. 157, 159) and “cowardly” (p. 159) or “fear[ful]” (p. 161), “intelligent” (p. 163) and “stupid” (p. 163), “numb” (p. 161) and “eager for action” (p. 157), “eloquent” (p. 157), “arrogant” (p. 157), “impulsive” (p. 159), “prone to tears” (p. 159), “affectionate” (p. 159), “lustful” (p. 159), “inclined to love” (p. 159), “merciful” (p. 159), and suicidal. Furthermore, as black bile, according to *Problems* 30.1 (p. 163), is located close to “the seat of the mind”, diseases such as “madness or frenzy” can also accompany those characteristics listed above. Additionally, as black bile contains air, it can cause veins to be thick and prominent.

This analysis reveals that in *Problems* 30.1 (Aristotle, trans. 1936), the melancholic type does not conveniently fit into a fixed phenomenological description. Instead, the melancholic type, referred to by this text, is an uncertain one, which can alter unpredictably. The appearance of this melancholic type is dependent on the quality and quantity of black bile. But even this is not an unproblematic relation. Indeed, the character and amount of black bile is unstable even in the case of a single individual. The proportion of two constituents, cold and hot, of this mixture varies continuously; therefore it creates a moody character. Thus, depending on this, it could be claimed that the melancholic type introduced in *Problems* 30.1 does not have a clear, definable description. Rather,

“the melancholic is not equable in behaviour, because the power of the black bile is not even; for it is very cold and very hot” (Aristotle, trans. 1936, p. 169).

1.2.2. Being melancholic by nature

After clarifying above what sort of a phenomenon the melancholic type corresponds to, here the first branch of the twofold Aristotelian conceptualisation of melancholia, natural melancholia, can be revealed. To pursue this analysis, the theoretical ground on which natural melancholia is distinguished from pathological melancholia will be illustrated. This will start from introducing some details of the twofold conceptualisation of melancholia and melancholic in the Aristotelian philosophy, and then proceed with a summary of Aristotle’s understanding of nature, ensoulment, and four causes. Finally, the conception of being melancholic by nature will be examined on the basis of this theoretical ground.

To start, depending on the analysis pursued in the previous sub-section, it could be assumed that *Problems* 30.1 (Aristotle, trans. 1936) forms a very direct link between having black bile and being melancholic. However, as mentioned earlier, in the opening sentence of *Problems* 30.1, two different conceptualisations regarding melancholy and black bile draw attention: “melancholic[s]” and the ones who “are infected by the diseases arising from [melaina chole]” (p. 155). This point carries the discussion to the second indication mentioned earlier, the difference between being naturally and pathologically melancholic[67].

[67] Referring to Jounna (2012c), it is feasible to claim that these two categories correspond to two historically distinct conceptions relevant to *melaina chloe*: melancholic temperament as natural melancholia and the illness of melancholia as the pathological melancholia.

In *Problems* 30.1 (Aristotle, trans. 1936) the two different manifestations of black bile in the human body are distinguished. According to the text, their difference is that in the former case, black bile exists naturally; whereas in the latter, it is produced due to external influences such as nutrition[68]. In both cases, the individual manifests some melancholic characteristics due to the containment of black bile in their body. In the latter case, however, as opposed to the former case, these characteristics are temporary. They are not *constitutional* (not a part of the individual's nature); on the contrary, they are *pathological* (they represent a disengagement with the individual's nature, as their origin – the reason why black bile exists in their body – is external to this). In other words, the latter condition does not mean being melancholic foundationally, but temporarily: this latter condition, therefore, can be interpreted as either to be sick because of *melaina chole* or to become melancholic pathologically. In the following lines from *Problems* 30.1 it becomes clear that the author distinguishes two different origins of black bile and melancholic characteristics: "For many such men have suffered from diseases which arise from [black bile] in the body, in others their nature evidently inclined to troubles of this sort" (p. 157). Later in the text he explains further how one condition differs from the other:

> In most cases, arising as it does from the daily food, [black bile] does not make men any different in character, but only produces the diseases of melancholy. But those with whom this mixture exists by nature at once develop every kind of characteristic. (p. 163)

Although it is clear that in the previous lines the author of *Problems* 30.1 (Aristotle, trans. 1936) puts a distinction between the two different origins of melancholia, it is not as clear whether he consider the sufferers from both categories as 'melancholic'. Although throughout the text the author refers to all

[68] Relevant evidence is presented later in the paragraph.

sufferers of the melancholia as ‘melancholics’ regardless of whether their condition is pathological or natural, in some particular cases it becomes impossible to ignore that the term ‘melancholic’ acquires a rather exclusive meaning which implies a permanent character, instead of simply having melancholia. This point becomes clear especially in the following sentence from *Problems* 30.1: “all *melancholic* persons are abnormal, *not* by *disease* but by *nature*”[69] (p. 169). By distinguishing between the two different origins of the containment of the black bile (on the one hand natural and on the other hand pathological), and then claiming that melancholics are not melancholic by disease, but by nature, the author of *Problems* 30.1 implies that he does not refer to the ones who contain black bile pathologically (or in other words, the ones who have melancholy as a disease) as melancholics. These individuals who preserve black bile accidentally (as opposed to naturally) do manifest the same melancholic characteristics, but these do not become the individual’s *character*, because they are not due to the individual’s nature: “Wine [in particular and nutrition in general] exaggerates a man’s qualities, not for long but only for a short time, but nature makes them permanent for so long as the man lasts” (p. 159).

In other words, according to the former passage quoted above the term ‘melancholic’ has two different meanings. Although most of the time it refers to anyone who contains black bile, in some cases it refers to only the ones who contain it naturally and, therefore, have a melancholic character. According to this, melancholics are the ones who manifest melancholic features due to their nature, and, therefore, have a permanent melancholic character[70] which is

[69] Italics does not appear in the original text.

[70] Tellenbach (1980) supports the idea that Aristotle’s concept of ‘melancholic’ implies some permanency, which would be expressed as a type of personality in terms of contemporary terminology. Furthermore, Jouanna (2012c) also stresses that the Aristotelian concept of

beyond manifesting some features or symptoms due to the black bile. In this case, it is neither the proportion of black bile, nor its characteristic which makes a person melancholic, but it is why and how (whether naturally or pathologically/accidentally) black bile exists in their body. If this is the case, then the distinction between pathologic melancholia and natural melancholia (melancholia as character) becomes clearer and follows in particular cases that not all the individuals who have melancholia are called melancholics, but only the ones who have it naturally. Thus, to understand the concept of 'melancholic' in depth, a brief analysis of Aristotle's concept of nature and ensoulment, and the four causes is required here.

In *Physics* (Aristotle, trans. 1929) Aristotle defines nature as one of the causes by which things exist. According to this, living things (and their parts) and the four elements (fire, water, earth, air) are distinguished from the rest of the other beings as they exist by nature. The most primary characteristic of the category of beings which exist by nature, i.e. natural things, is that their process of change is led by their internal nature: "nature is the principle and cause of motion and rest to those things, and those things only, in which she inheres primarily, as distinct from accidentally" (p. 109). Depending on this phrase, then, fire goes upwards, earth goes downwards, and water goes into air when it is heated, all due to their nature. On the other hand, an iron stick, for instance, also goes downwards, but it is not because it is an iron stick; rather it is because it contains earth, and therefore its course of change is subjected to earth's nature. In order to understand the phrase 'being melancholic by nature', though, the current analysis needs to go further than this general conception of a natural being and focus on the nature of living

melancholic corresponded primarily to melancholia as a temperament, rather than melancholia as an illness.

things, which is a different kind of natural being, and thus to explore the concept of ensoulment.

In *otS*, Aristotle defines a certain category of natural beings, which can be called living things: “[o]f natural bodies, some have life in them, others not; by life we mean self-nutrition and growth (with its correlative decay)” (Aristotle, trans. 1931a, 412a-15). According to this, although all natural beings do have an internal principle of motion and rest, not all of them have the principle of growth and nutrition. The natural beings, which grow through nutrition, are therefore called living things. The importance of growth is not only that it represents a self-sufficient change, which happens without necessitating any external influence; but also that it happens towards an end: an infant will not grow into anything, it will only grow into an adult human being. According to Grene & Depew (2004, p.9), this reflects “end-oriented” nature of growth. And in Aristotelian thought, the very basis of this difference between living and non-living things is that the former is *ensouled*.

The previous paragraph illustrates that in Aristotelian philosophy being ensouled means being a living thing, which means being able to grow and decay towards an end and through a form. Furthermore, there is another notion Aristotle applies to express the meaning of soul. According to this, soul is the essence, or “essential whatness” (Aristotle, trans. 1931a, 412b-12), of a living thing. This aspect of the concept of soul becomes evident in the example of an axe given in *otS.* Here, Aristotle claims that, an axe has an essence which makes it an axe, and without which it would not be an axe. And then continues as follows:

> Suppose that what is literally an ‘organ’, like an axe, were a *natural* body, its ‘essential whatness’ would be its soul; if this disappears from it, it would have ceased to be an axe, except in name. As it is, it is just an axe; it wants the character which is required to make its whatness or formulable essence a soul; for that, it would have had to be a *natural* body of a particular kind, viz.

> one having in itself the power of setting itself in motion and arresting itself. (412a-15)

What is understood from this passage is that, the soul of a dolphin, for instance, is the totality of everything which makes it a dolphin: the thing which allows it to live underwater, the thing which gives it its shape, the thing which makes it a living thing etc. In Aristotelian philosophy, what the 'whatness' of a living thing consists of, or as Grene & Depew (2004, p.6) put it "why a thing is as it is", is explained through the four causes.

According to Aristotle, there are four causes which underlie every being: matter, form, locomotive cause, and final cause. In Aristotle's view, matter is the first reason of a being. This refers to the material of a being, as iron is for an axe. Form, on the other hand, is the shape that the iron takes to become an axe. Form is clearly distinguished from matter as it exists in the artificer's mind, separately from the matter. In this example, the third cause, locomotive cause, of the axe happens to be the artificer, who makes the axe. By applying the form in his mind to the iron, he actually creates the axe and becomes the third cause of its existence. The fourth cause is called the final cause, which means the purpose of the generation of the being. In the example given here, the final cause of the axe appears to be to chop, as this is what the artificer creates it for; however, in different contexts this may vary, as the final cause refers to why a thing exists in a certain context. Therefore, in one context, the final cause of an axe might be to cut down a tree and end the life of a living being; whereas, in the other context it might be to break into a house to save someone who is in trouble.

The example given above shows how Aristotle explains the four causes of the artefact and it clearly reveals how the four causes are mingled together to create the whole 'whatness' of an artefact. An axe is not an axe when it is made of wood

instead of iron for instance because wood would not be suitable for chopping, which is the final cause of the axe in this context. Similarly, an axe would not be an axe if it was designed in a different form, because again, its form makes it appropriate to chop. And finally, without the locomotive cause, the artificer, an axe would not exist at all. Thus, it appears that the very basis of this 'whatness', the essence of a thing is its final cause, but at the same time so are its form, matter, and artificer, because all four together constitute the actuality of the axe.

The analysis of the four causes of living things, and how they relate to a living thing's 'whatness', reveals a different scheme. In the case of an axe, the four causes are separate from one another: for an axe to come into being, the matter needs to be shaped by an external locomotive force, according to the form and purpose in the artificer's mind, which are external to the matter. Iron would never become an axe naturally without the intention and the influence of an artificer, because the form and the purpose of an axe are not immanent in the iron. An iron can become many things, according to the intention and/or influence of an external force, but not necessarily an axe, because being an axe and being iron are two distinct things, which come together only through the acts of the artificer. In the case of living things, on the other hand, matter itself includes the form and final cause of the being. This means that the matter of a dolphin, for instance, will become a dolphin (and only a dolphin) and acquire its whatness in potentiality, which is already inherent in it in actuality, without any interference from an external force. Because, throughout its growth, it proceeds according to its form and towards its final cause, which are immanent in the form.

The previous paragraph, then, explains the difference between the soul of a living thing and the 'whatness' of an artefact. The concept of soul is beyond the concept of 'whatness', because it does not only imply the essence of the entity,

but also represents the source from which its goal-directed growth emerges. The 'whatness' of an artefact is attached to the matter externally, whereas soul, which is the fusion of the four causes, is an immanent principle, by and towards which an entity grows (Lennox, 2001). In *otS,* Aristotle explains how the form and the final cause of a being constitute its soul as follows: "the soul must be a substance in the sense of the form of a natural body having life potentially within it" (Aristotle, trans. 1931a, 412a-20) and

> the soul is also the final cause of its body. For Nature, like mind, always does whatever it does for the sake of something, which something is its end. To that something corresponds in the case of animals the soul and in this it follows the order of nature; all natural bodies are organs of the soul. (415b-15)

To sum up, what has been said so far on Aristotle's understanding of the nature of living things, living things have a principle of motion and rest immanent in themselves, which is the soul, and the genesis of any characteristic of an individual which is *natural* in origin, is led by this principle, which means that it has an internal source. In other words, nature is not only an internal principle which enables an entity to move but, more importantly, it is the principle which determines the direction of this movement. Therefore, just as being a human being is the purpose of the natural growth of an infant; so is being melancholic, because 'melancholic' character is a naturally derived trait, which emerges from the soul.

At this point, it is important to bring forward a probable tension which becomes apparent after an examination of the Aristotelian concept of nature and how this applies to being melancholic. As introduced earlier, melancholia, either natural or pathological, has a very inconsistent structure and for this reason it has very inconsistent outcomes, not only among different individuals but also for a single individual. This sort of an inconsistency and unpredictability might seem to be

incompatible with the concept of nature, because in Aristotelian philosophy the term nature implies an inner principle, an essence, which determines all physical and behavioural manifestations of the individual, and this understanding evokes a rather stable and orderly meaning. Indeed, Grene and Depew (2004, p. 7) claim that “just because natural substances have an internal principle of change and rest, their behavior is, to one degree or another, predictable and regular”. The tension in question becomes apparent in this point: how nature, which is predictable in itself, can result in a phenomenon, melancholia, which is uneven and unstable.

One probable way to release this tension is to refer to the conceptual basis of the term ‘essence’. One interpretation of what essence primarily implies in Aristotelian philosophy is the biological existence and genesis of an individual. In other words, what originates from a natural inner principle in the case of a melancholic type is the containment of black bile in the matter, not directly the genesis of the melancholic character. Therefore, the regularity implied by the concept of nature is not actually missing here: if it is immanent in an individual to be melancholic, this means that it is immanent in them to contain black bile in their matter. The characteristic manifestation of a naturally melancholic individual comes secondary, as the outcome of black bile.

This point of view, however, is also problematic, because it implies that form is reducible to matter, and this is not an accurate interpretation of Aristotelian philosophy (Gotthelf and Lennox, 1987). According to this reductionist view, the behavioural and characteristic manifestations of melancholia are not teleological, or naturally derived: what is teleological about melancholia is the containment of black bile. A melancholic individual manifests an inconsistent character, only because they have black bile, in the same way that an axe is made of iron, and

therefore, it rusts. In each case, the outcome is a result of the matter, rather than being the cause of the existence of the entity. According to this point of view, just as the axe does not come into being for the sake of rusting, a person does not become melancholic for the sake of the melancholic characteristics. If that was the case, then the natural conservation of the black bile would appear to be in vain, which clearly contradicts Aristotle's understanding of nature[71].

There is an important difference between the two cases introduced in the previous paragraph, which renders the analogy highly contradictive: becoming an axe is not immanent in the iron, therefore an axe does not rust because it is an axe, it rusts because it is made of iron. On the other hand, becoming themselves, with everything that makes themselves including having a melancholic character, is immanent in the form of the individual. Therefore, although the uneven character of a melancholic type is aroused directly from the matter, as is the rusting of an axe, it is still immanent in him; it is still an inseparable part of his soul.

A more appropriate analogy would be to compare a natural part of an animal, the eye for instance, to black bile. The ability of sight is not a non-teleological outcome of having eyes, or in other words a human being does not have the ability of sight simply because they have eyes. The opposite way around, they have eyes because they are meant to see. Or, as Aristotle himself puts it in *PoA,* "nature makes the instruments to fit the function, not the function to fit the instruments" (Aristotle, trans. 2001, p. 111). Then it is logical to assume that melancholic characteristics are not exhibited by a human being simply because they contain black bile; but the other way around, they have black bile because

[71] See *PoA,* p. 47.

they are meant to be melancholic. Just as a human has eyes for the sake of seeing; so they have black bile for the sake of being melancholic. Therefore, it is not pathological, not a condition which can or should be treated, as opposed to being sick because of melancholia.

To sum up, the tension between nature being regular and predictable and melancholia being irregular and unpredictable, but still natural, remains. Because, the idea which was referred to in the previous paragraphs to release the tension – the idea of not the behavioural outcomes but only the physical basis of melancholia is teleological – is itself problematic, and therefore not credible. Another way to release this tension would be to apply to the concept of "constitutionally ill" which is proposed by Eijk (2005, p. 151). According to Eijk, this tension, which becomes apparent through the Aristotelian concept of 'melancholic', may actually prove that constitution and ill are not sharply distinct from one another after all. This is because the way Aristotle describes a melancholic person implies that this person is constitutionally ill. Although, it seems controversial to use the term 'ill' in this case, as being ill and being melancholic are distinguished quite clearly in *Problems* 30.1 (Aristotle, trans. 1936), it could still be claimed that the melancholic character is subject to some sort of regularity, not in terms of having a fixed structure, but in terms of being naturally/constitutionally uneven and unpredictable.

There is no clear statement, however, in *Problems* 30.1 (Aristotle, trans. 1936) which supports the idea that having a melancholic character is a part of one's telos. The basis on which this idea depends is the claim that nature is the origin of melancholic character. Having a melancholic character appears to be a teleological phenomenon, because it is necessarily natural and not accidental. According to the well-known statement of *PoA* "nature makes nothing in vain or

superfluous" (Aristotle, trans. 2001, p. 47), and thus having a melancholic character, which is a naturally led phenomenon, is likely to be a part of one's telos.

This idea can be expressed in Gotthelf's (1987, p. 229) words as follows:

> for Aristotle organic development is actually direct*ive*, without implying . . . . that it is direct*ed*; and it identifies the ontological basis of the awareness that the existence and stages of a development can be understood only in terms of its end - by establishing that the *identity* of the development is its being *irreducibly* a development to that end, irreducibly the actualization of a potential for form.

Besides, this idea can be supported by addressing Aristotle's understanding of soul and body. As it is explained in *otS,* body and soul are intermingled in such an extent that, any physical characteristic (which is natural and not accidental) must have a psychic[72] basis. The following passage quoted from *otS* summarises Aristotle's understanding of soul and body*:*

> If there is any way of acting or being acted upon proper to soul, soul will be capable of separate existence; if there is none, its separate existence is impossible. In the latter case, it will be like what is straight, which has many properties arising from the straightness in it, e.g. that of touching a bronze sphere at a point, though straightness divorced from the other constituents of the straight thing cannot touch it in this way; it cannot be so divorced at all, since it is always found in a body. (Aristotle, trans. 1931a, 403a-10)

Later, Aristotle continues his discussion of body and soul on the basis of how soul acts upon body. "It is . . . absurd . . . to say that the art of carpentry could embody itself in flutes; each art must use its tools, each soul its body" (407b-25). According to this quote, soul always needs body to perform its ends. And the opposite also applies, any physical phenomenon which is driven by nature, must be immanent in the soul. Lennox (2009, p. 351) supports this idea by claiming that

[72] It seems necessary to highlight here that, the term 'psychic' does not imply anything except for Aristotelian concept of 'soul', which refers to the form and the final cause of the individual.

> It has often noted that neither in *An. Post.* nor in the *Organon* in general is there any place for an analysis that divides being into material and formal aspects. Even when it is finally acknowledged that there are four distinct kinds of causes, there is no mention of matter and form, but rather of “necessitating ground” and “essence”.

Depending on the idea that in Aristotelian philosophy the term nature always implies the coexistence of a psychic essence and physical ground, it is proposed here that, this should apply to the concept natural melancholia: melancholia always occurs due to the containment of black bile, but when it is *natural* to be melancholic, there should be a psychic basis for this, which makes being melancholic a part of the individual’s telos.

1.2.3. Being sick because of melaina chole

After the discussion of what it means to be naturally melancholic, the condition described as being sick because of black bile will be introduced in this sub-section. To achieve this goal, first the content of the concept pathological melancholy will be briefly revealed. Then, the Aristotelian understanding of incident will be introduced. Finally, pathological melancholy will be compared to the other branch (natural melancholy) of the twofold Aristotelian conceptualisation.

As mentioned earlier, this concept covers the emergence of black bile in the body due to external factors, which is followed by the manifestation of melancholic characteristics. The melancholic features caused by external factors, but not the soul, are viewed as symptoms of a disease in *Problems* 30.1 (Aristotle, trans. 1936). This is not because melancholia itself is necessarily a category of disease in Aristotelian thought, but because in this case it is not caused by nature, and therefore it represents a pathology; a deviation from one’s nature. In other

words, the difference between this and being melancholic is that the latter is caused by nature, whereas the former is caused by incident.

To understand what it means to be incidentally melancholic, the concept of incident is first introduced, and how this applies to being sick because of black bile is explained later. Incident is described in *Physics* (Aristotle, trans. 1929, p. 151), as an event which alters the proceeding, and therefore the outcome, of a natural change. To explain this concept further, Aristotle gives the example of a man going to a place for some reason, and by coincidence coming across his debtor, and through this, collecting the debt that is owed to him. In this example, although the action of going to that place results in the collection of the debt owed, this happens only incidentally, as opposed to naturally, because the man did not pursue the action of going with the intention of collecting the money; in other words, the outcome of the action is not immanent in, or the final cause of, the action. As mentioned earlier, in *Problems* 30.1 (Aristotle, trans. 1936), Aristotle describes the state of 'being sick because of black bile' as referring to the concept of incident instead of nature. According to this, this state is not considered as inherent in one's nature, rather it is led by external causes which interfered with the nature of the individual.

Exploring what it means to be melancholic in character and being sick because of black bile, this analysis also highlights that these states are not only different, but also in opposition when their essence, or reason, is considered. According to this, being sick because of black bile, is no different from any other malady in character: it represents a pathological state which can occur only incidentally, and therefore contradicts with one's nature or represents a deviance from it. Based on Lennox's (2001) words, it could also be claimed that, in the case of an incidental melancholy, "what results from the process was not the [final]

cause of the process" (p. 238). Being melancholic by nature, on the other hand, is the opposite of this in every way: far from being in a state which is triggered by some external influence, melancholics are what they are meant to be by their nature. Again based on Lennox (2001), in the case of a natural melancholy, the result, or the melancholic character, is the cause of its own genesis, as it is the embodiment of the form.

1.3. The link between 'melancholic type' and genius

The third point made about melancholia in *Problems* 30.1 is (Aristotle, trans. 1936) the observation that melancholia is common among philosophers and artists. This sub-section is dedicated to analyse this observation and to explore whether there is a decisive link between melancholia and genius. For these purposes, the theme of unstable phenomenality of melancholy will be revisited and through this framework the priority attributed by some scholars to the relation between melancholia and genius will be questioned.

The author of the text addresses Heracles, Lysander the Spartan, Ajax, Bellerophontes, Empedocles, Plato and Socrates as examples of melancholic "heroes" (Aristotle, trans. 1936, p. 157). According to this, some of these were melancholic naturally and others incidentally, but all of them exhibited some characteristics, among them is intelligence, which grow out of black bile. The following passage illustrates that the author of *Problems* 30.1 considered intelligence as a common characteristic of some melancholics whose black bile is averagely heated:

> those with whom the excessive heat has sunk to a moderate amount are melancholic, though more intelligent and less strange, but they differ from the rest of the world in many ways, some in education, some in the arts and the other again in statesmanship. (p. 163)

Yet is this enough to declare that melancholia was the disease of the genius in Aristotelian philosophy?[73] It is noted earlier that the behavioural or characteristic outcomes of black bile change depending on the character and proportion of the black bile. The passage quoted above reminds us of this statement and provokes the idea that intelligence might be considered as one of these characteristics led by black bile, when it is in a certain amount and heat. Nevertheless, it is not clear whether the author here considers black bile whose "excessive heat has sunk to a moderate level" as the ultimate origin of intellect and the achievements linked to this, or understands intelligence as the most definitive aspect of melancholia. *Problems* 30.1, informs the reader about the cases in which melancholia and intelligence/creativity overlap. But, this is not enough to highlight intelligence as the most definitive characteristic of Aristotelian philosophy. Here, it is acknowledged that there is room in Aristotelian philosophy for a relation between melancholia and intelligence/creativity, however, there is no reason to think that this relation would be any different from the relation between melancholia and other related characteristics. Whether melancholia gives rise to intelligence or not depends on the character and amount of black bile, as it does with other characteristics including an intellectual decay, which differs from one person to another and from one occasion to another for the same person. To support this argument it might be useful to remind a passage here in whole, which is quoted before in fractions:

> In most cases, arising as it does from the daily food, it does not make man any different in character, but only produces the disease of melancholy. But those with whom this mixture exists by nature, at once develops develop every type of characteristic, differing according to the different mixture; those for instance in whom the black bile is considerable and cold become sluggish and stupid, while those with whom it is excessive and hot become mad, good-natured or amorous and easily moved to passion and desire, and some

[73] In fact, it is a common tendency to claim that it is. For examples of this interpretation, see Jouanna (2012c), Lawlor (2012), Radden (2000), and Varga (2013).

> become talkative …. But those with whom the excessive heat has sunk to a moderate amount are melancholic, though more intelligent and less strange. (p. 163)

When this passage is quoted in full, it becomes clearer that the author of *Problems* does not define melancholy as a condition exclusive to intellectuals. He outlines a number of characteristics as the outcomes of melancholia, to show how the changing amount and character of black bile can render these outcomes. Intelligence/creativity appears to be one of these characteristics, rather than being a special one which defines what a melancholic necessarily or mostly is.

To sum up, the account of melancholia and intelligence embraced here is at odds with some previous interpretations of this aspect of Aristotelian philosophy.[74] Although it is claimed in *Problems* 30.1 (Aristotle, trans. 1936) that melancholia is common among many philosophers and artists, it does not follow from this that genius is definitive of melancholy. Here, what is concluded about the relation between melancholia and intelligence, based on *Problems* 30.1, is that the latter *may* or *may not* arise from the former, depending on the variable character of black bile and its variable relation to the body. While *Problems* 30.1 does not allow any further explanation about this issue, the subject of intelligence is discussed in other works by Aristotle, which are examined below.

2. Other appearances of 'melancholic type' in Aristotelian corpus

Although the main text on melancholia in Aristotelian corpus is *Problems* 30.1 (Aristotle, trans. 1936), melancholics are referred to in several different texts, such as *NE* (Aristotle, trans. 2009), *PN* (Aristotle, trans. 1931b), and *EE* (Aristotle, trans. 1982) in different contexts. Below, the emergence of melancholics in each text will be viewed respectively.

[74] See the previous footnote.

To start, in *NE* (Aristotle, trans. 2009) Aristotle highlights the impetuousness of melancholics and explains this by referring to their quickness. This is again likely to be one aspect of the variable appearance of a melancholic character. Furthermore, the following passage from *NE* offers some insight on melancholia:

> [Melancholics] always need relief; for even their body is ever in torment owing to its special composition, and they are always under the influence of intense desire; but pain is driven out both by the contrary pleasure, and by any chance pleasure if it be strong; and for these reasons they become self-indulgent and bad. (p. 140)

This passage points out three different issues. Firstly, it highlights the severity of the agony of melancholics. Secondly, it suggests that this agony is capable of driving melancholics to pursue immoral actions which are likely to end their pain. Thirdly, it presents a physical and natural basis for both their agony and their immorality by stressing the role of black bile, the 'special composition' which is naturally conserved by their bodies.

PN is another text in which melancholics are mentioned. The first appearance of the concept of melancholic in *PN* is in the chapter *On Memory and Recollection.* In this text, melancholics are described as persons who "are most powerfully moved by presentations" (Aristotle, trans. 1931b, 453a-19). According to the text, this is because they have more moisture, probably due to black bile, around the body part responsible for sensory abilities. For this reason, their ability for recollection is stronger that others: among people able to recall something even after they have stopped trying to remember, melancholics experience this more often, because "for when once the moisture has been set in motion it is not easily brought to rest, until the idea which was sought for has again presented itself" (453a-25). Although the main aim of *On Memory and Recollection* is to argue that recollection is a corporeal activity, which is proceeded by the relevant bodily parts even though the mind is not involved, it also supports the assumption,

put forward earlier, that the abilities and characteristics which are considered as a part of the melancholic type have a corporeal basis.

In *PN* (Aristotle, trans. 1931b) there is another chapter, *On Sleep and Dreams,* which can give some insight on melancholics. In this chapter, how the sleeping and eating habits of melancholics are shaped, again by black bile, is discussed. However, as opposed to *Problems* 30.1 (Aristotle, trans. 1936), instead of highlighting the uneven nature of black bile, consisting of both cold and hot, in *On Sleep and Dreams* Aristotle tends to stress that black bile is naturally cold,[75] and therefore the melancholics' internal body is rather cool and dry, which makes them more prone to eating but less prone to sleeping. Thus, this chapter of *PN,* as well as the former mentioned earlier, highlights the corporeality of melancholia.

The last chapter from *PN* (Aristotle, trans. 1931b), which is relevant to melancholia, has similar implications. This chapter is *On Divination in Sleep* and it is based on the idea that dreams are not sent by God, and therefore they cannot be interpreted as the carriers of information about reality. Melancholics, in this context, are mentioned as individuals who have dreams which do correspond to reality. This contradiction is explained with reference to the sensory abilities of melancholics, in this case their visual ability particularly. According to this viewpoint, as melancholics have more visions in comparison to non-melancholics, their chance of seeing a vision which also refers to some reality is greater than others. This idea is summarised as "'If you make many throws your luck must change'" (463b-22). In the following lines of *On Divination in Sleep,* a further explanation of why melancholics have more realistic visions is suggested.

[75] This point does not represent an important tension between *Problems* 30.1 (Aristotle, trans., 1936) and *On Sleep and Dreams* (Aristotle, trans. 1931b), because the former text claims that, although black bile is a combination of cold and hot, the proportion is dominated by cold, and therefore it is naturally cold, yet it is also capable of becoming hot.

According to this, melancholics have bodily dispositions which enable them to detect the similarities between different occasions. Thus, in *On Divination in Sleep*, the melancholics' ability to see real visions is discussed and is explained as being a result of their corporeal abilities which can differ from others. Although this chapter does not explain why melancholics have corporeal abilities that allow them to see more visions than others and detect sequences better than others, based on the idea introduced in *On Memory and Recollection,* it is possible to infer that the moisture around their seat of mind, caused by black bile, results in a higher level of influence from images.

EE (Aristotle, trans. 1982), on the other hand, proposes a rather different account on the realistic dreams that melancholics have. In the passage bellow, without giving any physical explanation, Aristotle associates melancholics with irrationality, and by referring to "a starting point" they have that is "superior to intelligence and deliberation" (p. 43), he states that:

> [t]hose whose reason is thus disengaged; thus those of a melancholic temperament also have vivid dreams. For the starting point seems to be stronger when reason is disengaged, just as blind people remember better, because the remembering element is better when that concerned with visible things is disengaged. (p.43)

This explanation brings an issue forward: an association between melancholics and irrationality. Although the text in question does not give any clear explanation about this, it is proposed here that this again addresses the irregularity of melancholy. Depending on the uneven nature of black bile and, consequently, the inconsistent character of melancholics explained in *Problems* 30.1 (Aristotle, trans. 1936), Aristotle highlights that due to the variable relation of black bile to one's body, melancholics can become irrational. As it is suggested by Eijk (2005) before, the irrationality that some melancholics experience might be the explanation of their divination, because in the passage quoted above

Aristotle highlights that the ‘starting point’, which allows divination to correspond to reality, is stronger when the reason is repressed.

3. Reformulating the Aristotelian model in the six categories

After outlining the Aristotelian model of melancholy in the previous two sections, in this section this model will be re-established within the categorical framework offered by this study. This will be organised in six sub-sections each focusing on Aristotle’s position within one category.

3.1. Individuality category

In this sub-section, Aristotle’s position within the individuality category will be discussed. Individuality category is a framework through which it is explored whether a certain model approaches melancholy as a condition indigenous to individual or irreducibly social. To answer this question for the Aristotelian model of melancholy, one can firstly view the phenomenological description of melancholy offered within this model to assess how individual versus social the nature of the melancholic symptoms are. Additionally, one can evaluate the individuality/sociality of melancholia aetiologically. Below, these two tasks will be performed respectively.

It was discussed above that according to the Aristotelian model (Aristotle, trans. 1936) melancholics exhibit unstable characteristics varying in between “talkative” (p. 163) and “silent” (p. 159), “depressed” (p. 169) and “cheerful” (p. 163, 167), “bold” (p. 157, 159) and “cowardly” (p. 159) or “fear[ful]” (p. 161), “intelligent” (p. 163) and “stupid” (p. 163), “numb” (p. 161) and “eager for action” (p. 157). Additionally, some other characteristics were also covered in this model, such as “eloquent” (p. 157), “arrogant” (p. 157), “impulsive” (p. 159), “prone to tears” (p. 159), “affectionate” (p. 159), “lustful” (p. 159), “inclined to love” (p. 159),

“merciful” (p. 159), and suicidal to describe melancholics. If all these characteristics associated with melancholics are viewed, it may appear that some of them correspond to social traits, i.e. traits emerging in social settings, such as lustful, arrogant, merciful etc. Moreover, the overall phenomenological picture seems to reflect how a melancholic appears in a world of social interactions, rather than offering a set of symptoms which describes the physical or psychological traits of the individual. Furthermore, in *NE* (Aristotle, trans. 2009) it was suggested that the great agony melancholics suffer may cause them to commit immoral acts. This view illustrates the emphasis put upon the social consequences of melancholy. Following this it may be claimed that in the Aristotelian model, there was room for understanding melancholia as a social phenomenon. Yet, at the same time it may be worth noting that all the concerned symptoms still define the individual in a social situation, instead of defining a social situation involving individuals. Therefore, altered sociality is likely to be positioned as an outcome of melancholy by Aristotle. Still, in the case of natural melancholy, as the social consequences of melancholy would be indigenous to its final cause, the outcomes are not distinguishable from the core of this condition. This suggests that, whereas pathological melancholia is likely to be an individual condition with possibly social outcomes, natural melancholy is irreducibly social.

In the previous paragraph, Aristotelian model of melancholy is analysed within the individuality category from a phenomenological perspective. Yet, to complete this analysis it is also required to explore whether melancholia is aetiologically social. To answer this question, it is necessary to revisit the concepts of natural and pathological melancholia. Since these two concepts correspond to two alternative ways through which melancholia develops, exploring whether each

concept refers to an ontogenesis indigenous to individual or irreducibly social may let us conclude where to situate the Aristotelian model of melancholia within the individuality category from an ontological perspective.

To start, as illustrated before, natural and pathological melancholy correspond to two opposites within the general framework of the Aristotelian natural philosophy. To be more specific, natural melancholy is a part of the individual's telos: it is an aspect of the formal and final causes deriving the development of the individual. On the other hand, pathological melancholy represents an interruption of the natural development driven by the individual's telos through an accident. From this perspective, it seems likely that the two types of melancholy may be situated in two different positions within the individuality category. It is plausible to suggest that the ontogenesis of natural melancholy is indigenous to the individual, because as explained before in Aristotelian philosophy living beings follow the line of change their nature necessitates by themselves, without necessitating any external contribution. According to this, the reason why an individual develops melancholy naturally is a part of the individual's telos, which is intrinsic to themselves. On the other hand, the development of pathological melancholy necessarily requires an external occurring to intervene with the natural development of the individual. In the texts examined, there was nothing specific to claim that this external occurrings correspond to social phenomena, but neither there was any argument specifically cancelling out any possible social aspects of any possible accidents. Therefore, there is room in the Aristotelian philosophy for understanding the ontogenesis of pathological melancholy as social, yet this is still not enough to claim that it is necessarily understood as irreducibly social.

3.2. Internality category

This sub-section focuses on Aristotle's position within the internality category. The aim of assessing a certain model of melancholy within the internality category is to explore whether the causality underlying melancholy is defined internal or external to the individual. To pursue this aim for the Aristotelian model of melancholy, below the ontological theme discussed within the individuality category will be revisiting.

As discussed in the previous sub-section, nature and accident correspond to two lines of development of melancholy. If these two lines of development are viewed from the perspective of internality category, it occurs that one differs from the other precisely based on the differentiation of internal from the external. According to this, the main difference between natural and pathological melancholy is that the causation underlying the former is internal to the individual whereas the latter is external to them. To remind, in the Aristotelian philosophy nature (for living things) is the immanent force and end through and towards which an individual develops. Accordingly, the claim suggesting that in some cases, melancholy develops by nature can be read as in such cases the development of melancholy is internal to the individual. In other cases, on the other hand, melancholy develops due to an accident, which means that an external occurring intervenes with the force of change internal to the individual and diverts the individual's development from the path directed towards the end internal to their form. In these cases, melancholia is not a part of one's telos, but the opposite, an anomaly driven by an external force which diverts the individual from their internal telos. This suggests that, pathological melancholy, as it is called in this study, corresponds to the exact opposite of natural melancholy in terms of where they stand within the internality category. Based on this analysis,

it is possible to suggest that in the Aristotelian philosophy there is a binary of internal and external causation. According to this, Aristotelian philosophy has room for both the idea that melancholia develops internally and the idea that externally to the individual, yet there is no room for the idea of a harmonious interplay of internal and external factors which eventually lead to melancholia. In other words, there is no room for blurred boundaries between the spheres of internal and external[76]. Yet, it is important to note that the clear differentiation of internal from external depends not on the physical boundaries of the individual, but on the individual's telos. Therefore, the term external here does not necessarily address a factor outside of the individual's body, as well as internal not a factor inside. What distinguishes internal from external in Aristotelian philosophy is the formal boundaries of the individual's essence.

3.3. Dysfunction category

In this sub-section, Aristotle's position within the dysfunction category will be studied. It is aimed through the dysfunction category to explore whether a certain model pathologises melancholy based on an individual or a social dysfunction. To answer this question for the Aristotelian model, the themes of natural and pathological melancholia will be revisited below.

The point which renders this theme relevant to the discussion of dysfunction category is that when melancholy occurs naturally, it is not necessarily pathologised within the Aristotelian model, but rather is defined as the character of the individual. On the contrary, when an accident causes melancholy, the outcomes are defined not as character, but as 'diseases of black bile'. In other

[76] Although his claim is stronger for the natural melancholia, as will be suggested in Section 3.4, for the ontogenesis of pathological melancholia the involvement of some internal factors may be possible. If this is the case, then there is some level of fluidity between ontologies of internal and external in the Aristotelian philosophy.

words, to assess the individuality/sociality of the basis on which melancholy is pathologised, one needs to analyse on what grounds accidental melancholy is viewed as pathological.

The answer to this question is again hidden within the concepts of nature and accident. The reason why melancholy caused by an accident is viewed pathological is that an accident diverts the individual's development from the natural way. As explained before, according to Aristotle, every living being carries immanent in themselves the force and end of their development. In the case of an accident, it is the development through this immanent force and to this immanent end which is being interrupted. In other words, it is the internal nature of the individual which becomes dysfunctional. On this basis, it seems plausible to conclude that in the Aristotelian philosophy, melancholy is pathologised on the basis of an individual dysfunction.

3.4. Characteristics category

In this sub-section, the aim is to explore Aristotle's position within the characteristics category. The point of categorising a certain model of melancholy within this category is to reveal whether this model conceptualises melancholy as a condition which develops dependently or independently in relation to any personal characteristics. To answer this question for Aristotle's model, natural and pathological melancholia will be approached separately in the remainder of this sub-section.

To start, in the Aristotelian philosophy, there is no indication that nature's formation of melancholia involves as a causal factor any personal characteristics. As explained before, in the case of natural melancholia, becoming melancholic is

immanent in the individual's form, and therefore regardless of any other characteristic they may have, they will develop melancholia.

On the other hand, although there is no clear indication for this, theoretically there may be some room for the idea that the emergence of accidental melancholia involves an interaction of external factors with personal characteristics. For example, it may be possible that the effect of nutrition, whether the consumption of a certain foodstuff leads to melancholia or not, may vary based on certain physical characteristics the individual has. This assumption becomes more plausible if it is taken into consideration that according to the Aristotelian model the particular characteristics of a particular individual's melancholy on a particular moment is formed by an interaction of individual and environmental factors. Accordingly, it is not unlikely that it is not a determinant effect of an environmental factor, but an interaction between environmental and individual factors which creates an accident diverting the individual's development from their nature, and leading to an accumulation of black bile in the body which then results in the pathological occurrence of melancholic characteristics.

3.5. Corporeality category

This section will focus on revealing Aristotle's position within the corporeality category. Through corporeality category it is aimed to evaluate the conceptualisation of body and mind underlying a certain model of melancholia, to assess to what degree one is distinguishable from the other, and to explore on this basis whether melancholia can be claimed to be either a bodily or a mental phenomenon. To explore this issue for the Aristotelian model, below first the phenomenological description of melancholia will be revisited. Then, based on the coexistence of bodily and mental factors within this description, the

ontological separability of these two factors from one another will be questioned by returning to the discussion of four causes.

As outlined above, from the Aristotelian perspective, melancholia is a phenomenon with both bodily and mental manifestations. Yet, the two are not ontologically segregated, but both are outcomes of the accumulation of black bile in the body. This argument suffices for melancholia formed by both nature and accident. In both cases it is the occurrence of black bile which results in bodily and mental melancholic manifestations. The difference is only in how black bile gets to accumulate in the body. This analysis suggests that according to the Aristotelian model, melancholia is a phenomenon involving both bodily and mental experiences.

Yet, this argument by itself is not enough to suggest a fulfilling answer to the questions posed in the beginning of this subsection. It might be the case that Aristotelian melancholy is both bodily and mental, but it still needs to be explored to what degree these aspects are separable. This question can be answered by examining natural melancholy a little closer by revisiting the four causes underlying its conceptualisation. To remind, in Aristotle's understanding there are four causes, material, formal, locomotive, and final, for every being. In the case of living beings, these four causes exist immanently in the individual and supply them the necessities of a self-sufficient development: the matter, the form, the force, and the end. In that sense, the four causes are interdependent: the force is immanent in the matter, the matter in the form, the form in the end. According to this, for instance, the matter an individual contains is sufficient to give the individual their natural form while they develop towards the end immanent in themselves. Based on this, one can suggest that in Aristotelian philosophy body and mind are inseparable at least on one level: they are both aspects of one

unitary form. This can be interpreted as follows. Melancholia is an integral aspect of the form and end operating the individual's development; and black bile is the matter through which the form is embodied. In that sense, the bodily and mental phenomenological qualities of melancholia are aetiologically inseparable.

3.6. Self category

This subsection is dedicated to discussing Aristotle's position within the self category. Through the self category, the conceptualisation of the relation between self and melancholy is aimed to be analysed. The main question examined here is whether melancholy is understood as detached from or entangled with the 'authentic' self. But this quest of course requires first to explore the ontology of self which underlies the particular model of melancholy in question to see whether there is any notion in this model which corresponds to the idea of 'authentic' self. Below, first the concept of authentic self will be established and it will be discussed whether there is any notion in Aristotle's philosophy which corresponds to the idea underlying authentic self. Finally, based on this analysis the question of self will be answered for natural and pathological melancholia.

Authentic self, as understood here, refers to a stable and definable essence which shapes the individual's experience of the world, as well as their phenomenal appearance in the world. If the Aristotelian philosophy is viewed from this perspective, it would not be wrong to say that the concept of form bears some similarity to the concept of authentic self. As noted before, the form of a being in the Aristotelian philosophy corresponds to its 'essential whatness'. And this essence carries some definability and stability, because it is pre-given. In other words, it is not unpredictably fluid: even when it changes, as it is the case for living beings, it changes on a solid line towards a pre-determined end. Yet, as highlighted before, the case of natural melancholy occurs different from this

framework. Although it is immanent in the form of some melancholic individuals to become melancholic, being melancholic is not a stable and definable state. Based on the analysis made on this issue, it was concluded that being melancholic was not stable in itself, but it was a stably unstable condition and this was the only definable aspect of melancholy. But where does this leave us with the question of self? To sum, it is reasonable to claim that the Aristotelian concept of form can be considered as an affinitive of the concept of 'authentic' self in the sense that it is stable, definable, and it corresponds to the essence of the individual[77]. In this case, can melancholy be defined as entangled with this core or as detached from it?

Based on the analysis offered in Section 1.2, it can easily be claimed that this question can be answered differently for melancholy caused by nature and melancholy caused by accident. As noted before, whereas natural melancholy constitutes an affirmation of an aspect of the individual's form, accidental melancholy constitutes a detachment from the form. On this basis, it is clear that in the Aristotelian model, melancholy can be both conceptualised as entangled with and detached from the authentic self, depending on whether it is caused by nature of accident.

4. Conclusion

In this chapter, the aim was to reveal the Aristotelian understanding of melancholia and then to reformulate this model through the categorical framework established in this study. To achieve these two goals in the first section the main Aristotelian text on melancholia, *Problems* 30.1 (Aristotle, trans. 1936)

[77] This argument is supported by Gill's (2006) analysis of Aristotelian self. According to Gill, in Aristotelian philosophy, the notion of an essence or a core becomes prominent to "define what human beings are" (p. 10).

was examined. In the second section, other texts including statements on melancholia, such as *NE* (Aristotle, trans. 2009)*, PN* (Aristotle, trans. 1931b)*,* and *EE* (Aristotle, trans. 1982), were analysed. After offering an account of the Aristotelian model of melancholia in the first two sections, in the third section this model was subjected to the categorical analysis.

Throughout the discussion of *Problems* 30.1 (Aristotle, trans. 1936) in Section 1, three themes became prominent: the physical basis of melancholia, the origin of melancholia, and the description of 'melancholic'. To begin, included in the first theme was Aristotle's approach to black bile, and to the nature of the relationship between black bile and melancholic characteristics. According to this, Aristotle considered black bile a residue which normally needs to be excreted from the body. However, in the "abnormal" (p. 169) situation of melancholics, this residue is not excreted from the body, due to whether their nature or some pathology, and the containment of black bile creates melancholia. Therefore, any person who conserves *any* level of black bile develops melancholia. This relation, however, is not a direct and orderly relation, as black bile in different levels and characters leads to different phenomenal qualities. Here, Aristotle's account appears to be different from the classical Hippocratic account, as the latter considers black bile as a necessarily cold, vital humour which is normally found in the body in some level and creates melancholia *only if* it is in *excess* levels. In Aristotelian philosophy, on the other hand, it is the sole existence of the black bile which creates melancholia. The proportion is still important, indeed, as different levels of the black bile, together with the alterations in its character, determine what phenomenal melancholic qualities are developed.

The second theme which emerged within the analysis of *Problems* 30.1 (Aristotle, trans. 1936) was the origin of melancholia. The discussion of this theme

started with a phenomenological description of melancholic, since it was considered useful to display the phenomenal content of melancholia, or being melancholic, before arguing on the ontological origin of this condition. The phenomenological analysis pursued on these concepts suggested that melancholia does not have a definable nature. It was stated in *Problems* 30.1 that as black bile itself is an uneven fluid, its outcomes are also unpredictable and chaotic. According to this argument, in Aristotelian philosophy melancholia is not a definite phenomenon which transforms the individual into a definite melancholic type. Rather, it is unpredictable and variable. It does not only shape the characteristics of an individual but is also shaped by the peculiar context of the person. Thus, this unpredictability is not only due to the inconsistent essence of black bile but because it is in a continuous interaction with individual and environmental forces.

After manifesting the phenomenal qualities of the concepts of melancholia and melancholic, the key issue emerging as the second important theme from *Problems 30.1* (Aristotle, trans. 1936), which was the assertion that melancholia was linked to two different origins: accident and nature was analysed. According to this assertion, in the former case, melancholia develops, because black bile cannot be excreted from the body as it should, due to some external reasons. Depending on the account introduced in *Problems* 30.1 it can be assumed that this situation implies some pathology because here melancholia occurs when the body's internally led processing is interrupted by some external reasons, or in other words, when an accident overtakes the inner nature of the individual. In the latter case, on the other hand, melancholia occurs when the individual's nature processes as it should. According to this, these individuals contain black bile due to their nature, and, therefore, all the outcomes of this condition are also natural

to them. Depending on Aristotle's understanding of nature it is proposed here that the term 'natural melancholia' might refer to an individual's telos and can be interpreted as an aspect of this telos. Because, being naturally melancholic means that melancholia is immanent in an individual and that it is an inseparable part of their soul.

Here, there is another point, which was included in the discussion of the second theme, which is lack of clarity: which ontological category of melancholia the term 'melancholic' corresponds to. Throughout the examination of *Problems* 30.1 (Aristotle, trans. 1936) although, in more than one occasion, it occurred that the term melancholic refers to anyone with melancholia, in some others it became impossible to ignore that it refers to the ones who naturally have melancholia exclusively. Depending on this, it is reasonable to think that the term 'melancholic' is used interchangeably in the text which makes it more challenging to derive a definitive conclusion on the ontology of melancholic.

The last theme became prominent in *Problems* 30.1 (Aristotle, trans. 1936) was the relation between intellectuality and melancholia. Although the literature on Aristotelian melancholia reveals an approach to attribute a definitive character to intelligence, it is hereby defended that there is not enough reason to assume that the author of *Problems* 30.1 (Aristotle, trans. 1936) considered intelligence more essential to melancholia with respect to other melancholic characteristics.

Although the concepts melancholic and melancholia are not described further in any other text by Aristotle, there were some statements made on melancholy in *PN* (Aristotle, trans. 1931b), *EE* (Aristotle, trans. 1982), and *NE* (Aristotle, trans. 2009). In *NE* melancholics were described as the sufferers of a great agony. This, according to Aristotle, increases their chance to be involved in immoral acts. *PN* gave some idea about how the abnormally moist physic of

melancholics shapes their habits and abilities. *EE* also focused on the divination ability of melancholics. In this latter text, however, a different explanation was suggested. According to this, melancholics have better divination ability not due to their moist physical character, but due to a principle which works better in irrational persons. This reference to irrationality was interpreted depending on *Problems* 30.1 (Aristotle, trans. 1936). Similar to the conclusion on intelligence/creativity, it was proposed above that the statement in *EE* was not enough to assume that Aristotle considered all melancholics as irrational, rather considered irrationality as a characteristic which might develop due to melancholia.

After the Aristotelian model of melancholia was illustrated in the first two sections, in the last section this model was reformulated within the categorical framework. First, Aristotle's position within the individuality category was discussed. Based on the idea that most of the symptoms Aristotle ascribed to melancholia belong to an interpersonal domain, it was claimed that Aristotelian melancholia was a social phenomenon. Yet, the position of the sociality changes from natural to pathological melancholy. In the first case, sociality is an intrinsic aspect of melancholy, since it belongs to melancholy's final cause, whereas in the latter case it corresponds to an outcome separable from the melancholic core. From an aetiological perspective as well sociality is positioned differently in natural and pathological melancholy. According to this, whereas the ontogenesis of natural melancholy is clearly immanent in the individual; pathological melancholy may theoretically involve some social factors, although such factors does not necessary for the formation of melancholia.

Second, Aristotle's position within the internality category was focused on. Depending on this analysis, it was argued that in Aristotelian model both internal

factors and external factors were conceptualised as causes for melancholia. The important point here though is that these two are distinguished from one another through the concepts of natural and pathological melancholy. Whereas natural melancholy is caused by internal nature of the individual, pathological melancholy is caused by an external accident. In this sense, although there is room for both internal causes and external causes in Aristotle's model of melancholy; there is no indication of blurred boundaries between the two.

Third, Aristotle's position within the dysfunction category was explored. According to this, Aristotelian philosophy pathologised melancholy on an individual dysfunction. This is because, melancholy is pathologised only when it is caused by an accident, and melancholy caused by an accident corresponds to a condition in which the immanent nature of the individual becomes dysfunctional. Therefore, although the accident causing pathological melancholia is external (and therefore potentially social), the actual dysfunction underlying melancholy is individual.

Fourth in this subsection, Aristotle's position within the characteristics category was examined. Based on this examination it was concluded that whereas the occurrence of natural melancholy does not bear any interaction with personal characteristics, it is likely that pathological melancholy occurs following an interaction between certain personal characteristics and environmental factors. This argument was based on the idea that certain environmental factors create a divergence from the individual's nature only based on the reaction they create in the certain individual, and the factors shaping the nature of the reaction one displays in the face of a certain external event may be called personal characteristics.

Fifth, Aristotle's position within the corporeality category was studied. This suggested that Aristotelian melancholy is a phenomenon with both bodily and mental characteristics. Following this it was also discussed whether the bodily and mental phenomenal qualities of melancholy were ontologically separable. Based on an analysis of Aristotle's four causes, it was argued that on a formal level the corporeal and non-corporeal aspects of melancholy were indistinguishable.

Last, Aristotle's position within the self category was viewed. Here, it was argued that Aristotle's concept of form bore an affinity with the concept of authentic self, and the relation between melancholy and form was discussed separately for natural and pathological melancholy. This resulted in the conclusion that since natural melancholia is an immanent aspect of the individual's form, it could be possible to say that melancholia and self are entangled in the case of natural melancholy. For the pathological melancholy, the opposite conclusion was derived. Since this type of melancholy corresponds to a situation in which one temporarily becomes differentiated from their form, they become detached from their form while experiencing melancholy.

CHAPTER 3
GALEN ON MELANCHOLIA

This chapter is dedicated to revealing Galen's model of melancholia[78]. There are two main objectives to achieve here: first to embrace a descriptive approach and offer a layout of the Galenic model of melancholia, and second to embrace an analytic approach and situate this model within the categorical framework introduced earlier in this study. Below, three Galenic themes are drawn to pursue these goals. The first theme covers the phenomenological and symptomatic analysis of melancholia. The second theme focuses on the aetiological account of melancholia. Finally, the third theme represents the moral dimension of Galen's concept of melancholia. Let us examine each theme in different sections.

1. The phenomenological description of melancholia

In this section, the symptomatic content of Galen's concept of melancholia is viewed. This descriptive examination of melancholia first focuses on the emotions of fear and despair considered key to melancholia by Galen. Then other concepts, such as false imaginings, suicidality, insomnia etc. are introduced. Finally, other characteristics Galen addressed in relation not to melancholia, but to black bile were examined to discuss whether these offer any insight into the

[78] This model is assembled on the basis of the following works from Galen: *On the Usefulness of the Parts of the Body (UPB)*(Galen, trans. 1968), *On Prognosis (oP)* (Galen, trans. 1979), *On the Doctrines of Hippocrates and Plato (DHP)* (Galen, trans. 1980)*, On Black Bile (oBB)* (Galen, trans. 2000a)*, On the Humours (oH)* (Galen, trans. 2000b), *On the Causes of Symptoms I (CSI)* (Galen, trans. 2006a)*, On the Causes of Symptoms II (CSII)* (Galen, trans. 2006b)*, On the Causes of Symptoms III (CSIII)* (Galen, trans. 2006c)*, Avoiding Distress (AD)* (Galen, trans. 2013a)*, Character Traits (CT)* (Galen, trans. 2013b)*, The Capacities of the Soul Depend on the Mixtures of the Body (CSdMB)* (Galen, trans. 2013c), and *The Diagnosis and Treatment of the Affections and Errors Peculiar to Each Person's Soul (DTAE)* (Galen, trans. 2013d)*.* It is considered important to clarify the textual basis of the model introduced in this chapter, because Galen's medical/philosophical views on various issues (which may be relatable to melancholia) altered through time (for details, see. Jackson, 1969), and therefore the arguments made in this work may be at odds with other Galenic texts which are not included in this study. This however does not reduce the validity of the arguments suggested here, because Galenic philosophy does not correspond to a unitary and consistent school of thought, and it is likely that different accounts of his philosophy based upon different texts may reflect non-intertwining aspects of his understanding of medicine. Since there is no enough space here to conduct a historical examination of Galenic philosophy and track the trend of change in some of his medical assumptions, a certain textual framework was fixed through which the Galenic model of melancholia to be analysed. Therefore, the validity of the arguments made here are better assessable within this framework.

phenomenal qualities of melancholia. Once this phenomenal description is achieved, then it will be used as a basis to discuss the individuality of what melancholia is considered to be. To remind, this question is concerned with whether the phenomenon conceptualised as melancholia was seen as indigenous to the individual (by way of being restricted to solely bodily or psychological[79] symptoms reducible to the individual) or whether this conceptualisation sees melancholia as an irreducibly social phenomenon.

To start, one of the main texts in which a description of melancholia was introduced is *CSII* (Galen, trans. 2006b). In this text, Galen described melancholia following the Hippocratic treatise *Aphorisms:*

> The melancholic derangements vary by there being several kinds of false imaginings. In all these, however, one thing seems to be common, which has been stated by Hippocrates: 'If fear and despair continues for a long period, such a thing is melancholia'. (p. 264)

The point that stands out from this passage is that, according to Galen, melancholia was not composed simply of the so-called 'fear and despair'. These two characteristics were common between different cases, but beyond these common themes, each melancholy case had peculiar experiential components, occurring in the form of false imaginings. In the text, there appears no further explanation on what the term false imaginings stands for, and therefore it is possible to interpret this expression in several different ways; such as hallucinations, delusions, paranoia, or rather mild misjudgements about daily life. According to Jackson (1969) in Galen's view a melancholic individual could be

> thinking of himself as made of glass and avoiding everything for fear of being broken, believing himself to be without a head, believing that he had been poisoned, thinking that by enchantment his enemies had caused demons to

[79] Here, it is necessary to tackle bodily and psychic symptoms separately, because in Galen's philosophy the understanding of body and soul/mind becomes dual in some cases, and the concept of 'body' does not always capture 'psyche' or 'nous' as it does in the Hippocratic medicine.

> chase him, etc. Some thought that they were hated by their relatives, others that they were hated by all mankind. (p375)

The important thing about these false imaginings is, firstly, that they do not necessarily occur in all melancholia cases, and secondly, that, when they occur, their content tends to vary from one individual to another.

Another point suggested in the passage quoted from *CSII* (Galen, trans. 2006b) is that fear and despair were considered as the indicators of melancholia only if they last for a considerable time span. This gives an idea about how to distinguish daily experience of fear and despair from the pathological experience of these affections. In another passage offered later in the same text another criterion was suggested to contribute to the distinction of melancholic and daily experiences of fear and despair: groundlessness. According to this,

> For, [melancholics] are all despairing without reason, nor, were you to ask, would they be able to say they are distressed about anything, not a few of them fearing death or some other thing not worthy of fear. (p. 264)

In the passage above, Galen specified the Hippocratic description of melancholia further, and claimed that melancholia was not simply fear and despair, but *groundless* fear and despair, to which no commonsensical reason could be attributed. Only then, it can be inferred that they are associated with melancholia.

Apart from fear and despair, in different treatises Galen introduced different symptoms which might be relevant to melancholia. In *CSII* (Galen, trans. 2006b), being suicidal, or "strongly desirous of death", (p. 264) was described as an attitude observed in some melancholics. In *oP* (Galen, trans. 1979), he referred to a female patient who had "insomnia" (p. 101) and claimed that he "decided she was suffering from . . . . [melancholia][80] caused by black bile" (p. 101-103).

[80] In Johnston's edition of *CSII* (Galen, trans. 2006b) the term 'depression' was offered as a translation of 'melancholia'. However, it is hereby found crucial to establish different possible ontologies of depression, to distinguish different conceptualisations from one another and draw

Depending on this statement, it is possible to assert that in Galenic medicine insomnia was interpreted as a sign of melancholia.

Furthermore, in *oH* (Galen, trans. 2000b) some characteristics associated not with melancholia, but with black bile were addressed. For instance, it was claimed that if one's constitution is dominated by black bile, they should have an "impetuous and angry" (p. 17) nature. Additionally, if one is suffering from any disease caused by a surplus of black bile, then it is expected of them to be "silent, cultured, and feature sad faces" (p. 17). Here, the former set of characteristics, which appears in *oH,* was considered as features of individuals who naturally have a higher level of black bile, or a predisposition to melancholia. As it was not clearly given in the text what kinds of phenomenological differences are there between a melancholic disposition and melancholia as a disease, it might be necessary to remain hesitant about using these two concepts interchangeably in this analysis. The latter set of characteristics, on the other hand, was described as symptoms of diseases caused by a surplus of black bile. Although this set of diseases includes melancholia, it is not composed solely of melancholia. Therefore, these symptoms are relatable to melancholia, but they are not sufficient to necessarily constitute an identification with melancholia.

To sum up, melancholia in Galenic medicine is a malady consisting of false imaginings, groundless and long-standing fear and despair, an inclination to suicide, insomnia and a gloomy appearance. This description allows a phenomenological analysis of the question posed within the individuality category. To remind, there are two lines in which the key question of the individuality category (whether a certain model understands melancholia as

attention to the historical-ontological reasons rendering the substitution of one concept with the other problematic, therefore the term 'depression' is replaced by the original 'melancholia' here.

indigenous to the individual or irreducibly social) is explored in this study. The first line corresponds to an aetiological query, which aims to understand whether the underlying cause of melancholia is reducible to the individual; whereas the second line corresponds to the query of whether the *experience* of melancholia or the *phenomenon* that is thought to be melancholia is reducible to the individual. The phenomenological description introduced above suggests that Galenic model was concerned mostly with phenomenal qualities of melancholia emerging in a personal space, rather than in an interpersonal space[81]. Nevertheless, sociality was not completely excluded from this account. The concept of false imaginings for instance carries the potential for offering some support for the social irreducibility argument in terms of describing a detachment from the intersubjective space one used to belong. As noted before, this concept covers individual's 'misconceptions' about various issues which possibly include their social life and relationships. Therefore, it is possible that through false imaginings the individual loses their access to a common world in which they are supposed to interact with others. According to this, a melancholic does not only suffer from some bodily/psychological failures reducible to the individual experience. Some aspects of their experience are intersubjective, and therefore irreducibly social. Yet, it is also important to underline that the content of this section suggests only a subtle sociality conceptualised as a component of melancholia. According to this, there are intersubjective components of melancholia experience, however the Galenic material examined so far is not enough to suggest that these components are the core of melancholia experience, and therefore melancholia

[81] Through this claim, it is not hereby intended to offer that affectional states such as fear, despair, and facial expressions belong to the sphere of personal. Depending on the ontological ground on which affectionate phenomena are conceptualised, it may become possible to ascribe the reference of affections to an emphasis put on the interpersonal nature of melancholia (For an example of such ontological ground, see Colombetti & Krueger, 2015; Colombetti & Roberts, 2015). However, Galen did not give any indication of such an ontological stance.

is irreducibly social. Rather, a melancholia experience may, or may not, have an interpersonal aspect. This interpersonal aspect which develops through false imaginings seem to be a feature additional to the core, personal experience of melancholia, maybe an outcome of it, rather than being the feature which defines melancholia experience.

2. The aetiological explanation of melancholia

In this section, Galen's aetiological approach to melancholia is examined and through this his position within individuality, internality, dysfunction, characteristics, and corporeality categories are explored. This examination is organised in two subsections to cover different aspects of Galen's aetiological understanding of melancholia. In the first subsection, an account of Galen's humoralism is offered based upon three themes: Galen's conception of black bile, his humoral understanding of disease and health, and physiological processes through which black bile produces melancholia. After establishing Galen's humoral understanding of melancholia within the first subsection, then in the second subsection the formation of melancholia is explored focusing on the aetiological positions of body and soul within this process.

2.1. Galen's humoralism

In this subsection, Galen's humoral understanding of melancholia is examined. This examination is based on three steps. First is to establish Galen's conception of black bile, because, similar to other examples of humoralism viewed in this study[82], Galen's model as well suggests a substantial link between the humour of black bile and the ailment of melancholia. After elucidating the Galenic conceptualisation of black bile, the discussion moves to the second step,

[82] See Chapter 1 and 2.

which is to illustrate Galen's understanding of health and disease. Through this step, it is aimed to provide an account of the conditions which triggers a transition from health to disease and turns the healthy presence of black bile in the body into a pathology. After achieving this goal, the last step to take is to introduce the physiological processes through which the presence of black bile in the body gains a pathological character and melancholia occurs. In the end, completing these three steps offers an understanding of the ontological ground upon which Galen built his model, and based on this ground it becomes possible to initiate some aspects of the categorical analysis, such as the discussion of individuality, internality, dysfunction, and characteristics categories.

2.1.1. The conception of black bile

To start analysing Galen's conception of black bile, it is important first to indicate its relation to the Hippocratic treatise *tNoM* (Polybus, trans. 1978), because Galen praised this treatise as the accurate understanding of human nature and he depended upon it while developing his own understanding of medicine. However, it needs to be noted that throughout his formulation of black bile, Galen did not fully imitate the approach followed in *tNoM,* although he embraced some of the key points suggested by Polybus. Below, Galen's conception of black bile is analysed based on both agreements with and departures from Polybus' conception of black bile.

In *oH* (Galen, trans. 2000b)*,* Galen followed the Hippocratic approach offered in *tNoM* (Polybus, trans. 1978) and attributed an independent humour status to black bile*.* In this way, he accepted that human nature is made up of four humours: yellow bile, blood, phlegm, and black bile. Apart from this though, Galen attributed some qualities to black bile in particular, and to humours in general, which are at odds with Polybus' understanding. First, according to *oH*, there is

not one, but four types of black bile: “one in the blood’s sediment, another when yellow bile is overheated, another called ‘tarry’ because it has the shine of bitumen, and another by nature resembling blood” (p.16). In the text, no further explanation was given on whether there is a specific type of black bile which is related to melancholia or melancholia can be formed due to any type. Therefore, it is not clear whether Galen saw the variations of black bile as being important for melancholia.

Second, Galen favoured the idea of the pathological deformation of humours, which is clearly the exact opposite of the assertion Polybus made in *tNom*[83] (Polybus, trans. 1978). In *oH* (Galen, trans. 2000b) Galen claimed that “a particular humour might on occasion metamorphose into one or another sort of humour according to temperature, time, place, age and diet” (p. 15). According to this, any condition which is able to provoke the level of any certain humour to increase may also possibly be able to provoke the other humours to metamorphose into that certain humour. Thus, any increase in the qualities of cold and dry, which might result in melancholia, can be due to a deformation of any humour and their metamorphosis into black bile.

In this subsection, Galen’s conception of black bile was viewed and it was illustrated that in Galenic understanding black bile becomes excessive through the metamorphosis of other humours into it. To link this conception of black bile to the formation of melancholia, let us now study the conditions in which other humours metamorphose into black bile within Galen’s conceptualisation of health and disease.

[83] See Chapter 1, Section 1.

2.1.2. The conceptualisation of health and disease

Within his conceptualisation of health and disease Galen stayed highly committed to the Hippocratic humoral tradition. He suggested a theory which highlighted the balance between the four humours as the most important cause of health and disease and stressed the responsiveness of this balance to the surrounding environment and to the natural temperament of the individual (Nutton, 2004). Below, this aspect of Galen's humoralism is examined focusing particularly on the case of melancholia.

To start, in *oH* (Galen, trans. 2000b), Galen listed several conditions such as "temperature, time, place, age, and diet" (p. 15) which may trigger the metamorphosis of humours into one another and the disturbance of the balance underlying health. As this may give an insight into the conditions triggering melancholia, let us focus specifically on the conditions creating a metamorphosis of other humours into black bile. According to Galen, the metamorphosis of other humours into black bile may be caused by a "wholesome" (p. 15) diet. Furthermore, in the "later [stage of life]" or "the prime of life" (p.15) humours may be more prone to turning into black bile. Regarding the "surrounding circumstances" (p. 15), Galen did not specify any circumstance provoking the dominance of black bile, but simply stated that these circumstances are complex.

Individual's temperament is another factor preparing the conditions through which a pathological metamorphosis of humours is produced and the healthy humoral balance is disturbed. This view originated from *tNoM* (Polybus, trans. 1978). To remind, in this treatise Polybus claimed that each individual has a unique proportion of humours through which health is sustained, and different humours naturally dominate in different individuals. The nature of this balance is important to predict the possible outcomes of certain circumstances for a certain

individual. If the individual's constitution, for instance, is dominated by cold and dry, they will benefit from avoiding cold and dry weather. On the contrary, if their constitution is dominated by hot and moist, then cold and dry weather will not constitute any serious danger for them, on the contrary help them to avoid diseases to which they are naturally prone because of their hot and moist constitution. In line with this, Galen (Galen, trans. 2000b) underlined that "different complexions are due to the predominance of whatever humours are prevalent in a particular temperament, and that diseases arise according to the nature of the dominant humour in an individual" (p. 16). This suggests that, in individuals whose nature are dominated by black bile, there is a natural surplus of dry and cold which may render other humours prone to metamorphose into black bile. In this case even mildly cold and dry dietetic and weather conditions which would not provoke a metamorphosis of humours into black bile for individuals whose nature is dominated by any other humour, they may create such consequence for individuals whose nature is dominated by black bile.

After introducing Galen's conceptualisation of black bile in the previous subsection, in this subsection the conditions which in Galen's understanding form a transition from health to disease were described specifically focusing on black bile and melancholia. In the next subsection, the physiological processes which produce this transition are introduced.

2.1.3 Physiological processes leading to melancholia

To start discussing the physiology behind melancholia, it is necessary first to introduce the body parts involved in this ailment. In Galenic medicine these body parts are clustered into two groups: first, the parts affected by melancholia; and second the parts affecting, or giving rise to the cause of, melancholia. According to *CSII,* the first category mainly includes the brain. This suggests that

melancholic symptoms occur “when either the black bile itself takes hold of the brain, or some melancholic vapour rises up” (Galen, trans. 2006b, p. 264). However, in *CSI* (Galen, trans. 2006a) it was claimed that melancholia occurs when the stomach is influenced by some anomaly related to “the brain and nerves” (p. 231). Based on this, it is possible to assert that although the brain was addressed as the organ affected by black bile in some cases, in others it was described as the organ in which the pathology of melancholia is aetiologically rooted. In addition to the account suggested in *CSI*, in *oH* (Galen, trans. 2000b) Galen described “the area below the liver, spleen, and eyes” (p. 16) as the areas for black bile. Similarly, in *oBB* (Galen, trans. 2000a, p. 28) and *CSIII* (Galen, trans. 2006c, p. 278), “spleen” was described as the organ which is supposed to cleanse the black bile and, thusly, prevent the black bile from going to excess. Therefore, when melancholia occurs, it is a possibility that this is due to an anomaly occurring in any of these parts. However, it is another question if this anomaly is aetiologically rooted in the organ itself. For instance, according to *CSIII*, if spleen fails to purify the black bile as it should, this does not necessarily indicate a damage in the spleen. It can also be that the level of black bile has arisen to a level that even a well-functioning spleen becomes unable to clean it. The reason for this, may be “an abnormality of what is eaten” (p.278). Furthermore, it was proposed in *oBB*[84] that the level of black bile is likely to be raised due to stressful or painful life events, which may be considered another example of the idea that the aetiology of melancholia is extended beyond the individual body.

[84] See 2.2. for the exact quotation.

2.1.4. Categorical assessment of the aetiology of melancholy

In Sections 2.1.1, 2.1.2, and 2.1.3 different aspects of Galen's humoral understanding of melancholia were described. If all these three aspects are brought together, a framework emerges through which a categorical assessment of Galen's aetiology of melancholia can be pursued. This framework seems especially fruitful to analyse Galen's model of melancholia within individuality, internality, dysfunction, and characteristics categories.

To start, internality category aims to explore whether melancholia is understood as caused by internal or external factors. The discussion held in this section so far suggests that regarding this issue Galen embraced a view in line with Hippocratic understanding. This suggests that in Galenic medicine as well human nature was defined as sensitive to the surrounding environment. According to this, melancholia occurs due to a metamorphosis of other humours into black bile, and the individual's internal nature and external environmental factors interplay to create the conditions through which such metamorphosis occur. For instance, a middle-aged person who had a wholesome meal may find it harder to digest the food they had compared to their younger company, and due to this their spleen may fail to purify the black bile and melancholia may follow. In this hypothetical situation, although there are internal factors which render the middle-aged individual more prone to melancholia, these factors do not act independently from external factors, such as diet. In that sense melancholia is a phenomenon formed by an interaction of internal and external factors, rather than being a direct outcome of either.

Next, as stated before individuality category aims to explore whether a certain model conceptualises melancholia as indigenous to the individual or irreducibly social. In the previous subsection, this question was touched upon based on the

phenomenological description of melancholia and it was concluded that Galen understood melancholia to cover some intersubjective experiential components, yet did not see these as essential to melancholia experience. This suggests that, Galenic model of melancholia cannot be assigned to the strong socially irreducible position from a phenomenological point of view. After the examination of the causes of melancholia pursued in this section so far, the phenomenological account suggested in the previous section can be complemented with an aetiological perspective. It was already established in the previous paragraph that environmental factors are involved in the formation of melancholia. To understand if the formation of melancholia is irreducibly social from an ontological perspective, it is necessary to explore first, whether the environment involving in the formation of melancholia has a socio-physical nature; and second, whether any possible social aspect of the environment involve in the formation of melancholia necessarily. The analysis made above suggests an affirmative answer to the first question. Galen explicitly stated that the level of black bile tends to increase during stressful and painful life events. This statement is enough to argue that in Galenic medicine the aetiological roots underlying the physiological processes resulting in melancholia are embedded in a socio-physical environment. However, this itself is not enough to suggest that Galenic melancholia was an irreducibly social ontology. To make such claim, it is also required to answer the second question posed above. For this purpose, let us revisit Galen's conception of health and disease. As described above, in Galen's understanding individual and the environment surrounding them are interactive, and the individual's physique is always responsive to the environment. Therefore, it is unlikely that in Galen's understanding any aetiology would be reducible to the individual in terms of not involving environmental factors at some level. It is

possible to apply this to the formation of melancholia as well, if it is remembered that Galen understood melancholia to be underlain by complex environmental factors. Yet, neither this qualifies Galen's melancholia to be described as irreducibly social, because it does not seem that Galen understood sociality as a core element in environment. He indicated no traces of sociality possibly mingled in the interplay between humours and weather for instance. This suggests that, sociality may, and highly likely does, involve in the genesis of melancholia, but not necessarily. So, similar to the conclusion made on melancholia's *phenomenological* reducibility to the individual, it is possible to claim that in Galen's view the *aetiology* of melancholia may possibly involve social factors, but it is not irreducibly social.

Third question to discuss here concerns with dysfunctionality. Through dysfunction category, it is aimed to understand whether melancholia was pathologised based on an individual or a social dysfunction. Based on the analysis of the aetiology of melancholia, it can be concluded that physiological processes which underlie and are underlain by melancholia were mostly conceptualised as responsive to the dynamics of external socio-physical world. For instance, although melancholia can occur due to a dysfunction of the spleen, the spleen does not become dysfunctional only due to a physiological anomaly of the organ, but also due to the becoming of the level of black bile excessive beyond the capacity of spleen due to socio-physiological factors. Therefore, in Galenic medicine, the internal physic of the individual is intermingled with the external physical and social domains; and in this sense, the internal proceedings of the body cannot be understood in isolation from the external world. Yet, is this enough to claim that Galen pathologised melancholia on the basis of a social dysfunction? Although Galen possibly understood melancholia as having social

roots, he gave no indication that these social roots themselves were conceptualised as dysfunctional. Rather, the discourse of dysfunctionality became prominent for Galen, when he was describing body parts and humours. Therefore, it appears plausible to suggest that although in Galen's understanding, sociality was involved in melancholia on various levels, he pathologised the melancholic condition based on an individual dysfunction, and not a social dysfunction.

Last aspect of the categorical analysis to be pursued in this subsection is the characteristics category. Through this category, it is aimed to explore whether the formation of melancholia includes aetiological factors which may be considered as personal characteristics. The discussion made above revealed that the level of black bile is sensitive to age and constitution. According to this, middle aged individuals are more prone to melancholia, because in this age period the level of melancholia naturally increases and if any other factor adds up to this, melancholia may easily follow. Similarly, some individuals' constitution happens to be dominated by black bile naturally. Although for these individuals a healthy condition is sustained when their black bile levels are higher than average, this situation may be considered as a predisposition to melancholia, because their black bile levels easily become excessive due to even a slight fluctuation. Based on the statements on age and natural temperament, it is possible to claim that according to Galenic medicine melancholia is formed dependently on some personal characteristics.

2.2. Body and soul in the formation of melancholia

Above, Galen's views on the humoral aetiology of melancholia were introduced. In the remainder of this section, the aetiology of melancholia is explored by focusing on the roles of body and soul in the formation of this

condition. To conduct an analysis of body, soul, and melancholia in Galenic philosophy does not only offer a deeper understanding of the aetiology of melancholia, but it also enables us to assess Galen's model of melancholia within the corporeality category. Furthermore, this analysis possibly contributes to other aspects of the categorical analysis initiated earlier in this chapter, such as internality and individuality categories. This analysis begins by introducing Galen's understanding of the tripartite soul. Subsequently, the issue of the soul's ontological separability from the body is discussed. Throughout this discussion, the nature of the relation between body and soul is studied. After offering an account of Galen's understanding of the relation between body and soul, its relation to melancholia is explored. For this purpose, the concept of affections of the soul is introduced and then the differentiation of the formation of the affectionate content of melancholia from the daily affections of the soul is analysed. Finally, after offering an account of the aetiological involvement of body and soul in the formation of melancholia, the discussion of the corporeality category will be introduced as well as the individuality and internality categories revisited.

To begin, Galen's conceptualisation of 'soul' was influenced by the Platonic idea of the tripartite soul. Depending on the Platonic philosophy, in *DHP* (Galen, trans. 1980), Galen defended the idea that there were three souls located in three different organs: "the head", "the heart", and "the liver" (p. 373). Nutton (2004, p. 233) defined this understanding of soul and body as "three parallel systems". According to *CT* (Galen, trans. 2013b, p. 138), these three parallel systems were "the rational soul", "the animal soul", and "the vegetative soul" and understood as the origins of thought, passions, and desire respectively. Galen remained "agnostic" (Donini, 2008, p.185, Garcia-Ballester, 2002) about the ontological

separation between these three souls from one another. He left aside questions such as, whether these souls are different parts or capacities of the same soul or they correspond to separate souls. Rather, he distinguished them analytically on the basis of their outcomes and functions. According to this, human beings think (for instance, judge what is the right thing to do in a certain situation) via their rational soul located in their head; feel emotions (for instance, become angry in the face of an injustice) via their animal soul located in their heart; and finally desire (for instance, feel hungry or thirsty) via their vegetative soul located in their liver.

In the previous paragraph, Galen's notion of soul and its position(s) within the body were introduced briefly. To grasp the relevance of this to melancholia, and also to evaluate the Galenic model within the corporeality category, it is necessary to discuss the relation between body and soul further. For such analysis to be pursued, it is needed first to explore the ontological separability of body and soul, but it is a challenging task to pursue this quest within Galen's philosophy and medicine. This is because, Galen preferred to remain agnostic on the ontological questions regarding the soul. These ontological questions included mortality/immortality and corporeality/incorporeality of the soul (Gill, 2007; Hankinson, 1991; Hankinson, 2006) as well as the separability of the three souls as stated before. Furthermore, while on the one hand Galen defined the ontology of soul as unknowable and irrelevant to the medical practice (Hankinson, 1991; de Lacy, 1972; Nickel, 2002; Singer, 1997); on the other he did make ontological assertions regarding the soul from time to time. What renders challenging the task of exploring Galen's ontological understanding of soul, is the inconsistent nature of these assertions. Let us exemplify these assertions below.

To start, Galen's adoption of the Platonist idea of a tripartite soul, and his respect for Plato as one of the two "'divine'" (de Lacy, 1972) philosophers, may imply that he also embraced Platonic dualism of body and soul. Indeed, there are parts of the Galenic Corpus which reflect such standpoint (Singer, 1997). As Singer (1997) pointed out, in *UPB* (Galen, trans. 1968) Galen described great intelligence, such as of Hippocrates and Plato, as heavenly, and therefore argued against reducing the origin of intelligence to matter. This suggests that three "souls . . . seem to vary in degree of independence that is envisaged for them" (Singer, 1997, p. 542). On the other hand, there are also parts of the Corpus in which Galen explicitly stated that he found Plato's idea regarding the immateriality of soul speculative (de Lacy, 1972), and that he seemed sympathetic to the idea of soul being a corporeal entity (Donini, 2008; Gill, 2007; Hankinson, 2006; Jackson, 1969). This suggests that in Galenic writings it is possible to encounter varying levels of separability between body and soul. This, encourages us to ask what was the level of separability between body and soul in the cases of formation and experience of melancholia. To answer this question, it is necessary to examine the relation between body and soul in affectionate and pathological conditions. A passage relevant to this issue emerges in *CSdMB*:

> That the capacities of the soul depend on the mixtures of the body is something that I have put to the test and research in many ways . . . . I have consistently found the argument to be true…. We bring about good mixture in the body through what we eat and drink, and also through our daily practices, and from this good mixture will achieve virtue for the soul. (Galen, trans. 2013c, p. 374)

In this passage, soul was described as contingent upon the body. According to this, the humoral condition of the body forms the capacities of the soul: being virtuous is a capacity of the soul, but it is not formed independently from the body. In that sense, the boundary between body and soul is blurred. On the other hand,

there is a prominent conceptual separation: being virtuous is a capacity of the soul, and not of the body. This, when compared to the Hippocratic account for instance, may indicate a higher level of separation between body and soul. To remind, in the Hippocratic understanding, mind was a capacity arising from the body, and therefore mind and body were not ontologically, but only phenomenologically separable. At this point, it behoves one to ask if Galen's categorical separation of body and soul reflects indeed some ontological binary or only different levels of organisation in one composite.

One way to answer this question is to observe Galen's understanding of the mutual relation between body and soul. In the previous paragraph, it was revealed that Galen understood soul as reliant upon the body. However, the relation between body and soul does not consist of the influence of the body on the soul. According to Galen, this relation can, and often does, work the other way around in which the states of the soul determine the states of the body. Two examples of the influence of soul on the body were introduced in *oP* (Galen, trans. 1979). First was the case of a woman suffering from love-sickness. Here, Galen claimed that the patient did not have any bodily ailments, yet she suffered from some bodily symptoms, such as "insomnia" (p. 101), "irregular [pulse]" and "[change of the] facial colour" (p. 103). As there was no bodily ailment which could cause these symptoms, they were the symptoms caused by the soul, which proved to Galen that "the body tends to be affected by mental conditions" (p. 105). Second example was the case of a slave whose physical condition was poor. The examination pursued by Galen suggested that there was no physical basis of his complaints, and they were caused because the slave had some worries. Indeed, when the master of the slave followed Galen's advice and conciliated the slave to end his worries, "in three days [the slave] recovered his natural physical

condition" (p. 105). In this case too, Galen stressed some physical disturbances caused by the psychic condition of the patient. Therefore, it is reasonable to claim, depending on these two cases, that according to Galen the soul is not only in the 'affected' position in the relation between body and soul, but also in the 'affective' position, which means that the dependence of the body and the soul unto each other is mutual: they are interdependent.

The analysis above may suggest a solution for our current problem[85]. Although this analysis reflects the conceptual separability of body and soul/mind, it also illustrates their ontological interdependence. The described interdependence between body and soul suggests that, especially in affectionate and pathological conditions the distinction Galen held between body and soul does not go any further than conceptual (Hankinson, 2006, p.239). This contributes to the idea that Galen understood body and soul in compositional terms, in which the causal arrows go in both, bottom-up (from body to soul) and top-down (from soul to body), directions of the hierarchy. Jackson (1969, p. 366) also highlights that the cases of the woman and the slave illustrate that Galen differentiated between "a depressive state caused by a physiological disturbance and a syndrome of mental distress caused by a psychological disturbance". Following Gill (2007) it is possible to suggest that this illustrates the naturalistic character of Galen's psychology. According to this, in Galen's understanding body and soul was a natural whole, made up of "the blending of the four elements" (p. 101). This suggests that Galen's Platonic understanding of body and soul was different from "non-naturalistic, mind-body dualism" (Gill, 2007, p. 89).

[85] This concerns with whether body and soul are ontologically separable in Galen's view.

So far Galen's approach to the relation between body and soul was examined. Now, its relevance to melancholia needs to be clarified, which will offer a ground to discuss the questions posed in the individuality, internality, and corporeality categories. To start, the link between the discussion of body and soul and melancholia is the concept of "affections of the soul". In *DTAE,* Galen enumerated six affections of the soul that are recognised commonly: "rage, anger, fear, distress, envy, vehement desire" (Galen, trans. 2013d, p. 244-245). Then, he added a seventh one to this list, "haste in forming love or hatred" (245). Referring to this list, it is reasonable to suggest that, the formation of melancholia, which consists of fear and despair, involves the formation of affections of the soul. Let us explore the formation of the affections of the soul for this may suggest an insight in the formation of melancholic affections.

To start, Galen introduced the concept of affections of the soul in *CT* (Galen, trans. 2013b, p. 138-139):

> As long as the human soul remains in the same state, this state is for it like rest and immobility; if its state changes, we regard this change as its movement. Since the movement may come from the mover itself or because of something else, we call the first [type] an 'action' and the second an 'affection' . . . . This is the meaning of 'affection' when it is contrasted with 'action', but it has another meaning when it is contrasted with 'the natural thing'. Health, for example, is natural to a thing; a disease that occurs to it is unnatural.

According to this passage, then, when the animal soul, for instance, is in a state of calmness and if this state is interrupted by an outside stimulus which drags the individual to distress; this is called an affection of the soul. This state is unnatural in Galen's view, as it is not the immanent nature of the individual which created this movement, but an external factor which actually intervened in the immanent

nature of them[86]. Therefore, “one whose soul is free from affections has health” (p. 162).

The account above offered the idea that affections occur when the soul is moved by external stimuli. This view is in line with the arguments made on internality and individuality categories in Section 2.1 by means of suggesting that the formation of affections is underlain by external and possibly social factors. However, depending on a passage from *CSII* it is possible to suggest that Galen distinguished the formation of melancholic fear and despair from daily fear and despair; and understood the former in more individualistic and internalistic terms. In this passage, Galen stated that

> For [melancholics] are all despairing without reason, nor, were you to ask, would they be able to say they are distressed about anything, not a few of them fearing death or some other thing not worthy of fear. There are also those who are strongly desirous of death. It is, at least, not surprising that fears arise through the black bile taking possession of the arche of the rational soul, or depressions[87] or presentiments of death either. For of those things external to the body, we see nothing so frightening to us as the darkness. Whenever, then, some kind of darkness envelops the rational part of the soul, of necessity a person is always afraid, as he would always be carrying around in the body the reason of his fear. For what happens to us from an external source at a certain time, when the deepest darkness takes hold of the ambient air, so the same thing is stirred up by the melancholic [humours] within and from the body itself, when either the black bile itself takes hold of the brain, or some melancholic vapour rises up. (Galen, trans. 2006b, p. 264)

This passage displays two interrelated points about Galen’s understanding of melancholia which together suggest a more individualistic and internalistic perspective. First, the operation of body and soul underlying the formation of melancholia, and second, groundlessness of melancholia. To start, throughout this passage Galen described a relation between body and soul which reflects

[86] See Chapter 2 for the Aristotelian origin of this idea.
[87] Here, it is not clear what the term ‘depression’ stands for, but this translation is viewed as problematic here because of the possible misunderstandings linked to the modern connotations of the term.

the influence of the body on the soul. According to this, in the case of melancholia the affections of the soul occur, because black bile oppresses the rational soul[88] without the involvement of any external trigger. This suggests that the source of the bodily influence creating the melancholic fear and despair is biologically immanent in the individual, as opposed to daily fear and despair occurring as movements of the soul created by an external source. In other words, melancholic affections are groundless: they have underlying causes, but no reasons.

This analysis offers a ground to discuss individuality, internality, and corporeality categories. Let us start from the corporeality category. It was argued above that Galen's view of body and mind was compositional and in this understanding, there was room for both top-down and bottom-up causation. Based on the passage quoted from *CSII* (Galen, trans. 2006b), it can be suggested that in the case of melancholia this relation is conducted through the body's influence on the soul. According to this, melancholia is aetiologically corporeal. It is caused by the black bile's domination within the brain. This process affects the rational soul which is located in the brain, and thereby the psychic symptoms occur. Depending on this, it is possible to suggest that in Galen's understanding the aetiology of melancholia is rooted in the domain conceptualised as body, despite the phenomenon that is taken as melancholia has both corporeal and psychic elements.

The second problem to discuss based on the analysis above is Galen's position within the internality category. But before starting with this, let us leave aside the argument made on the internality issue in Section 2.1 for a while and focus specifically on the passage quoted from *CSII* (Galen, trans. 2006b). In this

[88] Daily affections of fear and despair are also caused by an oppression of the rational soul through an increase of black bile, but in this case, there is an external stimulus initiating this physical process.

passage, it was stated that melancholia includes an experience of fear and despair involving no external cause. According to this, a melancholic “is always afraid, as he would always be carrying around in the body the reason of his fear” (p. 264). This suggests that the causation underlying melancholia is internal to the individual. In fact, this point appears central to the Galenic understanding of melancholia, because it is the very characteristic of melancholic fear and despair which differentiates it from daily fear and despair.

Similarly, if the argumentation made in Section 2.1 on the individuality issue is left aside, it may be possible to suggest that the passage cited from *CSII* (Galen, trans. 2006b) offered a rather individualistic understanding of the aetiology of melancholia. If the passage in question is considered it appears that the formation of melancholia is immanent in the individual, as it is the very disconnectedness of fear and despair from the external reality which renders these passions melancholic. In this sense, this passage does not suggest anything in favour of the social irreducibility argument.

So far in this subsection, the formation of melancholia was discussed based on Galen’s understanding of body and soul. A passage from *CSII* (Galen, trans. 2006b) constituted the centre of this discussion through which Galen’s stance within the individuality, internality, and corporeality categories were studied. Based on this text it was argued that Galenic account suggested melancholia to be ontologically immanent in the individual, caused by factors internal to the individual, and to include bodily and psychic symptoms underlain by a bodily aetiology. Now, if the discussion on the humoral aetiology of melancholia conducted in the previous subsection is remembered, it appears that there are two opposing accounts of Galen’s position within the corporeality, internality, and individuality categories. To remind, in Section 2.1 the physiological processes

underlying melancholia were introduced as environmentally sensitive and on this basis it was claimed that the formation of melancholia is likely to be caused by an interaction of internal and external factors. This was supported by a passage from *oBB* (Galen, trans. 2000a) which points particularly to the external factors underlying the increase of black bile. In this passage, Galen claimed that "more black bile seems to be produced in . . . . patterns of life that are wrapped in depression, stress and insomnia[89]" (p. 27). According to this passage, first the relation of body and soul underlying melancholia does not consist solely of the influence of body on the soul, but also of the influence of soul on the body[90]: it is not only that the excess levels of black bile result in despair, but also that the experience of despair may result in excess levels of black bile. If this is the case, then it is plausible to challenge the conclusion made based on *CSII* by suggesting that melancholia is an aetiologically psychic condition, which points a top-down formation. Second, if the patterns of life may trigger the increase of black bile which may then result in melancholia, then the factors causing melancholia definitely include external factors as well. Third, in this case, it is plausible to claim that melancholia is irreducibly social from an aetiological perspective as well, as "patterns of life that are wrapped in depression, stress and insomnia" (p. 27) inevitably involves a social aspect.

This tension between the two accounts seems to reflect an inconsistency between Galen's overall understanding of health and disease and his particular account of melancholia. Throughout the former, Galen put an important emphasis

[89] In Grant's edition of *oBB* (Galen, trans. 2000a) the terms 'depression' and 'stress' were used as translation of some ancient concepts. Here, both translations are regarded problematic because of the modern meanings of these concepts. While tackling with ancient texts, it is crucial to avoid from oversimplified translations of ancient concepts into modern terms, such as depression and stress, whose meanings are embedded in a modern socio-historical context and a modern medical tradition.

[90] This argument is based on the assumption that the terms 'stress' and 'depression' relate to the affections of the soul.

upon the social and external factors (Bergdolt, 2008). Based on this it is possible to suggest that the excess levels of black bile underlying melancholia do not occur in isolation from the social-physical world. According to this, there is a physical process creating melancholia, but the origin of this process is embedded in the social situations. As introduced above, there were passages supporting this view. Especially in *oBB* (Galen, trans. 2000a) Galen described an interdependence of social, bodily, and affectionate aspects of the individual's experience occurring through the mutual relations between life patterns, levels of black bile, and emergence of affections. However, even in *oBB* there was no indication that this interdependence is prominent in the formation of melancholia. When the passage Galen particularly wrote on melancholia in *CSII* (Galen, trans. 2006b) is considered, it appears possible that he separated this ailment from daily affectionate fluctuations based on the groundlessness of the former. According to this, the increase of black bile which is caused by "patterns of life that are wrapped in depression, stress and insomnia" (Galen, trans. 2000a, p. 27) does not necessarily link to melancholia, because "[melancholics] are all despairing without reason, nor, were you to ask, would they be able to say they are distressed about anything" (Galen, trans. 2006b, p. 264). Remember the cases of a woman and a slave Galen addressed in *oP* (Galen, trans. 1979). There was distress in both cases, but neither was diagnosed as melancholia possibly because they were underlain by some external ground.

3. Ethics and melancholia

Galen's medical understandings of human nature was strongly intertwined with his philosophical views on being human (Gill, 2010). His conceptualisation of melancholia is an instance reflecting this approach. This section is dedicated to understanding the involvement of moral philosophy within Galen's medical

conceptualisation of melancholia. Exploring morality of melancholia may offer an insight into the discussion of characteristics and self categories. In this respect, it is initially intended in this section to reveal whether morality can be considered as a personal characteristic which interacts with the physical origin of melancholia. Based on the answer suggested for this question, it is then explored whether morality issue offers a basis to discuss the self category. To answer these questions, first the moral dimension of Galen's concept of melancholia is introduced, and second the characteristics and self categories are discussed.

In Galen's philosophy, the concepts of moral and rational are strongly associated. Above it was illustrated that melancholia occurs along with a suppression of the rational soul. Therefore, the first aim of this section is to explore whether melancholia can be defined as immoral based on the claim that it is irrational. There are two questions through which a possible relation between melancholia's irrationality and immorality to be clarified: first, if the individual has any control over melancholia, and second if having control over melancholia is a virtue. Above it was established that irrationality of melancholia was related to its affectionate content, therefore let us examine these questions by focusing on the concept of affections of the soul.

To start, *AD* (Galen, trans. 2013a) and *CT* (Galen, trans. 2013b) give some insight into the question of whether melancholic affections are controllable. In these treatises, Galen addressed two factors acting upon one's ability to control their affections: nature and nurture. According to this, one needs to educate their soul to become able to control their affections. It may be possible to reinforce one's control over their affections through an education which renders the rational soul stronger, the animal soul more obedient, and the vegetative soul weaker (Galen, trans. 2013b). But the success of this education depends on "the

condition of both [the] body and soul" (p.75). This suggests that "someone who is, by nature, extremely cowardly and greedy will not, by means of education, become extremely brave and abstemious" (p.141). Thus, being naturally prone to affections is a situation one cannot change by education, because as Gill (2010) also put it one cannot alter their constitution. Then, depending on the texts in question, the first issue can be concluded by claiming that an individual would be able to control their affections if they educate their soul, but for this education to be of success they must have a natural inclination toward the ability they wish to acquire.

In the previous paragraph, it was revealed that in Galenic understanding being able to control melancholic affections depends on an interaction of nature and nurture. Following this, it is to be explored here whether it is a virtue to acquire such ability. The argument made in the previous paragraph already offers some support in favour of this suggestion. The paragraph above suggested that Galen favoured the rational soul over the animal and vegetative souls. In *CT* this position was supported through the idea that rational soul is the only agent which can lead the individual to virtues (Galen, trans. 2013b). Furthermore, in *DTAE,* Galen claimed that training their souls in order to control their affections, brings one an opportunity to become "a good human being" (Galen, trans. 2013d, p. 256). This argument as well, reveals the virtuous quality attributed to the ability to control one's affections.

Based on the answers suggested to the questions of whether it is possible to control affections and whether it is virtuous to have such ability, let us discuss if being melancholic was viewed as a morally relevant condition by Galen. The discussion above suggests that melancholia is not simply caused by an increase in the level of black bile, but also due to a lack of ability to prevent the genesis of

fear and grief, which are the affections constituting melancholia. This lack of ability may be a constitutional characteristic that a person cannot change or it may be linked to the default of the sufficient education, but in either case, there is a moral attribute. According to this, higher sense of ethics does not become relevant to melancholia through choosing to educate oneself to avoiding melancholia, but through gaining the actual ability to do so. This suggests that similar to the Hippocratic understanding, in Galenic understanding as well, moral character cannot be broken down into individual choices, but has physical roots (Bergdolt, 2008). Differing from the Hippocratic account though, it is not fully embedded in the individual's nature. Rather it is a condition which is formed through an interaction of nature and nurture.

Depending on the discussion above, let us now explore if the individual's moral character can be viewed as a personal characteristic involved in the formation of melancholia. The previous paragraph suggests that being able to prevent the formation of affections was viewed by Galen as a personal characteristic with moral attributes. In that sense, it is plausible to suggest that one's moral character is aetiologically involved in the formation of melancholia. However, it is important to note that Galen's ontological understanding of this moral status requires the concepts of individual and social, internal and external to be intertwined. According to this, one's moral status as a personal characteristic is not reducible to the sphere of individual or natural. The genesis of this status is an outcome of internal and external factors, therefore this personal characteristic involved in the formation of melancholia is a hybrid of nature and nurture, instead of being a characteristic reducible to the domain of individual.

After examining Galen's account of melancholia within the characteristics category, now let us focus on the question posed within the self category. To remind, the focus of this category is the ontological relation between self and melancholia. To clarify this relation, it is intended first to examine whether Galen approached self through a dualist perspective which dichotomises between inconsistent experiences of self as authentic self and detachment from the authentic self. From such perspective, authentic self appears to be a constant, definable, and solid pattern and experiences incompatible with this pattern are ontologically separable from the authentic structure of self. After illustrating the nature of self from Galen's point of view, it is intended that we explore whether melancholic experience was conceptualised by him entangled with, or detached from, the authentic self. To conduct this analysis however, it is first necessary to set out the conceptual basis which allows for such analysis. Because self as a concept is a modern construct, it is challenging to track the notion key to this concept in pre-modern texts. To tackle this problem, initially this key notion needs to be illustrated. In this study, the concept of self is understood as a construct aiming to define the essence of the individual. Therefore, while exploring Galen's position within the self category it is plausible to focus on the idea of essence and concepts addressing themselves to this idea. One concept which potentially captures the idea of essence is soul, therefore let us revisit Galen's conception of soul below and examine the concept of a tripartite soul through the self category. After suggesting a possible position Galen would take within the self category based on this, the specific relation between the three souls leading to melancholia is examined to explore the ontological relation between self and melancholia further.

As introduced above, Galen embraced the idea of a tripartite soul, which suggests that there are three different structures corresponding to the concept of soul. However, as highlighted before, Galen stayed agnostic about the ontological relation between the three souls. He did not clarify whether he understood these three souls as parts of the same ontological unit or as separate ontologies. However, in any case, it seems plausible to suggest that in Galen's view, human's essence had three main dimensions, and the self-experience of an individual could be altered on the basis of the relation between these three dimensions. For instance, in a situation where the rational soul fails to dominate the affectionate and vegetative souls, the individual may make choices different from the choices they would make if their rational soul was more dominant. The important point here is that, in all cases the manifestations are indigenous to the individual. They are aetiologically rooted in one or the other dimension of their soul, but in any case, they come from their soul. Depending on this view, it appears reasonable to suggest that Galen did not understand self as solid and constant, but fluid and variable based on the nature of the interactions between different souls/dimensions of the soul.

To enrich our understanding of Galen's position within the self category, let us view the specific relation between the three souls underlying melancholia from the perspective of the self category. As expressed before, the irrational aspects of the soul are morally inferior to the rational soul. Although the 'rational', and therefore the 'moral', soul is not considered the only aspects of the soul, it is considered to be the 'right' soul, which should dominate others and lead the individual's being in the world. According to this, although there are different dimensions of the soul, they are not equally 'right' in the moral sense. As Gill (2007) also suggested, "in the Galenic picture, the whole psychic state depends

on the equilibrium established between 'parts', which are seen as independent sources of motivation and as natural, basic units within the personality" (p.118). Indeed, following what Galen offered in *DTAE*[91] (Galen, trans. 2013d), it is possible to suggest that maybe being irrational does not mean to be detached from oneself, but it means to be detached from the ideal self. This means that throughout melancholia, which occurs through a submission of the rational soul to the irrational or non-rational aspects of the soul an individual is still oneself, but not in the ideal way. Both aetiologically and phenomenologically, melancholia constitutes a situation that is unrepresentative of the ideal.

To conclude, in this section ethics of melancholia was discussed. Depending on this, the characteristics category was discussed and this suggested that in Galen's view an individual's moral stance is a personal characteristic formed by the interaction between natural and educational factors. According to this, if an individual has the right constitution and receives the right education, they may build up a moral strength through which it becomes possible to avoid undesirable affectionate states, such as melancholic affections. Based on this, two conclusions were drawn: first, the physical cause underlying the formation of melancholia is not stripped from moral attributes, and second the moral stance formed by an interaction of nature and nurture is involved in the formation of melancholia. Following this, based on the irrational and morally relevant meanings attributed to melancholia, the self category was discussed. Throughout this discussion, we aimed to explore whether issues of rationality and morality of character affects the conceptualisation of melancholia's relation to self. This examination revealed that because in Galen's understanding soul was three-

[91] According to this, if one cannot control their affections, he 'is at least not a wild beast; but he is certainly not yet a discerning human being: his position is somewhere between the two' (Galen, trans. 2013d, p. 258)

dimensional, the experience of self was not solid, but fluid based on the variable relation of these three dimensions. In that sense, although it was lacking in rationality and moral strength melancholia did not correspond to a detachment from one's essence in Galenic terms. It only corresponded to a detachment from the right self.

4. Conclusion

Throughout this chapter, Galen's views on melancholia were examined. In the first section, Galen's phenomenological description of melancholia was introduced. The analysis revealed that following the Hippocratic description Galen addressed fear and despair as the most common characteristics of melancholia. Furthermore, he described melancholic fear and despair as long-standing and groundless. Apart from these, as another symptom of melancholia, he referred to 'false imaginings', which was interpreted here as delusions varying from mild to severe. Furthermore, Galen addressed insomnia and suicidality as indications of melancholia. Based on these symptoms, a phenomenological examination of Galen's model within the individuality category was pursued. This suggested that similar to the Hippocratic understanding, Galen described melancholic symptoms mostly on an individualistic basis, and conceptualised affectionate and physical phenomena as symptoms emerging in the domain of the individual. In this account, the only concept indicating some sociality mixed in Galen's model of melancholy was 'false imaginings'. Because this concept covers some misjudgements about social relations in which individuals engage, it possibly refers to a situation where melancholic individual experiences an exclusion from the intersubjective world. This would suggest that the experience of melancholia is social, however there is no clear indication that Galen

recognised the loss of intersubjectivity as a prominent aspect of melancholia, therefore the social irreducibility argument remains weak for Galen's account.

In the second section, Galen's aetiological understanding of melancholia was studied. This suggested that Galen depended on the Hippocratic treatise *tNoM* (Polybus, trans. 1978) by attributing an independent humour status to black bile. However, he differed from the account suggested in this treatise by introducing different versions of black bile and accepting the possibility of metamorphosis from one humour to the other. On the other hand, Galen held a more strongly Hippocratic view in his conception of health and disease. He understood health as a balance formed by an interaction of internal and external factors. It was suggested that his understanding of the physical processes leading to melancholia also reflects this point of view. According to this, Galen understood these processes as environmentally sensitive and tended to view malfunctions of body parts involved in the formation of melancholia as sensitive to the environment. Based on this analysis, Galen's model was discussed with respect to the internality, individuality, dysfunction and characteristics categories. This discussion suggested first that Galen understood the causality underlying melancholia as an interaction between internal and external factors. Following this, it was found plausible to discuss Galen's model within the individuality category from an aetiological perspective. According to this, in Galen's view melancholia is underlain by socio-physical environmental factors, and therefore likely to involve social roots. But this was not enough to situate Galen at the strong irreducibly social position, because he did not give any indication that the social factors were *necessarily* involved in melancholia. Therefore, in Galen's view melancholia was a possibly social, but not an irreducibly social ontology. In the case of dysfunctionality category, however, Galen held a rather individualistic

position. Although he understood the involvement of social factors in the formation of melancholia as possible, he did not define the roots of melancholia in social dysfunctions, but rather pathologised melancholia based on physical dysfunctions. Last, it was argued that Galen believed that personal characteristics were involved in the formation of melancholia. Some characteristics viewed in this subsection were age and physical constitution. After completing the analysis of Galen's humoralism, his aetiology of melancholia was viewed through exploring the roles of body and soul in the formation of melancholia. This suggested that in Galen's view body and soul were understood in compositional terms. According to this, these two units were viewed as a different, but interdependent, levels of organisation ontologically belonging to the same composite. Then, the concept of affections of the soul was introduced to relate this discussion to melancholia. The relation between the affections and melancholia was that the experience of melancholia involved affections, therefore it was likely that the formation of affections could inform us about the formation of melancholia. However, passages Galen wrote on affections and on melancholia suggested that he viewed melancholic affections different from daily affections. According to this, affections were described in a way as states of being affected by the world. The origin of melancholic affections, on the other hand, was described internal to the individual stressing the groundlessness of melancholic fear and despair. This created a tension between two alternative conclusions regarding Galen's position within various categories. If the formation of melancholic affections were to be viewed as no different from daily affections, then in line with the conclusion drawn based on the analysis of humoralism, it could be suggested that Galen held the position of interactionism with respect to the categories of internality and individuality. On the other hand, the passages

written particularly on melancholia reflected a rather internalist and individualist position. It was also possible to suggest that Galen would take different stances within the corporeality category depending on whether or not melancholic affections are formed in the same way as daily affections. According to this, the passages written particularly on melancholia described the formation of fear and despair as a bodily process with psychic and physical consequences, whereas in other passages on affections, it was implied that affections could be formed as a response of the soul to the external factors which eventually creates bodily phenomena. This suggests that, if melancholic affections are distinguished from daily affections, it would be claimed that Galen understood melancholia to have a specifically bodily ontology, whereas if not then it would be possible to claim that in Galen's understanding melancholia is a condition which can be formed both as body's influence on the soul and soul's influence on the body. Here, the contradiction between melancholic and daily affections was endorsed and the passages written on melancholia were interpreted as clear proof for Galen's individualistic, internalistic, and materialistic stance.

In the third section, Galen's ethics of melancholia was analysed to explore Galen's position within the characteristics and self categories. This analysis was based on the relation Galen built between rationality and morality. To explore the nature of this relation two questions were studied: first, can melancholia be avoided, and second, if so, is it a virtue to be able to avoid melancholia? This suggested that the formation of affections can be avoided through a strengthening of the rational soul. However, to achieve this ability one needs to have the natural preconditions as well as receive the right education. Furthermore, to be able to gain the ability to control one's affections was clearly viewed morally superior by Galen. According to this, Galen understood morality

as materially rooted in the individual's nature. In Galenic philosophy, to be virtuous, it was not enough to mean well: one had to be "innate[ly]" (Gill, 2010, p. 257) virtuous. On the other hand, this material basis was also not sufficient by itself. Even amongst those who have the natural potential to be virtuous, one needs to nurture this potential to actually become virtuous. Based on this, it was concluded that in Galen's view one's moral stance was a personal characteristic formed through an interaction of nature and nurture, and this characteristic was thought to be involved in the formation of melancholia. After discussing Galen's position within the characteristics category based on his moral philosophy, a discussion of his position within the self category was initiated. Within this discussion, first essence was introduced as the underlying notion of self and consequently, the concept of soul was suggested as the best means through which the self problem could be discussed in Galen's philosophy. Galen's understanding of tripartite soul was then revisited and it was claimed that self experience in Galen's understanding was likely to be an inconsistent phenomenon with fluctuations based on the variable nature of the relation between the three souls. According to this, an individual may experience themselves as more affectionate or more rational depending on which soul dominates the others, but each experience is essential to the individual, since they all originate in the individual's soul. In this case, the hierarchical relations between the rational soul and the non-rational souls are not sufficient to designate the status of the authentic self to the former and thus characterize the latter as a departure from this. It is only possible on this basis to claim that through the rational soul's domination over the others, not the authentic, but the *ideal* self arises. Therefore, melancholia, which is an outcome of the rational soul's domination by the animal and vegetative souls, may be viewed as a departure

from one's ideal self, but it does not constitute a detachment from the authentic self.

To conclude, the ontology underlying Galen's conception of melancholy is constituted by tensions between innateness and affectivity, natural and pathological, divine and corporeal, authentic and ideal. Although it was concluded above that in Galenic philosophy melancholia was conceptualised as indigenous to individual, internally caused, ontologically corporeal, and entangled with the authentic self, the tensions constituting the underlying ontological ground indicate a delicate balance of the elements of individual and social, internal and external, normal and pathological, self and other involved in this conceptualisation. This suggests that although the conceptual boundaries separating these elements from one another seem to be clear, it is also possible to say that they were just set.

Exploring the Ontological Ground
Underlying the Conceptualisation of Depression

Volume 2 of 2

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CHAPTER 4
THE THOMISTIC UNDERSTANDING OF ACEDIA

As established before, the main purpose of this project is to explore the history of the ontological relations between the conceptualisation of depression and the conceptual/ontological boundaries set between the individual and the social, the body and the mind, the internal and the external, the self and the other, and the normal and the pathological. Based upon this goal, this chapter is dedicated to examine Thomas Aquinas' understanding of acedia as a certain ontology appearing in this history and to characterise this ontology with respect to the individuality, internality, dysfunction, characteristics, corporeality, and self categories. Prior to starting this examination, in the introduction, a brief definition of acedia will be offered. Subsequently, how acedia fits into the history examined here and in what sense it is viewed as a part of the ontological history of depression will be clarified. Lastly, the relations between the concepts underlying Aquinas' view of acedia will be schematised to offer a conceptual introduction to his anthropology, which then will serve as a handy tool to play with these concepts in the following sections.

To start with the first task, it should be noted first and foremost that there is no direct way to reveal the Thomistic meaning of the concept of acedia, because Aquinas himself did not give a detailed phenomenological description of the concept. The reason for this might be that in his time, acedia was already a well-known phenomenon and a well-established concept the nature of which was not controversial. This might have kept Aquinas from explicating the meaning and description of acedia. Yet, for the modern reader, the concept is hardly self-explanatory. Its translation into English as "sloth" appears to be as clear as the concept gets, yet ironically this translation itself also brings with it a high potential of misunderstanding because it distorts and caricaturises the genuine meaning of acedia (Lombardo, 2013). But how to obtain the genuine meaning of acedia?

Two alternative routes, one rather meandering and the other more like a shortcut, could be pursued. The first route would involve reviewing Aquinas' own sources on acedia (for example *De Fide Orthodoxa*, the works of Cassian and Gregory), and then to introduce a description of the concept on this basis. As this would exceed the bounds of the present study, the second route will be pursued. This route involves reconstructing the Thomistic meaning of acedia, drawing upon the not-quite-clear clues Aquinas gave throughout his writings.

In Part II, Second Part of his *Summa Theologica (ST)*, Question XXXV, Aquinas (Aquinas, trans. 1916, p. 463) defined acedia as "an oppressive sorrow, which, to wit, so weighs upon man's mind, that he wants to do nothing" and "a sluggishness of the mind which neglects to begin good." Considering these definitions, it is possible to claim that three factors constitute acedia. The first factor refers to a "mental[92]" dimension. According to this, acedia is a passion, a sorrowful mental experience. The second factor refers to a rather practical dimension, to an inactivity, a nonperformance. This latter dimension might be considered as akin to sloth, yet one needs to be reminded that the origin of this nonperformance is not sluggishness of flesh, as the term sloth may imply, but of mind, or the sorrowful mental experience introduced as the first factor. The third factor refers to a moral dimension: being an obstacle to performing the good, acedia is a sin and a vice.

[92] Here, the term *mental* is used, because while explaining the formation of acedia in the quoted definitions, Aquinas referred to *mind* without addressing the involvement of body. Yet, the reference to the terms of *mind* and *mental* should not lead the modern reader to interpret this as an implicit body and mind duality here. To prevent a possible misunderstanding, it needs to be noted that the reference to the term *mental* reflects only the challenge of handling Aquinas' philosophy with a modern terminology that is not ideal for this task and does not reflect a dual understanding of body and mind. It is not the intention of this project to defend the idea of a *mental* sphere isolated from the body, nor is it Aquinas' view that emotions are a lack of a bodily dimension. This issue will be discussed later; thence, for now it should be simply claimed that body is not excluded from the emotional dimension of acedia by the employment of the term *mental,* neither in Aquinas' nor in my subjective points of view.

Distinguishing between the three factors of acedia here is necessary so that one can grasp the meaning of the concept. Yet, to improve this understanding and reveal a hidden twist of the concept's meaning, a further separation must be applied to these dimensions. The *mental* and practical dimensions of acedia refer to its phenomenological qualities, whereas the moral dimension is a conceptual property. In other words, while the former two dimensions reflect manifestations of acedia, the latter dimension reflects how it is defined and categorised. In this sense, the moral dimension is the basis on which the *mental* and the practical dimensions become one category. In other words, it is a moral, and as will be discussed later, a theological concern that leads to the emergence of acedia as a separate category. On the basis of this, it may be argued that although acedia is both a kind of sorrow and a nonperformance of certain good deeds being caused by this sorrowful *mental* state, the latter is still more essential than the former for the condition of acedia, because this is what renders acedia a moral pathology and a separate category. Not any sorrow is sinful but only the ones that result in such an immoral inactivity. And once such nonperformance occurs, the concept of sorrow becomes insufficient to explain this phenomenon, because the moral implications of such nonperformance exceeds beyond the concept of sorrow.

The differentiation of abnormal acedia from normal sorrow links the discussion to the second point aimed to be discussed in the introduction: the relevance of acedia to the history of depression in general and to this project in particular. Although "the similarity between acedia and depression" (Daly, 2007, p. 31) already has been acknowledged by a number of studies[93], these phenomenological similarities do not represent the core reason why acedia is

[93] As an instance to these studies, see Altschule (1965).

considered as a part of the history examined here. If the aim of this project were to explore how far a relatively stable phenomenon of depression can be traced throughout history, sorrow would be as relevant to this project as acedia. Yet, the aim here is not to explore the historical existence of a certain putative phenomenon but the historical emergence of pathological ontologies (and associated phenomenologies) regarding an altered affectivity accompanied by a low state of being, differentiated from one another based on their underpinnings with regard to the social, individual, internal, self, body and mind. Aquinas' understanding of acedia appears not just suitable but critical for this study, because it is underlain by a unique conceptualisation of the individual and social not being based on interpersonal relations but also on the relation between God and individual. Additionally, acedia offers a unique opportunity to observe the variable contours of pathologisation and normality. This becomes clear through the examination of the boundary and transition between sorrow and acedia, as despite coming from the same ontological origin, they still may represent extreme examples of virtue and vice on the basis of how they shape a person's relation to God. This is an interesting illustration of how the criteria for pathologisation has altered throughout history by means of not only the dimension of dysfunction (as individual versus social) but of the sphere (as medical versus moral) in which this dysfunction emerges.

The concept of acedia and its position in the history of depression has thus far been just briefly described. It has been pointed out that to grasp the meaning of the concept of acedia, and also to appreciate the contribution it would make to an examination of the history of depression, it is crucial to lay out its differentiation from sorrow. Here, a remark needs to be made that will link this discussion to the final goal of this introduction. Whilst understanding the differentiation between

acedia and sorrow is important to reveal how the direction of this historical examination of depression is set, understanding the affinity between them is important to reveal where acedia is situated in Aquinas' anthropology. This is because it is the very categorisation of acedia as a sorrow that places acedia in his anthropological framework. The relation between acedia and sorrow will be fully addressed below, but an introductory remark for this examination will offered presently, (fulfilling the third goal of this introduction). Figure 1 below represents an abstract schematisation of Aquinas' anthropology and illustrates where to find acedia in this framework. Through this scheme, it becomes possible to see how Aquinas linked the mechanisms behind acedia. In the following sections, these relations will be studied further. In the first section, the conceptual content of acedia will be explored. To expand the potential of this section, acedia will be viewed, firstly as a passion; secondly, as a sorrow; and thirdly, as the opposite of the joy of charity. After analysing the ontology of acedia in the first section, in the second section, the moral philosophy on which the concept of acedia is based will be discussed through the analysis of acedia as a vice and a sin. In this section, what is specific to acedia that renders it morally different from sorrow will be examined.

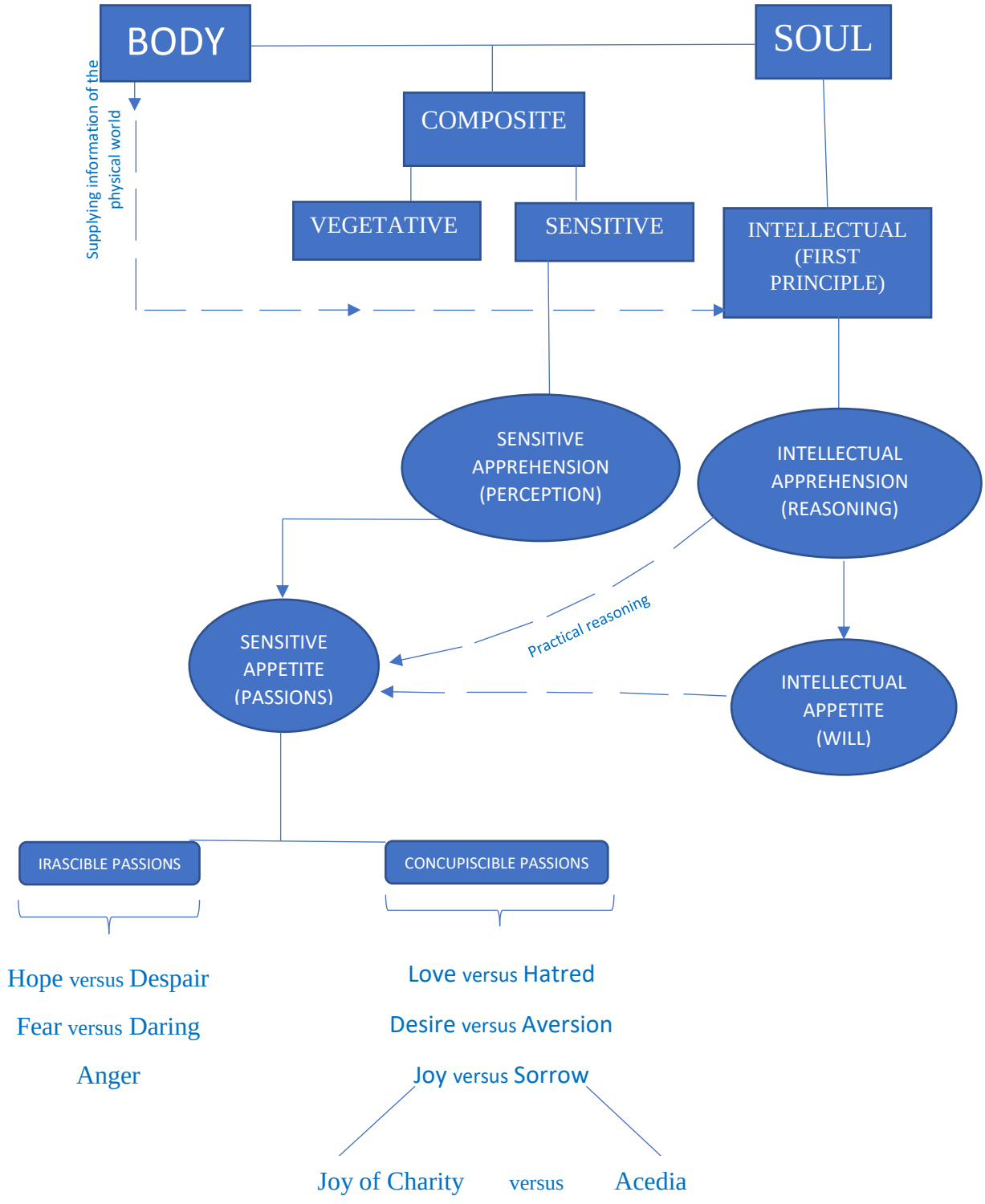

Figure 1 – A scheme of Aquinas' anthropology

1. The Thomistic ontology of acedia

This section explores the ontological and phenomenological roots of Aquinas' understanding of acedia. To accomplish this task, it is necessary first and foremost to examine acedia thoroughly as "a passion," as "a kind of sorrow," and as "opposed to the joy of charity" (Aquinas, trans. 1916, p. 462). Before starting with this, it must first be clarified why this approach is employed. It was argued above that Aquinas' definition of acedia includes two phenomenological (namely, practical and mental) and one categorical (namely moral) factor. Additionally, it was suggested that among the phenomenological factors, the practical is more definitive for acedia than the mental, because it is the former that attributes a moral meaning to the latter and what eventually transforms it into a separate category. In this sense, it can be suggested that acedia is more of an inactivity rather than a mental state. Yet, this is not to say that acedia can be viewed solely as inactivity, stripped from sorrow, its mental component. In fact, this is the misleading attitude underlying the translation of the term into English as sloth. Although the only phenomenological description of acedia included in Question XXXV focuses on the "repressive mental state leading to physical inactiveness", it is too reductionist to think that acedia is only about a sort of idleness, or a recessive mood (Jackson, 1981). A possible way to see beyond the idea of sloth is to explore the *mental* dimension of acedia, because the very key point rendering it possible to expand the phenomenological and ontological understanding of acedia is its classification as a passion, a kind of sorrow, and the opposite of joy of charity. These classifications allow the analysis to cross beyond Question XXXV. This is critical, because although Question XXXV is the main text written on acedia in the *ST*, it attempts neither to give an elaborate phenomenology of acedia nor to suggest an ontological account of the causality

underlying acedia. Yet, it is likely that this account is deducible from Aquinas' view of passions, sorrow, joy, and charity, which already have been made available within other sections of the *ST*. In light of this argument, it appears useful to start the examination of acedia from its relation to the concepts mentioned above.

1.1. Acedia as a passion

The purpose of this section is to approach acedia as a passion, to improve the understanding of this concept on this basis, and eventually to seek answers for how to evaluate it within the six main categories of the study. To accomplish this, primarily what a passion is and how it is formed need to be revealed. Aquinas' discussion of the passions in Part II, First Part of the *ST,* Question XXII starts with the question of whether the passions belong to the soul or to the body. Aquinas answered this question by claiming that the passions are a product of the "composite" (Aquinas, trans. 1941, p. 278) of body and soul. Thus, in order to understand how passions are formed, firstly, the relation between body and soul and the occurrence of the composite need to be studied. In the current section, then, firstly, these concepts and their relation will be analysed. This not only will facilitate understanding acedia as a concept but also will link the discussion to the categorical examination of acedia within the framework central to this study. Based on the discussion of body, soul, and passions, acedia's position within the internality and characteristics categories will be examined. Later, the discussion will proceed a little further from passions and will approach the concept of soul from the angle of "self" for the sake of answering the question regarding the self category. Here, the aim will be to explore if the concept of soul refers to a static structure in Aquinas' view, which defines the essence of the individual, and if so, then, whether acedia represents an alienation from this structure.

1.1.1. The composite of soul and body and the formation of the passions

Aquinas' understanding of the relation between body and soul presents challenges. This subsection begins with a description of these challenges and an indication of the position taken here regarding relevant disputes. Then, the discussion moves on with an introduction of Aquinas' idea of the tripartite soul and an examination of the level of bodily contribution necessary for different operations of each soul. Following this, a certain operation, the sensitive appetite, is analysed more closely because it is the operation underlying passions. Next, the question of how the sensitive appetite is influenced by the intellectual operations is discussed, and the implications of such a relation for passions in general, and acedia in particular, is viewed. Finally, the discussion is linked to the examination of the main categories and the internality and characteristics categories[94] are examined in light of their relevance to the discussion in this subsection.

To start with, as Stump (2003, p. 192) said, "sometimes it is quite clear what Aquinas is claiming, and the difficulty in interpreting him lies in figuring out . . . why he supposes [his claims] to be true." Within Aquinas' understanding of soul and body, it is possible to find two assumptions reflecting Stump's point of view. According to the first assumption, which is suggested in Question LXXV of Part I of the *ST*, the soul[95] is a "subsistent" (Aquinas, trans. 1922, p. 7) entity, or in other words, its operation does not depend on anything else but itself, and hence it is not dependent on the body. Furthermore, Aquinas referred to the soul as "the intellectual principle which we call the mind" (p. 8) and thereby introduced the

[94] Individuality and corporeality categories also are relevant to the theme of this subsection, yet their discussion is excluded from this subsection, because it will be possible to make a more complete argument about them in the following sections.
[95] Here, Aquinas referred to the 'intellectual soul', which will be introduced below.

intellectual abilities as operations solely attributable to the soul. This means that the existence of the soul, which is not dependent on the body, does not cease after the corruption of the body, and neither do the intellectual operations. On the basis of this, it is possible to assume that the soul is separable from the body, in a manner in which it still would be able to operate in the same way that it does when it is united to a body. This is not exactly Aquinas' position, though. According to him, "the body is necessary for the action of the intellect" (p. 9) by means of gathering the information of the physical phenomena, because without this information, an understanding of the physical phenomena cannot be formed. In other words, the soul is subsistent but not in a way that it can be detached from the body in a Platonist dualism. There are some capacities specific to the soul, and "we may therefore say that the soul understands, as the eye sees; but [still] it is more correct to say that man[96], [the composite of body and soul], understands *through* the soul" (p. 8-9). As Stump (2003) said, it is clear what Aquinas meant here, but it is not similarly clear how he made work the idea that the soul is subsistent and still is not separable from the body. Furthermore, it also is not clear how the soul can, then, be able to continue thinking, understanding, and knowing after the corruption of the body, because, although it is a substance, the soul's operations somehow are linked to the information gathered by the body.

The second challenging assumption on the soul made by Aquinas was that the spiritual part of the human, or the soul, referred to "the first principle of life in those things which live" (p. 4). In Pasnau's (2002, p. 72) words, by this statement Aquinas "wants the soul to be the body's form, and yet at the same time he wants it to be subsistent, to exist and to operate independently from the body." When

[96] According to Question LXXV of Part I of the *ST,* "man is not a soul only, but something composed of soul and body" (p. 12).

this statement is considered in relation with the soul's spirituality and substantiality explained above, it seems credible to claim that through his philosophy, Aquinas was trying to answer the Christian concerns about the soul's immortality and divinity, but at the same time he struggled to build this understanding on the Aristotelian notion of soul (Pasnau, 2012). Therefore, Aquinas' second challenging assumption on the soul was based on understanding soul as the form in the Aristotelian sense and also controversially defining it as a subsistent and spiritual entity.

As the two challenging assumptions on soul and body above are viewed, now it needs to be stated how they are handled in this study. The intention here is to approach the seemingly contradictive aspects of Aquinas' understanding of soul as a black box and to leave out the discussion of how he makes the not-obviously-in-line assumptions on soul work together in his philosophy.[97] Going into detail about this debate does not appear to be crucial for the current discussion of this chapter but rather it appears to be distracting from the points intended to be made here. It was necessary to include these two arguments for understanding Aquinas' approach to soul, but it is not similarly necessary to give more room to them. Again, the primary questions to be viewed regarding Aquinas' understanding of soul here are whether it is possible that the formation of passions are attributable to the soul solely, and this question can be answered without giving a detailed, abstract analysis of how the assumptions given above are consistent.

To continue with the analysis of the formation of the passions, it now is necessary to introduce Aquinas' understanding of the tripartite soul and to

[97] See Pasnau (2002, 2012) and Stump (2003) for a detailed analysis of the assumptions made above.

examine the specific operations of the soul as the source of the passions. In Part I of the *ST,* Question LXXVIII, Aquinas (Aquinas, 1485; trans. 1922) listed three souls -rational, sensitive, and vegetative-, and then explained how these three souls operate as follows:

> There exists . . . an operation of the soul which so far exceeds the corporeal nature that it is not even performed by any corporeal organ; and such is the operation of the *rational soul.* Below this, there is another operation of the soul, which is indeed performed through a corporeal organ, but not through a corporeal quality, and this is the operation of the *sensitive soul. . . .* The lowest of the operations of the soul is that which is performed by a corporeal organ, and by virtue of a corporeal quality. Yet, this transcends the operation of the corporeal nature; because the movements of bodies are caused by an extrinsic principle, while these operations are from an intrinsic principle; for this is common to all the operations of the soul, since every animate thing, in some way, moves itself. Such is the operation of the vegetative soul. (1922, p. 76-77)

As it is understood from the passage above, there are different aspects of the soul,[98] each one of which necessitates a different level of corporeal involvement in order to operate. This difference, according to Aquinas, depends on the difference of the "object" (p. 77) each soul's operations involve. For instance, the object of the vegetative soul is solely the corporeal body to which the soul is attached, meaning a certain vegetative soul can act upon (for instance, move) only a certain corporeal body. On the other hand, the sensitive soul's object is not only the corporeal body it is attached to but any sensible body, meaning the sensitive soul can act upon (for instance, sense) anything sensible. Yet, the intellectual soul's object is not only the sensible beings but any being, meaning the intellectual soul can act upon (for instance, think about) any being. As the corporeality of the object changes from one operation to the other, the bodily contribution necessitated to operate changes from one soul to the other.

[98] Aquinas did not view these three souls as three separate entities. There is one soul to which all three belong.

Aquinas stressed that the object of the sensitive and the intellectual soul is different from the vegetative soul in terms of the former being intrinsic and the latter two being extrinsic. Therefore, before being able to act upon an object, the sensitive and intellectual souls need to acquire an "apprehen[sion]" (Aquinas, trans. 1922, p. 123) of it which is not already immanent in them (Uffenheimer-Lippens, 2003). This means that every operation of the sensitive soul is underlain by the sensitive apprehension, whereas every operation of the intellectual soul is underlain by the intellectual apprehension. These two powers correspond to "perception" and "thought and reasoning," respectively (King, 2012, p. 212). According to Aquinas, "in those things which have [the] knowledge" (p. 123) of other things through apprehension, a movement called the appetitive power occurs. This may be defined as an attraction to or repellent from these known objects on the basis of their possible contribution to the perfection of the subject. When this movement occurs in relation to sensible objects, it is called the "sensitive appetite" (p. 124), whereas it is called the "intellectual appetite" (p. 124) when it occurs in relation to the intellectual objects. These two powers can be considered as equal to "passions" and "free will," respectively (King, 2012, p. 212).

As it is the power responsible for the passions, the sensitive appetite is specifically important for this chapter. In Question LXXXI of Part I of the *ST*, Aquinas (Aquinas, 1485; trans. 1922) gave a close examination of the sensitive appetite. In line with the analysis made above, sensitive appetite is defined here as desires[99] toward entities formed following the perception of these entities. According to Aquinas, there are two ways in which the sensitive appetite

[99] Desire here does not refer only to attractive emotions but also to repellent emotions.

approaches the object in question: “the irascible and the concupiscible” (1922, p. 129):

> since the sensitive appetite is an inclination following sensitive apprehension, as natural appetite is an inclination following the natural form, there must need be in the sensitive parts two appetitive powers--one through which the soul is simply inclined to seek what is suitable, according to the senses, and to fly from what is hurtful, and this is called the concupiscible: and another, whereby an animal resists these attacks that hinder what is suitable, and inflict harm, and this is called the irascible. . . . Now these two are not to be reduced to one principle: for sometimes the soul busies itself with unpleasant things, against the inclination of the concupiscible appetite, in order that, following the impulse of the irascible appetite, it may fight against obstacles (p. 130).

Following this, in Second Part of his *ST,* Question XXIII, Aquinas (Aquinas, trans. 1941) listed six concupiscible passions -“love”, “hatred”, “desire”, “aversion”, “joy”, and “sorrow” (p. 291-292) - together with five irascible passions -“hope”, “despair”, “fear”, “daring”, and “anger” (p. 292).

All in all, it was argued above that passions are directed at the objects perceived in the external world to inform the individual about their present and possible future usefulness or harmfulness with regards to the general goodness of the individual (Lombardo, 2013). According to this, it would not be wrong to claim that the body and the sensitive soul play a crucial part in the formation of the passions, because the formation of the passions requires primarily the sensual perception of a certain physical object.

An important question to be raised here, which is the next focus of the discussion in this subsection, is whether the rational soul as well as the sensitive soul plays any part in the formation of the passions. This seems likely, because, according to Aquinas, humans do not exhibit passions toward only physical objects known via the sensitive apprehension but also to universal beings known via the intellectual apprehension. Therefore, it seems credible to claim that in some cases, the formation of the passions is based on a cooperation of the

intellectual and the sensitive souls, by means of the sensitive appetite's moving toward or from a being known via the intellectual apprehension (Uffenheimer-Lippens, 2003). Yet, it seems early to arrive at a conclusion about the role of the relation between the intellectual and the sensitive souls in the formation of passions, because this relation may have other dimensions.

It is possible to think that, being a capacity of the sensitive soul, the sensitive appetite does not correspond to reason at all, because reason is an intellectual capacity. Yet, in Question LXXXI of Part I of the *ST,* where Aquinas (Aquinas, 1485; trans. 1922) discussed the relation between the sensitive appetite and reason, he argued against this idea. According to him, the sensitive appetite was moved by the "cogitative power" or the "particular reason" (1922, p. 132), which is a power, according to the Question LXXIII, perceiving and "compar[ing] individual intentions" (p. 89). As particular reason is moved by the universal reason and the sensitive appetite by particular reason, it can be concluded, for Aquinas, that the sensitive appetite is moved by the universal reason. In other words, according to Aquinas, although there are different aspects of the soul and although all these aspects have different capacities specific to each, there are no neat boundaries between them, and one power specific to a certain aspect of the soul can interpenetrate with the capacities specific to another (Lombardo, 2013). This is especially so with regards to the influence of the intellectual capacities on the sensitive capacities, because the human, above all, is a rational being, and therefore, what is natural and good for human beings needs to be in line with reason (Roberts, 1992). Passions too necessitate "the guidance of reason" (Lombardo, 2013, p. 35; Uffenheimer-Lippens, 2003, p. 548) to serve the ultimate good. The importance of the rationality of passions is clearly stressed in Question XXIV of Part II First Part of the *ST:* "it belongs to the perfection of moral or human

good, that the passions themselves also should be controlled by reason" (Aquinas, trans. 1941, p. 298).

To sum up, although the passions are an outcome of the sensitive appetite, the operation of which basically involves the sensitive capacities and bodily parts, they are not detached from the intellectual capacities, because the very first mover of the sensitive appetite is the particular reason, which is a capacity specific to the rational soul. Possibly due to this relation between reason and the sensitive appetite, according to Question XXIV of Part II, First Part of the *ST* (Aquinas, 1485; trans. 1941), Aquinas expected the passions to be in line with reason. Based on this, a healthy and virtuous passion can be defined as directed to an object that is proper to that specific passion.

Hence, it is possible to state that the rational soul operates as the mover of the sensitive appetite, through the particular reason, and thereby shapes the direction of the passions. Yet, according to Aquinas, this is not fully representative of the relation between rationality and the passions, because there is another rational capacity, the will, acting upon the passions along with the particular reason. He claims in Part I of the *ST,* Question LXXXI, that

> man is not moved at once, according to the irascible and the concupiscible appetites: but he awaits the command of the will, which is the superior appetite.[100] For wherever there is order among a number of motive powers, the second only moves by virtue of the first: wherefore the lower appetite is not sufficient to cause movement, unless the higher appetite consents. (Aquinas, trans. 1922, p. 132)

The analysis above suggests that the operation of the intellectual capacities does influence the formation of the passions. Yet, Aquinas' intention here was not to reduce the agency of the sensitive appetite to the agency of reason. On the

[100] As stated above, will is the intellectual appetite.

contrary, he made it quite clear that reason rules the sensitive appetite in a way different from how it rules the bodily parts. For instance, when reason orders the hand to move, the hand has no agency of its own to resist against the order of reason. According to Aquinas, this relation resembles a “despotic” (p. 133) government, where the people have no say in how they act in the society, because this is determined by the rulers. On the other hand, the position of the sensitive appetite in its relation with reason is different from the position of the bodily parts. According to Aquinas, this latter relation is more like a “political” (p. 133) governance, rather than a despotic governance, simply because the sensitive appetite has the agency that renders it possible to resist against the order of reason. This agency comes from the fact that the sensitive appetite is moved not only by something belonging to the rational soul but additionally by something belonging to the sensitive soul: through perception and the appetite, which tend to move toward or from objects on the basis of their desirableness:

> [w]hence it is that we experience that the irascible and concupiscible powers do resist reason, inasmuch as we sense or imagine something pleasant, which reason forbids, or unpleasant, which reason commands. (p. 133)

To sum up, passions are formed through the role of bodily, sensitive, and intellectual capacities. According to this, for a passion to occur first and foremost, an apprehension of an extrinsic “agent” is acquired through thinking (intellectual capacities) in the case of an intellectual object and through perception and bodily senses (sensitive and bodily capacities) in the case of a sensible object. This is followed by the feeling of whether this “agent” is “desirable” or “avoidable” for the individual themselves (sensitive contribution), in addition to the cogitation of whether this agent is good or bad in a more general sense (rational contribution). On the basis of this threefold process, the sensitive appetite is moved either by means of attracting the individual to the “agent” or repelling them from it, which

constitutes the formation of the passions. It needs to be noted here that during this act of being drawn toward or from the “agent,” one last corporeal contribution occurs, in which the individual experiences the attraction or repellent on a bodily level, such as the “kindling of the blood about the heart” (1941, p. 281), in the case of anger.

So far, Aquinas’ understanding of body and soul, and the role of their relation and operation for the formation of passions, have been discussed. Now, based on this discussion, the evaluation of acedia with regards to the six categories given above will commence. To begin with, the previous paragraph offers a ground to discuss the internality category which focuses on the question whether the causality underlying acedia is internal or external to the individual. It was noted earlier that passions always are directed to an extrinsic object. Depending on this statement, it seems credible to claim that passions cannot be considered in isolation from the external phenomena, because the passions are responses to the external world (Uffenheimer-Lippens, 2003), informing the individual about the safety of approaching a specific phenomenon. Yet, the question to ask here is whether the assumption made on the externality of causation underlying passions in general is applicable to acedia in particular. The reason this may seem problematic is that the analysis above is representative of the “ideal” passions that follow the efficient operations of reason and therefore are directed toward proper objects. Acedia, on the other hand, hardly fits into this definition. According to Aquinas, one of the characteristics of acedia differentiating it from other types of sorrow is that it is a repellent passion directed to the spiritual good. This makes acedia an irrational passion, as the spiritual good is rationally “loveable” in itself and therefore is not a proper object for sorrow, which is a repellent passion. On the basis of this assumption, the conclusion to be derived

on acedia is that according to Aquinas, the causality underlying acedia is more likely to be internal, rather than external. This is because what defines acedia is a failure in approaching the spiritual good as the nature of this agent requires, which can be caused either by the improper operation of the sensitive appetite or the intellectual capacities. In other words, there is still some influence coming from an external phenomenon, yet the causality forming acedia depends on the failure of the proper reception of what is coming from the external phenomenon. Therefore, it appears more credible to define the causality underlying acedia as internal rather than external.

Additionally, another argument can be suggested to support the idea that acedia is caused by the individual's internal operation. As Aquinas (Aquinas, 1485, trans. 1941) claimed in Question XXXVII of Part II, First Part of the *ST,* it is important to experience passions in moderate levels. According to this, when passions are experienced over-intensely, they may become harder to control, and then vicious types of passions may occur. An example of this is acedia, which corresponds to the experience of intense and excessive sorrow, according to Question XXXV of Part II, Second Part of the *ST* (Aquinas, 1485, trans. 1916). According to Aquinas, the level of passion is determined by the external agent toward which the passion is directed. For instance, it is reasonable to have a very intense love for God, as God's greatness triggers love to cross beyond moderate levels. Yet, as it is the case examined in the paragraph above, this is the case only for the rational passions. In other words, the external agents can be responsible for the excessive level of passions directed toward them only if the passion directed toward them is rationally appropriate to them. For the case of acedia, for instance, as the spiritual good cannot be responsible for the sorrow directed toward it, it cannot be responsible for the level of this sorrow to be

excessive, either. However, even if the passion is rationally formed and directed at a proper object, Aquinas claimed in Part II, First Part of the *ST,* Question XXII, that “intensity of passion depends not only on the power of the agent, but also on the possibility of the patient: because things that are disposed to passion, suffer much even from petty agents” (Aquinas, trans. 1941, p. 283). This passage supports the argument that acedia was conceptualised by Aquinas as a passion underlain by a causality internal to the individual. This is because, as described above, acedia can be defined as a very excessive passion, and as the quoted text claims, when the external agent is not responsible for forming a certain passion in excessive levels, something internal to the individual is responsible. As the object of acedia is defined by Aquinas as the spiritual good, and again, as the spiritual good in itself cannot be responsible for any level of sorrow, let alone the excessive levels of sorrow, Aquinas considered acedia as underlain by some causality internal to the individual.

This point is important for placing the Thomistic concept of acedia in a position not only with regards to the internality category but also with regards to the characteristics category. Through this category, the aim is to understand whether Aquinas conceptualized acedia as a phenomenon that is formed regardless of any characteristics or as a phenomenon whose formation would be facilitated and prevented due to the possession of some certain characteristics. It is possible to suggest an answer to this question on the basis of the analysis made above. According to this, it seems credible that Aquinas did not consider acedia as independent from the individual characteristics at all, because it is something peculiar to the individual, more specifically being “disposed to passion,” which cause them to form an excessive level of sorrow on the one hand and to form an inappropriately recessive passion for the spiritual good on the other.

1.1.2. The soul and the self

The goal to achieve in this subsection is first to explore any possible affinities between Aquinas' understanding of soul and the modern concept of self and second to situate acedia to a proper place within the self category on this basis. To achieve these goals, first, Aquinas' well-known claim about individual being irreducible to his soul will be viewed. Then this claim's possible implication about the concept of soul having no affinity with the concept of self is challenged through Aquinas' distinction between "inward man" and "outward man." Finally, it is questioned whether having acedia corresponds to a detachment, in Aquinas' view, from the "inward man."

To start with the discussion of soul and self, it may be useful to state Aquinas' refusal of the idea that "human beings should be identified with their souls" (Pasnau, 2002, p. 46). Yet, it should be noted immediately that the acknowledgment of this statement does not lead to a conclusion by itself. To support this argument, let us clarify Aquinas' idea of man's irreducibility to his soul. In Part I of the *ST,* Question LXXV, Aquinas made room for the discussion of "whether the soul is man" (Aquinas, trans. 1922, p. 11), and throughout the discussion of this question, he held a strong position arguing against the idea that the individual is reducible to his soul. To support this argument, he addressed two points. First, the matter belongs to the species as well as to the form, which is what defines what a human being is, and second, some capacities specific to humans benefit from the contribution of the body. According to these two points, the soul itself would not be enough to constitute the individual by itself; obviously, neither would the body because "man is not a mere soul, nor a mere body; but both soul and body" (p. 11). Now, it is one thing to claim that the individual, as a living thing, is not a mere soul, but it is another thing to claim that the individual,

as a self, is not a mere “soul”. The former argument was embraced by Aquinas quite clearly; however, to evaluate his position to the second argument, further analysis is required.

In the section of Question LXXV (Aquinas, 1485, trans. 1922) where Aquinas discussed whether the soul is man, he gave space for the discussion of the second argument introduced above, together with the first. In this section, he referred to the following assumption: “*Though our outward man is corrupted, yet the inward man is renewed day by day.* But that which is within man is soul. Therefore, the soul is the inward man” (1922, p. 11). Although it is not clear what is meant by the terms “inward man” and “outward man”, it is possible to suggest that the former may address something at least related to the modern concept of “self”, and the latter to the body, the corrupting, corporeal aspect of human’s existence. To explore these terms further and to reveal Aquinas’ position let us see how Aquinas addressed this view:

> According to [Aristotle] . . ., a thing seems to be chiefly what is principle in it; thus what the governor of a state does, the state is said to do. In this way sometimes what is principle in man is said to be man; sometimes indeed, the intellectual part which, in accordance with truth, is called the inward man; and sometimes the sensitive part with the body is called man in the opinion of those whose observation does not go beyond the senses. And this is called the *outward* man. (p. 12)

Depending on the passage quoted above, it is possible to reveal the meaning of the terms inward man and outward man a little further. Here, it becomes clear that Aquinas called the body and any operation depending on the body as the outward man. And then he distinguished this aspect from the principle of human being: the inward man. It was stated in the previous section that Aquinas viewed the intellectual soul, or the mind, as a subsistent, incorporeal, and immortal phenomenon, and then called this phenomenon as the principle of human being. In the passage quoted above, Aquinas continued to play with the same idea. In

this passage, although he did not attribute any further characteristic to the mind, he did bring a further characterisation to it by defining it as the inward man. Depending on the passage quoted above, it is argued here that this new characterisation is included in Aquinas' account in order to stress the essentiality of the mind for the individual. And this is not only because it is the principle of human's existence but it also is because the principle of human's existence is essence*,* what a thing chiefly is. In that sense, although Aquinas affirmed that the mere soul does not correspond to a human being, he still did not attempt to argue against the idea that 'I' am chiefly my mind. By defining the inward man as the essence of the individual on the one hand and as the conscious aspect of the human on the other, this passage gave enough reason to suggest that the term inward man can be viewed in a similar position with the modern concept of self.

Following this point, it is now time to question whether having acedia can be viewed as an impediment to the inward man. This argument seems plausible considering that Aquinas viewed acedia as a way of stepping away from the spiritual good, whereas it is the ultimate end of the human to attain the spiritual good. In other words, by means of distracting the individual from the attainment of their ultimate end, acedia appears to be in a position opposed to human nature and opposed to the inward man. This is because the inward man corresponds to the principle of the individual, which is supposed to direct the individual to their ultimate end. In this case, it is possible to view the experience of acedia as a state detached from the inward man, or the self.

Furthermore, it also is possible to claim that Aquinas understood the inward self as a given, constant, and stable state because he held that the humane need for the attainment of the ultimate good, with guidance by the human's internal principle toward this end, is not subject to alteration (Pasnau, 2002). In other

words, the essential human, the inward man, is always in need of attaining the ultimate good, because it is the principle of the individual, yet the individual does not always follow this need and thence becomes detached from their essence. Pasnau (2002) too made a similar claim:

> when we succumb to weakness of the will it is not that our will is overcome by other forces, but that the will itself makes a choice not in keeping with our *own* desires. (p. 222)

Therefore, it is concluded here that as an example of the situation described by Pasnau (2002), having acedia was possibly viewed by Aquinas as a state of being detached from the inward man. According to this, there cannot be an entanglement of acedia and the inward man, because they are contraries by means of the former being an obstacle to attain the ultimate good, whereas the latter is necessarily leading the individual to the ultimate good. This claim entails both aetiological and phenomenological assertions. On the one hand, for acedia to be formed, the essential principle of the individual must somehow be suppressed: acedia would never be formed if the individual's condition is underwritten by principles inherent to their essence. Therefore, on the aetiological level, acedia involves factors that are incompatible with the soul. On the other hand, acedia on the phenomenological level, constitutes a detachment from the individual's soul as well. Acedia in its whatness is at odds with what is presupposed by the individual's essence.

1.2. Acedia as a Kind of Sorrow

In the previous subsection, acedia was tackled as a passion, and by an analysis of the formation of passions in general, its ontological properties were examined. In this subsection, the aim is to take-up acedia as a kind of sorrow and to explore its phenomenological properties. This route will be pursued first

through considering some general assumptions Aquinas made about sorrow. This analysis will supply a basis to readdress the internality and characteristics categories. Second, more particular assumptions that he made on acedia being a kind of sorrow will be studied, and then on the basis of this, how to categorise acedia with regards to the corporeality category will be studied.

First, according to Aquinas, being a kind of passion, sorrow follows all the other passions in corresponding to an appetitive act being based upon an apprehensive act. In Part II First Part of the *ST,* Question XXXV, Aquinas defined sorrow and pain as a consequence of "conjunction with some evil . . ., and perception of this conjunction" (Aquinas, trans. 1941, p. 405). According to Aquinas, however, there is a difference between sorrow and pain with regards to the nature of how this evil is perceived. According to this, different from pain, sorrow is formed by an "interior apprehension" (p. 407) and not by "the apprehension of an external sense" (p. 407) accompanying. Following this, it can be said that the formation of sorrow is not limited to the perception of a present evil, because it does not require the physical presence of an external evil. "[As] the interior cognitive power can perceive the present, past and future . . . sorrow can regard present, past, and future." (p. 407)

The argument introduced in the previous paragraph is important for the discussion of the internality category. It was argued that the causation underlying acedia is internal as opposed to daily sorrow that is a response to the external world. This argument may seem disputable considering that Aquinas stressed the "internal apprehension" as the source of the genus of sorrow. This may raise the question of whether it pertains particularly to acedia to be caused internally or if an internal causation is characteristic of the genus of sorrow. Here, the conclusion made in Section 1.1.2, which suggests that internal causation is particular to

acedia and not a characteristic of any type of sorrow, is defended. According to this, it would be misleading to interpret the concept of internal apprehension by means of an operation isolated from the knowledge of an existing external phenomenon. The point Aquinas was trying to make here is that different from pain, sorrow does not necessitate a physical confrontation with the evil, because the knowledge of this evil is acquired through the operations of the intellectual soul, by reasoning, for instance. This, though, does not mean that the object of sorrow is internally formed. There is still an external agent, and it is the knowledge of this external agent, the evil, that triggers the formation of sorrow by eliciting a negative response. The knowledge of this agent is acquired internally and not externally, but it is still the knowledge of an external agent that causes the passion. In contrast, the origin of acedia is an internally caused failure of the reception of this external influence.

Here, there is an important point to stress in order to link the discussion to the characteristics category. As stated above, it is an internal defect of the individual responsible for failing to receive the external influence and not any defect in the external agent (otherwise, the lack of influence also could be called an external influence). The following example Aquinas gave in Part II Second Part of the *ST,* Question XXIV, can help clarify this point further: “The light would cease at once in the air, were an obstacle placed to its being lit up by the sun” (Aquinas, trans. 1916, p. 304). Through this example, Aquinas tried to explain how charity, which is infused in the individual by the Holy Ghost, is lost due to the involvement with a mortal sin.[101] With reference to this example, it can be claimed that the knowledge of the spiritual good could be reached through charity, which is already infused in a human being, yet acedia itself is an obstacle for the reception

[101] In Aquinas’ philosophy, mortal sin is a category including acedia.

of this knowledge. As acedia is categorised as a sin, it suggests the responsibility of the individual, lest why would it be categorized as a sin? It would then follow that acedia is seen as that which constitutes an obstacle to the reception of the knowledge of the spiritual good. Possibly, through a failure of the will, the individual blocks the way of receiving the joy of charity. This analysis again supports the idea suggested above about acedia being a state internally caused and interactive with the personal characteristics, such as will.

So far in this subsection, Aquinas' more general assumptions on sorrow are examined and the discussion of the internality and characteristics categories revisited. In the rest of this subsection, Aquinas' more particular claims on sorrowfulness of acedia are examined, and then on this basis, the corporeality category is discussed. To start with, to apprehend the properties of acedia that renders it a kind of sorrow, let us view Aquinas' argument on this issue. In Question XXXV of Part II First Part of his *ST,* Aquinas referred to an assumption defining acedia as "sorrow depriving of speech" (Aquinas, trans. 1941, p. 421). Later in the text, he argued more on two points constituting the basis of the given argument: acedia being a sorrow and acedia depriving of speech. Regarding the first point, he claimed that acedia, despite having a different effect from sorrow on the individual, is still a species of sorrow, because the principles of sorrow still are applicable to acedia's foreign effect. Here, Aquinas failed to give a clear idea of the content of either the foreign effect of acedia or of the principles of sorrow that are applicable to acedia's foreign effect. The only conclusion that can be derived from the statement above is that acedia and sorrow do not have the same effect on the individual, yet there is still an affinity between them, as both are subject to the same principles. Although this conclusion is too general to give a specific idea of acedia, Aquinas did not offer any further clarification to this and

carried the argument to the explanation of the second point, acedia as causing the deprivation of speech. According to this, “The mind be weighed down so much, that even the limbs become motionless. . . . And the reason why [acedia] especially is said to deprive one of speech is because of all the external movements the voice is the best expression of the inward thought and desire” (p. 423).

The passage quoted above gives a solid basis for the discussion of the corporeality category. It was argued in Section 1.1.1. that being a passion, acedia is an outcome of the sensitive appetite that depends on sensitive and bodily operations. Albeit, earlier in this subsection, it was stated that acedia does not benefit from the bodily capacities in the sense that other passions do, because the object it is directed at is not a physical and sensible object apprehensible through the body. Furthermore, it was argued that the formation of acedia is underlain by the failure of some intellectual capacities, such as that of practical reasoning and the will, which work independently of the body. Because of these two arguments, it can be suggested that, although it is an outcome of the sensitive appetite, acedia does not have any apparent link to the bodily capacities due to the nature of its object. This argument may hold when the causality underlying acedia is considered. However, as it was stated before, gathering information of the physical world is not the only involvement of the body in passions: because the experience of them occurs on a bodily level, being directed to either an intellectual or a sensible object, any passion is a bodily phenomenon. According to this, acedia is an experience of the mind’s repression of the whole body, which renders it inactive up to the point of speechlessness. Regarding this, acedia can definitely be defined as a bodily phenomenon, yet it still cannot be categorised as exclusively bodily, nor mental, because both its causality and phenomenality

exceed either of these categories. Thence, Thomistic acedia is better categorised as a psychosomatic phenomenon, which belongs neither to soul/mind nor to the body but to their composite.

1.3. Acedia as the opposite of the joy of charity

After viewing acedia as a passion and as a kind of sorrow, one last approach remains, which may improve the ontological and phenomenological understanding of acedia: to view it as the opposite of the joy of charity. To proceed with this approach, first, the nature of the opposition between the two concepts is detailed. Then, the joy of charity is studied in detail by a close examination, first of joy and charity, and second, the relation of joy to charity. After this, the discussion of the categorisation of acedia is held within the framework of this subsection. In this regard, the internality and characteristics categories are revisited, and then the individuality and dysfunction categories are examined.

In Part II First Part of the *ST,* Question XXXV, Aquinas drew, in a threefold way, the contradiction between pleasure and sorrow. First, these two passions are contrary to one another in terms of their "respective genera . . . since one is a kind of *pursuit,* the other a kind of *avoidance*" (Aquinas, trans. 1941, p. 411). Second, they are contrary in terms of their relation to the "extrinsic" (p. 412) agent. According to this, sorrow and pleasure can be considered as contraries only when they are directed at "the same object" (p. 411). Third, they are contrary to one another in terms of their effect. According to this, "one has the effect of strengthening the animal nature, while the other results in a discomfort" (p. 412).

The application of this threefold distinction between the general categories of pleasure and sorrow to the particular categories of the joy of charity and acedia reveals that these two concepts appear to be contraries in all the ways described

above. They are contraries, first because the former leads the individual to become more virtuous on the basis of their friendship to God, whereas the latter hinders this; second, because they constitute two absolute opposites of approaching the same object, the spiritual good; and finally, because the former results in a positive state of mind whereas the latter results in a negative one.

Being its exact opposite, understanding the joy of charity can be useful for understanding acedia. Yet, in order to understand the joy of charity, it seems necessary first to break down the concept into its pieces and examine the concepts of joy and charity separately. To start with, in Part II, First Part of the *ST,* Question XXXI, Aquinas described joy as a kind of pleasure. What is specific to joy, which differentiates it from other pleasures, is that it is a "delight follow[ing] reason" (Aquinas, trans. 1941, p. 361). This sort of delight, according to Aquinas, is not specific to the movement of the sensitive appetite but also may be formed by the movement of the intellectual appetite. Yet, this second sort of joy is not a passion, because it does not involve "a bodily transmutation" (p. 362). Rather, it is something similar to the joy experienced by the spiritual beings such as God and the angels. In Question XXXIII of Part II First Part of the *ST,* this sort of pleasure was considered by Aquinas as a means of increasing the activity of reason, "because we are more attentive in doing that which gives us pleasure, and attention fosters activity" (Aquinas, trans. 1941, p. 392). Following this, in Question XXXIV*,* Aquinas described this kind of pleasure as "good pleasure, whereby the higher or lower appetite rests in that which is in accord with reason" (1941, p. 397). Indeed, through the end of the section in question, Aquinas took one step further and claimed that joy, being a type of pleasure following reason, is not just good but also is "the measure . . . by which to judge of moral good or evil" (p. 402):

> moral goodness or malice depends chiefly on the will . . .; and it is chiefly from the end that we discern whether the will is good or evil. Now the end is taken to be that in which the will reposes: and the repose of the will and of every appetite in the good is pleasure. And therefore man is reckoned to be good or bad chiefly according to the pleasure of the human will; since that man is good and virtuous, who takes pleasure in the works of virtue; and that man is evil, who takes pleasure in evil works. (p. 402-403)

In short, it is credible to claim that joy, when rational, is considered as an efficient guide that leads the individual to good by means of rendering good as pleasurable. In this sense, joy following reason is always virtuous. Yet, Aquinas described a specific type of joy, the joy of charity, that can be considered as even more virtuous, as it facilitates the pursuit not of ordinary good but of the ultimate good. To understand this kind of joy, one more term, charity, must be studied.

Let us begin examining the concept of charity by revealing how it functions for a human's happiness. In Part II, First Part of the *ST,* Question LXII, Aquinas (Aquinas, 1485; trans. 1942) described two kinds of happiness: the first, a kind of happiness experienced through the fulfilment of human's natural needs; the second is a kind of happiness experienced through uniting with God. Because these two types of happiness are ontologically different, they can be attained through different principles. Whereas human's natural instincts and inclinations are mostly sufficient for the attainment of the first kind of happiness, they are not so for the attainment of the second sort of happiness. According to this,

> it is necessary for man to receive from God some additional principles, whereby he may be directed to supernatural happiness, even as he is directed to his connatural end, by means of his natural principles, albeit not without the Divine assistance. Suchlike principles are called *theological virtues:* first, because their object is God, inasmuch as they direct us aright to God: secondly, because they are infused in us by God alone: thirdly, because these virtues are not made known to us, save by Divine revelation, contained in Holy Writ. (p. 148)

As stated in Question LXII, there are three theological virtues, also referred to as supernatural principles, directing humans to supernatural happiness. These three

virtues are “faith, hope, and charity” (p. 151). According to Aquinas, the three theological virtues cannot be considered separately; therefore, for understanding charity better, it may be useful first to analyse how these three virtues work together. In Question LXII, Aquinas referred to charity as the “conformity with the end by means of love” (p. 152). For this sort of love to occur, first, the knowledge of the end needs to be obtained, which happens through faith, and then this knowable end needs to be perceived as attainable, which happens through hope. Following this order only, charity, a love directed to the unity with the end, may occur. Furthermore, being the final step of the theological virtues, charity also constitutes the final end of the other two principles. In other words, faith and hope are infused in humans only for the sake of charity (Wawrykow, 2012). Therefore, it is not only that the operation of charity depends on the operation of faith and hope but also vice versa, the very existence of faith and hope teleologically depends on charity. It would not be wrong to claim based on this paragraph that charity has a special position among all virtues. According to Question XXIII of Part II Second Part of the *ST,* constituting the final end of all the other virtues, charity is the very component of all the other virtues that make them a “*true* virtue” (Aquinas, trans. 1916, p. 276).

After the analysis of the relation between faith, hope, and charity, charity can be examined more closely. In Question XXII of Part III Second Part of the *ST,* Aquinas defined charity as love arising from the “communication between man and God” (Aquinas, trans. 1916, p. 263) and indeed as “the friendship of man for God” (p. 264). Yet, charity is not a concept that can simply be defined as the love of God. According to Aquinas, in any friendship, the love directed to the friend normally extends beyond the personhood of friend and spreads through everything they have, regardless of whether these things are in themselves

reasonably loveable. Following this, Aquinas claimed that charity also extends beyond God, on the basis of its being the friendship of man for God, and spreads through every rational[102] creature of God, regardless of whether they are virtuous and therefore worth the love and friendship directed toward them. Therefore, charity is the love of God and all his rational creatures for the sake of God.

As the theological virtue of charity is described, the relation between joy and charity can now be examined. According to Question XXVIII of Part II Second Part of the *ST* (Aquinas, 1485, trans. 1916), charity is a source of spiritual joy. In fact, love in a general sense can cause both joy and sorrow, depending first on the presence versus absence of the object and second on the virtuousness versus viciousness of the object of love. Nevertheless, according to Aquinas, the love of God can cause only joy, and not sorrow, because God is the ultimate good and presence, and therefore there is no aspect of the love of God that can possibly cause sorrow.

This analysis, again, supports the arguments made above on the internality and characteristics categories. Additionally, it allows further arguments to be made about the status of acedia with regards to the individuality and dysfunction categories. First of all, the individuality category refers to the question of whether the formation of acedia can be understood on the basis of the individual isolated from the social or whether human's sociality cannot be excluded from the existence of acedia. The analyses made on the two previous categories, and the conclusion claiming that a great stress is put on the individual throughout Aquinas' idea of acedia, already gives a hint about where to place Aquinas with regards to the individuality category. The analysis made in this section also

[102] According to the Question XXV of the Part II Second Part of the *ST, "*charity does not extend to irrational creatures" (Aquinas, trans. 1916, p. 312).

supports this insight. According to this, aetiologically speaking there can be no external factor stopping the individual to experience the joy of charity, because as long as the rational aspect of their soul works properly, they will find a way to avoid any possible external influence trying to hinder the joyful effect of charity, including social factors. Therefore, the ultimate seat of responsibility of acedia, and the only locus in which acedia becomes understandable, is the individual. On the other hand, if there is any external phenomenon altering the boundaries of the concept of individual in the Thomistic philosophy, it is supernatural. Therefore, before offering a conclusion on the individuality category let us examine the relation between individual and supernatural closer, and explore whether this relation anyhow resembles the relation between individual and social.

To view the role of supernatural in the formation of acedia and to understand what this supernaturalism brings in the conceptualisation of acedia, let us explore the boundaries of the individual and question whether 'supernatural' corresponds to a kind of social in Aquinas' view. Being a virtue infused by God in the individual, the concept of charity may indeed be viewed as an example of a personal characteristic. However, this personal characteristic would not be indigenous to the individual at all, but it would be irreducibly supernatural, which means that its occurrence in an individual has a supernatural/external origin. However, this supernatural origin does not correspond to any sociality, because according to Aquinas (Aquinas, 1485, trans. 1916), the infusion of charity depended solely on the agency of the Holy Spirit, and there is nothing the individual can do to facilitate this infusion. In that sense, there certainly seems to be an external, although not social, influence for the possession of the virtue of charity. Yet, in the case of acedia, it is not the infusion of charity but the inability of the performance of charity that needs to be discussed. When it comes to this inability, it is not an external

influence but is the internal processing of this influence that determines whether the potential given the individual by God can be actualised, because charity is an operation of the will in Aquinas' view. In other words, although being able to enjoy the joy of charity is irreducibly supernatural (external, but not social), being unable to enjoy the joy of charity is a condition caused internally. This is the very origin of why Aquinas conceptualised acedia as sinful and vicious. But does this suggest that acedia is indigenous to the individual?

In order to answer the question posed above, let us first discuss the dysfunction category. It was argued above that the process resulting in the formation of acedia is dependent on the personal characteristics and internal to the individual. Considering this, it is possible to assume that it is an individual dysfunction that underlies the pathologisation of acedia. However, before concluding with this assumption, let us revisit the conceptual nature of acedia. As discussed before, acedia as a concept has three dimensions: mental, practical, and moral. The former two dimensions correspond to phenomenological characteristics, whereas the latter represents the ontological basis on which the former two become pathological. In other words, without the moral dimension involved, the mental experience and practical outcome related to acedia would not constitute a category. This is because, acedia gains the status of a pathology not through medical, but moral concerns. These moral concerns focus on the individual's relation to God. Indeed, the very origin of the need to come up with this concept in the first place was a concern about extracting something pathological (acedia) from something normal (sorrow), which would explain the corrupt, dysfunctional relation of man to God. Based on how it affects this relation sorrow becomes acedia, a moral pathology. This suggests that what is pathologised as acedia may not be efficiently reduced to the individual. Although

from an aetiological point of view, the origin of acedia entails only the individual, the phenomenon emerging upon this origin, so-called acedia, does not. The seat of dysfunction involved in acedia is not the individual's physique or psyche per se: but individual's relation to God. Based on this, let us return to the discussion of whether the conceptual boundary between social and supernatural were blurry, and whether the dysfunctionality of one's relation to God is to be viewed as a social or an individual nature in Aquinas' philosophy.

To remind, Aquinas described acedia as the sluggishness of mind and not body. According to this, acedia is not a response to a bodily disability, but a wilful and conscious retreat from what is good. This point can be seen as the ultimate seat of acedia's moral dimension and therefore of its pathological character. Then the question to answer to explore Aquinas' position within the dysfunction category is whether the dysfunctionality underlying this retreat is individual or social. It was claimed before that the Holy Spirit has no share in any emerging dysfunctionality of the virtue of charity. According to this, if this virtue is not achieved, the faulty side is the individual. This suggests that a failure of the virtue of charity always relates to an individual retreat from the good. This supports the conclusion made before on the internality issue, however it does not suggest that the dysfunctional unit underlying the pathologisation of acedia is individual. It is presently suggested here that the individual state of retreating from the ultimate good is not sufficient to explain the dysfunctionality underlying acedia. The phenomenon of acedia, especially when it is understood as the opposite of the joy of charity, is not only what an individual wilfully and actively does not offer to God, but is also what they consequently do not receive from God (which is the spiritual good). Therefore, the dysfunctionality underlying the pathologisation of acedia is embedded not in the individual, but in the *social* exchange between the

God and the individual. The ontogenesis of acedia is still internally caused, because the spiritual good has no share in rendering the exchange dysfunctional. Yet, albeit it is the individual which causes this exchange to dysfunction, what is dysfunctional is still the exchange between the individual and the God. Therefore, it is suggested that acedia was pathologised by Aquinas on the basis of a social dysfunction.

After clarifying the boundary between individual, supernatural, and social above, let us now revisit the individuality category and review and discuss if acedia is a phenomenon indigenous to individual. When Aquinas' ontology of social is extended to cover supernatural, it occurs necessary to claim that acedia is an irreducibly social phenomenon. This is because despite the individuality of its causation, its phenomenological qualities reducible to the individual do not suffice to capture the essence of the concept of acedia. Acedia is eventually about a failed relation to God. It is not the mental and practical dimensions which constitute the essence of acedia, but their outcome regarding one's relation to God. This suggests that although acedia's ontogenesis is internal to the individual which involves personal characteristics reducible to the individual, it ultimately is an irreducibly social phenomenon which was pathologised on the basis of a dysfunctional relation of individual to God.

2. Morality of Acedia

In the first section, acedia was examined aetiologically and phenomenologically. In this section, it is analysed from a moral point of view. First of all, to do this, the relation between reason and acedia will be analysed, with a reference to Section 1.1.1. when necessary. Then, to link this discussion to morality, the question of how free is the free will will be discussed. Following this,

acedia will be viewed as a vice and a sin. Finally, the individuality, internality, characteristics, and dysfunction categories will be argued on this basis.

The relation between reason and the passions were examined in Section 1.1.1 to pinpoint the contribution of reason to the formation of the passions. This relation is important not only to understand how the passions are formed but also to understand the morality of passions, as according to Question LXXV of Part II First Part of the *ST* (Aquinas, 1485, trans. 1942), sin is related mostly to a failure of the intellectual capacities, will and reasoning. Therefore, for a passion to be vicious, as it is in the case of acedia, which is discussed further below, it needs to be linked somehow to a failure of the intellectual capacities. This sort of a relation between the intellectual capacities and sorrow can be viewed as a result of "the negative influence of reason on the passions" (Uffenheimer-Lippens, 2003, p. 549) through which the failures of the operations of reason distort (p. 552) the proper direction of the passions. It is also possible, according to Uffenheimer-Lippens (2003), that the excessive passions can hinder reason to operate efficiently. Yet, it seems unlikely that this is the case for acedia, because the very fact that sorrow is directed to the ultimate good shows that there is a failure of reason underlying this excessive passion, because the problem in this case is the sole formation of sorrow, not its formation in excessive levels.

As understood from the analysis made in Section 1.1.1, the sensitive appetite, which is a capacity of the sensitive soul, cannot be moved solely by the agency of the sensitive soul. The rational soul is always involved in the process ordering sensitive soul to move through its two capacities: the particular reason and the will. Through this assumption, the concept of free decision comes into the formation of the passions, because according to this assumption, passions are not formed solely on the basis of passive movements over which the individual

has no control. It is true that some objects attract the appetite and an involuntary movement occurs simply due to the influence of the object, but this movement is not completed without the individual's free decision.

At this point, it is important to question how free the free will is. Pasnau (2002) stated that "Aquinas often explains our capacity for free decision in terms of our capacity for understanding universals" (p. 219). It already has been stated that every appetitive movement depends on an apprehensive movement. As the will is an operation of the intellectual appetite, it is reasonable to suppose that the will depends on the intellectual apprehension, meaning that the will is directed at what is understood as good. Aquinas stated in Part II First Part of the *ST* Question LXIX that "happiness is the last end of human life" (Aquinas, trans. 1942, p. 239). Following this, in Question LXXXII of Part I of the *ST,* he stated that "the will must of necessity adhere to the last end, which is happiness" (Aquinas, trans. 1922, p. 136). This suggests that the will's organisation is highly dependent on the operation of the intellectual apprehension, inasmuch as if a thing is understood as being necessary for attaining happiness then the will necessarily leans toward that thing. Here, it is obvious that Aquinas assumed a relation between the will and other intellectual capacities. The actual question is whether he considered this relation as a deterministic relation. The answer presently suggested for this question is negative. The following passage explains why:

> Now th[e] necessity of coercion is altogether repugnant to the will. For we call that violent which is against the inclination of a thing. But the very movement of the will is an inclination to something. Therefore, as a thing is called natural because it is according to the inclination of nature, so a thing is voluntary because it is according to the inclination of the will. Therefore, just as it is impossible for a thing to be at the same time violent and natural, so it is impossible for a thing to be absolutely coerce or violent, and voluntary. (p. 136)

After this passage, Aquinas went on with his analysis of the will. He claimed that the only time the will is not able to choose is when there is nothing to choose. As the attainment of happiness is the ultimate end of a human being, there is indeed no other choice but to be attracted to anything directing the individual to happiness. In Williams' (2012, p. 200) words, "the desire for the ultimate end is what explains every other desire." Therefore, it appears credible that the will desires the ultimate good, and everything leading to it, out of necessity. The question is, then, how acedia can be formed at all.

According to Aquinas, "[t]he will does not [always] desire of necessity" (Aquinas, trans. 1922, p. 138). This is because "there are certain individual goods which have not a necessary connection with happiness" (p. 138), so in this case, there is no principle to determine the will's decision. In the case of acedia, this does not matter though, because the ultimate good should be desired of necessity. To explain cases such as this, where the will acts in the opposite direction of the necessity, Aquinas claimed that even if a certain being has a direct connection with happiness, the necessity does not occur to the individual "until through the certitude of the Divine Vision the necessity of such connection be shown" (p. 138). Thus, in the case of passions in general and acedia in particular, if the intellectual apprehension fails to understand the necessary link between an object (the ultimate good, in the case of acedia) and happiness, the necessity of being directed to the ultimate good is blurred. As in this case, there is no apparent principle directing the act of the will: the will needs to make a free choice. In other words, for acedia to be formed, a failure of reason needs to be followed by a failure of the will.[103] As Jackson points out: "acedia arose out of the will shrinking

[103] Pasnau (2002) suggests a different point of view, which also supports the idea that the will's power cannot be reduced to the power of reason and that there is not a deterministic relation between them. According to him, "the will is the efficient cause that moves the intellect. . . . This

from some good because the concupiscible desires were perverted, either by an inappetence for or an aversion to the spiritual good" (1981, p. 177).

After clarifying the irrational and therefore immoral aspect of acedia, the discussion can turn toward the analysis of acedia as a sin and a vice. In the Question LXXI of Part II, First Part of the *ST,* Aquinas (Aquinas, 1485, trans. 1942) addressed vice and sin as some opposites of virtue. As in Question XXXV of Part II Second Part of the *ST* (Aquinas, 1485, trans. 1916) acedia was defined as a sin and also as a vice, it could be useful to illustrate what these concepts refer to. According to the text in question, these three concepts contradict virtue from different aspects. Let us have a closer look below at the opposition between virtue and sin on the one hand and vice on the other.

First, the opposition between virtue and sin depends on the latter being an inordinate act (Aquinas, 1485, trans. 1942). Second, the opposition between virtue and vice is based on the former "being disposed in a way befitting its nature" (1942, p. 262) and the latter being not. To further clarify the content of vice, Aquinas quoted from Augustine the following line: "Whatever is lacking for a thing's natural perfection may be called a vice" (p. 262).

When these two points are taken into account, it appears credible to suggest that acedia is a sin by means of denoting an inordinateness and additionally a vice by means of hindering the individual from reaching the perfection one's nature captures. In Question XXXV, Aquinas viewed this inordinateness as being "evil on two counts": first, being "evil in itself" (Aquinas, trans. 1916, p. 463) by

means that the intellect considers what the will tells it to consider" (p. 226). Williams (2012) also supports this idea by claiming that there is space in Aquinas' philosophy for the will's control over the intellect "by directing it to consider alternatives, to stop deliberating, to attend to different features of a possible object of will" (p. 203).

means of consisting of a "sorrow about spiritual good" [104] (p. 463) and second, "in points of its effects" (p. 463) by means of involving a passive state that hinders the person from virtuous operations and thereby defined acedia as a sin. Furthermore, he viewed the hindrance from the attainment of perfection as an aversion toward the divine good, which can be attained only through charity, and therefore defined acedia as a vice.

This analysis supports the idea that in Aquinas' view, the formation of acedia is strictly underlain by internal causes under the influence of the personal characteristics[105], whereas it is an irreducibly social phenomenon and its pathologisation is based upon a social dysfunction. Although acedia is a pathology only due to its social consequences, the formulation of these consequences as sin and vice reflects Aquinas' internalism and individualism through which individual is defined as the origin of this social dysfunction.

3. Conclusion

The main goal of this chapter was to locate Aquinas' understanding of acedia within the six categories of this study. To evaluate Aquinas' position, primarily, the aetiological and phenomenological content of acedia was explored. The

[104] Here, it seems as if there is a contradiction, because the concept of 'passion in itself' was described before with reference solely to the emotional content of the passion, isolated from the object it is directed to. Furthermore, a distinction was made between being a passion in itself and being a passion directed to a certain object, also attributing this distinction as key for the moral analysis of passions. Yet, here in the case of acedia, Aquinas seems to overstep this line, which seemed crucial before, by defining acedia as evil 'in itself', only because it is directed to a certain object. Indeed, this tension can be released if it is taken into account that what makes a sorrow acedia is the object it is directed to. Acedia is a sorrow specialized for a unique object; therefore, the definition of 'acedia in itself' necessarily includes the object. If it is stripped from the object, then it is simply sorrow, not acedia.

[105] According to Question XXIV of Part II Second Part of the *ST* (Aquinas, 1485, trans. 1916), the infusion of charity does not depend on any natural virtue that the individual has. It is only the Holy Ghost's will that determines if a certain individual's will possess the virtue of charity. Yet, there is no reason to think that Aquinas considered acedia as a result of the lack of the spiritual influence. The way Aquinas linked acedia with reason and will suggests that the individual in question already has the virtue infused in themselves, but they somehow fail to actualise it as they should.

aetiological analysis began with a clarification of Aquinas' view of soul. This was necessary first to understand the formation of acedia as a passion and to make a judgment on Aquinas' position with regards to the internality and characteristics categories. The second point of the analysis of Aquinas' understanding of soul was to explore its possible link to the modern concept of self and then to make an evaluation on his position on the category of self. Following this, acedia was viewed as a sorrow. This analysis was undertaken to hold a discussion of the internality and characteristics categories. Furthermore, a phenomenological framework was constituted based on the analysis of acedia as a kind of sorrow, and within this framework, acedia's position in the corporeality category was discussed. Lastly, in the first section, acedia was examined in relation to its opposition to the joy of charity. This examination was used to make arguments about the individuality and dysfunction categories, together with the former two categories discussed above. After this, in the second section, acedia was viewed as a sin and a vice, and the idea of acedia being immoral was viewed based on the irrationality of the relation between its object, the ultimate good, and itself. With reference to this analysis, the internality, individuality, characteristics, and dysfunction categories again were brought into the discussion.

All the different parts of the examination summarised above gave rise to coherent conclusions, except from the conclusion on the individuality category. According to this, first of all, it was claimed that the causality of acedia, as Aquinas understood it, can be viewed as internal rather than external, because the relation between acedia and its object is an incompatible one. This means that acedia is not a passion to which the ultimate good can possibly give rise, and hence, its formation is likely to be caused by a failure internal to the individual. Second, on the individuality category it was argued earlier that Aquinas conceptualised

acedia as indigenous to the individual. This was based on the idea that while conceptualising acedia Aquinas considered no sociality that cannot be reduced to the individual, because no social condition seemed enough to justify not appreciating the joy of charity: on the contrary, it was the responsibility of the individual to overcome every obstacle that may result in this situation. Yet, later during the discussion of the third category, the dysfunction category, the ontology of social underlying Aquinas' thinking was revised to cover one's relation with supernatural as well as others. Following this it was claimed that the dysfunction pathologised as acedia was not reducible to the individual: it was embedded in one's relation to God. On this basis, it was concluded that acedia was pathologised on the basis of a social dysfunction. Following this, the conclusion derived on individuality category was revised and it was stated that acedia was an irreducibly social phenomenon, because it did not consist of the individual symptoms, but of the social consequences, concerning the individual's relation to God, arising from individual's condition. Fourth, it was suggested that acedia's formation is dependent on certain personal characteristics. According to Aquinas, some individuals are prone to experiencing passions more intensely than expected. It was argued that this characteristic may be related to the will, as the will is the ultimate tool of the individual agency, and indeed having acedia is associated with a misjudgement of the will. Fifth, the origin of acedia's formation was defined as the failure of some intellectual operations. In that sense, although it was understood as a passion, its ontogenesis did not bear any bodily contribution. Still, in Aquinas' understanding like any passion, acedia has very strong bodily aspects, key to acedia. This understanding illustrates a non-binary account of phenomenology and ontology. Although the failure underlying acedia was psychic, its ultimate ontogenesis involved the body. Last, it was argued that

Aquinas' view of acedia can be interpreted as being detached from the self. This is because the idea, which may correspond to the modern concept of self, represents the principle of the individual, which is supposed to direct the individual to their ultimate good. Because acedia interrupts this movement, which is operated by the principle, or the self, it was reckoned possible to claim that acedia represents a state of being alienated to the self.

CHAPTER 5

ANATOMY OF MELANCHOLY: ANCIENT CONCEPTS, MODERN CATEGORIES

The aim of this chapter is to examine Burton's (1628, 2001) *Anatomy of Melancholy (AoM)* to reveal the ontological ground on which this model of melancholy emerged. First, in this introduction, *AoM*'s place in and importance for this study will be explained. Second, an outline of the analysis that will be pursued in the rest of the chapter will be offered. Last, the reasoning behind the scope of this chapter will be noted.

To start with, *AoM* constitutes a work of vital importance for the course of history in which this study is interested. The aim of the study is to explore the ontological transformation of the categories of individual and social, internal and external, essential and alien, pathological and normal, body and mind, all of which have underlain the conceptualisations of depression from ancient times to the contemporary world. In this history, *AoM* stands in a critical position, reflecting a period in which pre-modern and modern concepts and perspectives coexisted. In this period, ancient concepts were still applied to (Burton relied on the humoral theory and the Graeco-Roman medical authorities, such as Hippocrates and Galen) but were interpreted through an early modern perspective. This nature of Burton's work supplies a sufficient ground to observe the evolution of modern ontologies out of pre-modern ones, which is exactly what makes Burton's work so important for this study. This chapter aims to explore the transition from pre-modern to modern on the basis of *AoM*.

To pursue this analysis, in the first section, Burton's understanding of melancholy will be briefly introduced, stressing its ancient origins, the modern influence reshaping the ancient theories and concepts, and some arguments on melancholy that were considered peculiar to Burton's model. Following this, in the second section, this understanding will be reformulated in six categories: individuality, internality, dysfunction, characteristics, corporeality, and self.

This analysis will not include a systematic discussion of Burton's theoretical approach to melancholy, its symptoms, causes, effects, etc. This is because Burton himself did not systematically depend on *a* medical theory, or hold a systematic analysis of symptoms, causes, etc[106]. (Pyle, 2006). Rather, he employed many different perspectives from numerous scholars, which are beyond the scope and interest of this study. Furthermore, as Gowland (2006) illustrates, the intellectual context which produced *AoM* is too extensive to cover in the space that is had here. Therefore, in this chapter, only the influences on Burton relating to the previous chapters and only the aspects of Burton's work that seem relevant to the ontological discussion will be examined.

1. Burton's account of melancholy

In this section, Burton's (1628, 2001) account of melancholy will be examined in three themes, but prior to that, what these three themes refer to will be clarified. As it is viewed below more broadly, Burton's understanding of melancholy is a continuum of the humoral tradition that dates to Hippocrates[107]. Yet, Burton wrote on humoralism in the early modern era, which came with certain intellectual trends that are not always compatible with the ancient ontologies underlying humoralism. This subsection aims to introduce Burton's interpretation of melancholy by focusing on the tension created by the interplay of ancient and modern influences. To purse this aim, the ancient roots and modern connotations of *AoM* will be discussed in the following two subsections, respectively. However, the purpose of this subsection is not limited to exploring this tension. Even though Burton's work reflects the interplay of ancient and modern perspectives, *AoM*

[106] According to Gowland (2006) this aspect of Burton's writing is related to the understanding of medicine as art, which was predominant in his times.
[107] Burton was influenced by other ancient traditions, such as Stoicism (Gowland, 2006), but this aspect of the relation between ancient philosophy and *AoM* will not be examined further for the reasons explained above.

cannot be reduced to this.[108] Burton's approach to melancholy holds some characteristics that seem to be peculiar to his study - or at least Burton did not relate them to any other scholars. The final goal of this chapter is to view the peculiarities of Burton's model of melancholy.

1.1. Ancient origins of Burton's account of melancholy

In this section, the ancient origins of Burton's account of melancholy will be examined on the basis of two themes, "balance and moderation" and "fear and despair." Yet, before moving forward with this, it will be clarified why the humoral tradition(s) underlying Burton's understanding of melancholy cannot be examined more broadly, and this subsection is restricted with these two themes.

To start, if the dominancy of humoralism in early modern medicine is considered, it would be stating the obvious to say that Burton (1628; 2001) based *AoM* on a humoral understanding of the human physique. Yet, as obvious as it is, this statement is far from being self-explanatory. This is because humoralism has gone through various reformulations throughout its internal history; it also has interacted with and was changed by other doctrines throughout its external history. As a result, the term "humoralism" has come to refer not to a consistent theory of human nature but rather to various interpretations of the core idea that human health (and personality, according to the later interpretations) is shaped by the proportion of different bodily fluids. Burton's work does not express loyalty to a single interpretation of humoralism. He did not attempt to embrace a well-defined interpretation of humours and then develop a systematic analysis of melancholia on this basis. Rather, he gathered themes and concepts from

[108] *AoM* cannot be reduced to the interplay of ancient and modern influences, in part because other traditions, from Macrobius to Avicenna, influenced Burton's (1628, 2001) work that move beyond ancient and modern doctrines. Yet, as explained above, the studies of these authors are beyond the scope of this study.

different interpretations by decontextualizing them, and hence, his work exhibits many instances of different reformulations of humoral themes and concepts, all of which would exceed the capacity and purpose of this work to explore in detail. This subsection has a rather less ambitious aim, which is to explore in Burton's work the traces of Hippocrates', Aristotle's, and Galen's views on humours and melancholy, as they were concerned in the previous chapters, and then to be able to make comparisons between the pre-modern origins and the early modern reformulations of these themes. This will be based on an exploration of two themes, first, moderation and balance, and second, fear and sorrow. These two themes serve the purposes of this study because they come forward throughout the entire text, constitute some degree of consistency, and finally, allow the Hippocratic, Aristotelian, and Galenic influences to be studied.

To start, an essential notion for humoralism is balance and moderation. This notion is not common only to the Hippocratic, Aristotelian, and Galenic versions of humoralism but is to most interpretations of it. Unsurprisingly, the idea of balance and moderation comes forward in Burton's understanding of melancholy as well. In his causal analysis of melancholia, Burton (1628; 2001) stressed the importance of "six non-naturals" (p. 217), which can be listed as "diet, retention, and evacuation, . . . air, exercise, sleeping, [and] waking, and perturbations of the mind" (p. 217). Although Burton did not explicitly establish any link between any of his ancient resources and his account of six non-naturals, at the core of the notion of six non-naturals lies the Hippocratic balance and moderation. Burton's suggestion regarding the six non-naturals can be summarised as finding the right balance in all of them to avoid melancholy. According to this, all of the following may result in melancholy: too much sleep as well as too little; overeating as well as malnutrition; heavy evacuation of bodily excrements as well as their retention;

vigorous exercise exhausting the body as well as lengthy periods of inactivity contributing to idleness; exposure to too hot to too cold weather; and finally, an experience of any passion on any extreme level, such as too much joy as well as too little.

Another point where Burton referred to the ancient philosophers is his phenomenological[109] description of melancholy. As introduced in the previous chapters, both Hippocrates and Galen stressed two main signs of melancholy, namely fear and sorrow, whereas Aristotle underlined the inconsistency of melancholic manifestations, stating that these vary on the basis of the altering material nature of black bile. As for Burton, it is possible to say he embraced both views at the same time[110]. On the one hand, he suggested that "fear and sorrow . . . are most assured signs, inseparable companions, and characters of melancholy" (Burton, 2001, p. 385), whereas on the other hand he claimed that each individual experiences melancholy in a unique way and even that "[t]he tower of Babel never yielded such confusion of tongues, as the chaos of melancholy doth variety of symptoms" (p. 397).

Although Burton did not cite Aristotle as a reference for this view, he used the same analogy Aristotle used of black bile and wine, to point out the inconsistency of the phenomenon of melancholy: "as wine produceth divers effects. . . so doth this our melancholy humour work several signs in several parties" (2001, p. 382-383). If the significance of the two diverse influences on Burton is to be compared,

[109] Here, by the term "phenomenological," a symptom-based description of melancholy is referred to, following the approach used in the previous chapters. Yet, later in the text, the analysis of another phenomenological theme will be pursued, and it relies on Burton's own experience of melancholy.

[110] This contradicts with what Varga (2013) claimed before about fear and despair being the most defining phenomenal characteristics of Burton's melancholy. It will be illustrated below why Varga's position is rejected here.

it would not be wrong to assert that the latter's impact has been more decisive. According to Burton (2001, p. 170.),

> [f]ear and sorrow are the true characters and inseparable companions of most melancholy men, not all, . . . for to some it is most pleasant, as to such as laugh most part; some are bold again, and free from all manner of fear and grief.

On the basis of this passage, it is justifiable to suggest that although Burton took fear and sorrow as the most common characteristics of many melancholy individual, he did not assert that these characteristics are definitive for melancholy. In fact, he gave such a decisive role to no characteristics. According to Burton, "seldom two men shall be like affected *per omnia* [in all respects]" (2001, p. 177) from melancholy. "Who can sufficiently speak of these symptoms or, prescribe rules to comprehend them" (Burton, 2001, p. 408), said he, stressing the indeterminacy of melancholy symptoms.

To explore the ancient roots of Burton's phenomenological understanding of melancholy, it was studied above whether his melancholy description was closer to the Hippocratic or Aristotelian model. Following this it was concluded that the Aristotelian idea of inconsistency had been more decisive for Burton's own account than the Hippocratic idea of fear and despair. The method of introducing the Hippocratic and the Aristotelian accounts as two pre-modern alternatives and questioning which alternative influenced Burton's writings more decisively was followed above, since this was found helpful to understand what sort of a phenomenon Burton's melancholy referred to in his socio-historical context. Yet, to understand and describe the pre-modern roots of Burton's ontology of melancholy requires a deeper analysis. In fact, to achieve this goal the very significance of the difference between Hippocratic and Aristotelian accounts needs to be questioned, because unless this difference links to a more

fundamental ontological difference upon which two diverse traditions of classifying melancholy symptoms emerged, putting too much emphasis on it may do more harm than good: it may obscure an essential aspect of pre-modern thinking which is common to both traditions. To explore the affinity between the Hippocratic and Aristotelian descriptions of melancholy, let us have a closer look at the two accounts.

To start with, as stressed before in the Hippocratic tradition the role of fear and despair was stressed more strongly than in the Aristotelian tradition and in the Aristotelian tradition the idea of "instability" over-dominated fear and despair. Yet, this difference by itself may not be addressing to a categorical difference. As noted in the first chapter, Hippocrates included "madness" in his list of melancholy symptoms. Although he did not give an insight on the content of madness, it is quite likely that this term may refer to some higher extremes opposite to fear and despair that encouraged Aristotle and Burton to conceptualise melancholy as an instable phenomenon with varying symptoms [111]. If this is the case, then it appears plausible to suggest that the notion of the coexistence of high and low emotions in melancholy appear to exist in the Hippocratic approach as well as the Aristotelian, despite each philosopher emphasized different moods as key to melancholy. If so, it follows that the coexistence of high and low emotions in melancholy was not peculiar to Aristotelian thought, but was rather a common notion in pre-modern philosophy[112]. In this case, understanding the nature of Aristotelian versus Hippocratic influence on Burton's phenomenology of melancholy occurs to be a question of relatively little importance. A more

[111] The historical anecdote cited in Section 1.3.1 supports that in the Hippocratic description of melancholy, there was room for euphoric moods.
[112] Berrios (1988) also makes the same argument, but instead of doing a conceptual analysis of different pre-modern ontologies of melancholia, he takes this for granted.

important point to explore may be whether Burton approached melancholy symptoms with a non-binary perspective which does not seek to apply a categorical distinction between low emotions and high emotions as his pre-modern predecessors did, or took a seemingly modern standpoint which approaches depression as a rather stable and constant repressed mood isolated categorically and phenomenologically from high emotions such as excitement, and joy. According to this, the very fact that Burton himself did not introduce a category difference between the depression-like low emotions and mania-like high emotions may be enough to suggest that a pre-modern approach was leading his descriptions just like Aristotle's *and* Hippocrates'.

To summarise, it is suggested above that pre-modern scholars differed from their modern successors in their non-binary and non-categorical approach to pathologization of high and low emotions. This argument may possibly be challenged by the claim that in the modern terminology the supposedly dichotomized high and low emotions are brought together under the category of "bipolar disorder", and therefore the suggested difference between pre-modern and modern approaches does not stand. However, here it is defended that the modern way of conceptualising manic and depressive symptoms together under the category of "bipolar" still remains drastically different from the pre-modern one. Even within the concept of "bipolar", the high and low moods are approached with a binary understanding. Through the concept of bipolar disorder, mania and depression are viewed as two separate phenomena following one another in a causal loop. They are categorised under the same concept only because of the successiveness between them, not because they are thought to constitute a united ontology. Together they constitute a phenomenon called bipolar, but within this phenomenon each represents two opposing alternative poles, which are

categorically and phenomenologically distinct. On the other hand, the pre-modern concept of melancholy does not embrace such categorical and phenomenological binary. As opposed to the concept of bipolar, in melancholy one mood is not necessarily followed or alternated by the other. “Manic” and “depressive” symptoms were mostly fused in the concept of melancholia representing the indefinite variety of melancholy symptoms, not two alternative poles (Berrios, 1988). Also, contrary to bipolar the instability of melancholy does not always refer to a certain individual’s differentiating mood, but also to the experience of melancholy differentiating among different individuals. In the pre-modern understanding, two individuals could experience the same condition in opposing ways. For instance, the two famously melancholic ancient philosophers, Democritus and Heraclitus, experienced melancholy in such diverse ways that these two cases of melancholy may remind the modern reader two opposite poles of bipolar disorder[113]. Whereas Democritus’ melancholy was characterised by his uncontrollable laughter, Heraclitus’ melancholy experience was full of despair. In pre-modern thinking, one could have a more energetic melancholy as Democritus, or a repressed one as Heraclitus. Additionally, one could have a phenomenologically more diverse experience and have similar experiences to both Democritus and Heraclitus at the same time. This does not mean that in the pre-modern thinking an isolation of and successiveness between the two moods never occurred[114], but only that such isolation and successiveness was not key to define melancholy as opposed to it is to the modern concept of bipolar disorder. Here, the striking difference between the pre-modern and modern conceptualisations is that whereas through the latter, categories are constructed

[113] See Figures 2 and 3.
[114] As will be cited later, such successiveness between “manic” and “depressive” moods was narrated by Burton.

based on the dichotomisation of high and low emotions, through the former such opposing emotions would be understood together under the same category.

Taking into account the analysis offered in the previous paragraph, it may be plausible to suggest that the ancient roots of Burton's description of melancholy becomes evident not through the question of whether he emphasized fear and despair like Hippocrates, or instability like Aristotle, since their difference does not point to anything essential for melancholy conceptualisations. A more fruitful question to ask would be whether Burton employed a binary phenomenology to describe melancholy symptoms or he followed the pre-modern way of thinking which leads to a phenomenologically fluid and unstable, but categorically united concept of melancholy. If his definitions cited above are reviewed, it may be concluded that Burton's understanding of melancholy reflects the ancient tradition.

1.2. Humoral melancholy reshaped in a modern context

In this subsection, the modern characteristics of Burton's understanding will be explored. This examination will first start with the clarification of the term "modern" and the idea referred to through this concept in this study. Following this, the themes revealing the "modern" in Burton will be introduced briefly and then analysed in more detail.

To start with, although Burton based his understanding of melancholy on ancient theories and concepts, he constructed this understanding in a modern era; therefore, it is likely that there are contextual differences between Burton and his pre-modern predecessors hidden behind terminological similarities. This subsection is dedicated to exploring these differences and the modern character

Figure 2 – *Democritus* as drawn by Hendric ter Brugghen, 1628.

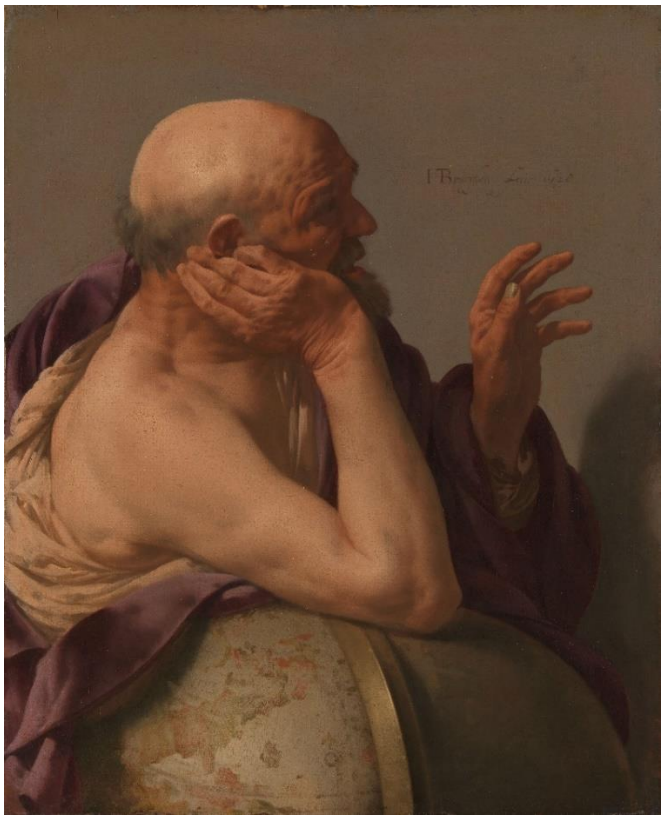

Figure 3 – *Heraclitus* as drawn by Hendric ter Brugghen, 1628.

that the ancient theories and concepts possibly embody in Burton's interpretation. Yet, to be able to pursue this aim, what the term "modern" refers to in this study first must be clarified. Here, it is used with reference to thinking about and understanding human nature in binary categories[115]. According to the analysis made in the previous chapters on the pre-modern texts written by Hippocrates, Aristotle, Galen, and Aquinas, human nature is not always formulated in binary categories that are distinguished from one another with constant and solid boundaries. For instance, in Hippocrates' account, all bodily and mental manifestations of melancholia are juxtaposed and are not linked to separate domains of body and mind. In Aristotle's account, no authentic self is supressed by melancholy: what is authentic in a melancholy individual is the phenomenological characteristics of being melancholic itself. In Galen's account, the internal nature of the individual is intermingled with the external nature surrounding the individual. In Aquinas' account, acedia was not ontologically dichotomized into primary causes and secondary symptoms. All in all, on the basis of the analyses of the four pre-modern scholars, it becomes possible to claim that the systematisation of these binary categories did not emerge in pre-modern ontologies of psychopathology, and it corresponds to a modern approach[116]. Let us see if Burton's melancholy exhibits any indication of this approach missing from the pre-modern ontologies.

[115] In Section 2, Burton's model of melancholy will be reformulated into the six categories that will allow us to make a comparative analysis on how modern and dualist were the ontology of human nature underlying Burton's model of melancholy. Here, this point is not to be focused on primarily, but instead other possible binary categories will be explored.

[116] The intention of this argument is not to claim that there is a substantial ontological discontinuity between pre-modern and modern ontologies. As highlighted in the Introduction, it is hereby argued that the modern ontologies are rooted in the pre-modern ones. Yet, it was also noted that it is still possible to observe certain trends of change in the reformulation of these categories. The difference expected to emerge between pre-modern ontologies of melancholia and Burton's melancholy is better understood in these terms.

The “modern” face of Burton’s understanding of melancholy becomes visible through two concepts in *AoM*: love melancholy and religious melancholy[117]. Burton took both of these to be different species of melancholy, and he developed his analyses of these two species of melancholy on the basis of a comparison between each one and its ideal alternative, which are “natural love” for love melancholy and “true religion” for religious melancholy. The “modern” perspective that is traced here emerges in the comparative analysis that Burton held. Below, first, the case of love melancholy and second, of religious melancholy, will be examined.

At the outset, the following text introduces the dichotomy between “natural love” and “love melancholy”:

> I come at last to that heroic love, which is proper to men and women, is a frequent cause of melancholy, and deserves much rather to be called burning lust, than such an honourable title. There is an honest love, I confess, which is natural . . . [he who does not feel the power of love is either a stone or an animal]. . . . But this nuptial love is a common passion, an honest, for men to love in the way of marriage . . . [as matter seeks form, so doeth woman man]. You know marriage is honourable, a blessed calling, appointed by God Himself in Paradise; it breeds true peace, tranquillity, content, and happiness . . . [which makes the human race immortal]. (p. 52)

In this text, Burton first claimed that heroic love is a cause of melancholy but then corrected himself immediately by arguing that what causes melancholy is not eligible to be called love of any sort, because love is a noble and a natural passion that connects man and woman in marriage and enables them to breed. This sort of love, according to Burton (1628; 2001), comes with a pleasing, peaceful experience; whereas love melancholy is an experience of burning lust.

[117] Gowland (2006) makes a similar observation by claiming that Burton’s motivation for formulating these two concepts was “the moral and theological concerns” (p. 55) rooted in his context.

Here, it is argued that Burton drew a binary distinction between natural love and melancholic love. Furthermore, it is claimed that this binary is deeper than the moralisation and institutionalisation of a certain type of love. If this was the only case, it would not be plausible to call this tendency modern because marriage obviously is not a modern invention.[118] Yet, Burton in this text went further than announcing institutionalised love as superior: he set a categorical distinction between this and love melancholy. He explicitly stated that love melancholy is not eligible to be categorised as love, because love, according to him, is ontologically unsuitable for the genesis of inappropriately, extremely, and painfully lustful feelings. Love between husband and wife is categorized as an experience of tranquil and idyllic feelings that excludes the experience of melancholy. According to this, the distinction between the natural love and love melancholy is not a matter of degree but of kind. They are prognostically and phenomenologically set, stable, and distinct categories. It is not love that can cause both joy and grief depending on the context: it is natural love that is formed only in an appropriate context and causes only joy; and it is love melancholy that is formed only in an inappropriate context and causes only grief.

If this interpretation of the relation between love and melancholy is compared with the ancient interpretation of this relation, it is possible to argue that there is no trace of this categorical and dualistic understanding of love within the pre-modern texts examined. For instance, Galen's (1979) narration of the case of a young woman with love-sickness in *oP*[119] (Galen, trans. 2001) bears no traces of a dualist ontology of love and lovesickness. Galen surely attributed a

[118] Additionally, throughout history, different types of love were idealised in different social contexts. As Foucault (1990) noted in his well-known analysis of homosexuality, in ancient Greece, love between two men was considered more noble than love between a man and a woman.

[119] See Chapter 3 for more details.

pathological character to the latter and in that sense distinguished it from the former, yet this in itself is not enough to suggest that the distinction he saw between the two is beyond phenomenological: ontological, and categorical. Instead of stressing the distinction between love and lovesickness, Galen pointed out the difference between melancholy and lovesickness. Burton on the other hand deepened the distinction between natural love and love melancholy and strengthened the association between melancholy and love melancholy by categorizing the latter as a species of the former. This difference between the two scholars reflects two fundamentally different ways of formulating the boundary between normal and pathological. For Galen, the distinction is a matter of degree; in Burton it is a matter of kind. According to Galen, normal love can become pathological, which reflects blurred conceptual boundaries between normal and pathological. According to Burton though, lovesickness is categorically linked to an ontologically pathological phenomenon, melancholy, rather than to an ontologically normal and natural passion, love.

This difference can also be viewed as a difference in understanding humoralism. On the one hand, in Galen's (1979) view, bodily humours and psychic capacities are in an open-ended interaction, and this interaction is tied up with further change occurring in body and experience. Extreme love may distract the balance of bodily mixtures, and this imbalance may result in an even more intense experience of love and grief, which may result in a pathological experience of love, lovesickness. On the other hand, Burton first set presupposed categories and then defined how one's body and soul work in each category. Even if it is the same humours increasing and decreasing and meanwhile altering the experience, this is not understood by Burton as a transformation of one

experience into another, but as an ontological replacement of one experience with the other[120]. This difference is schematised in Figures 4 and 5.

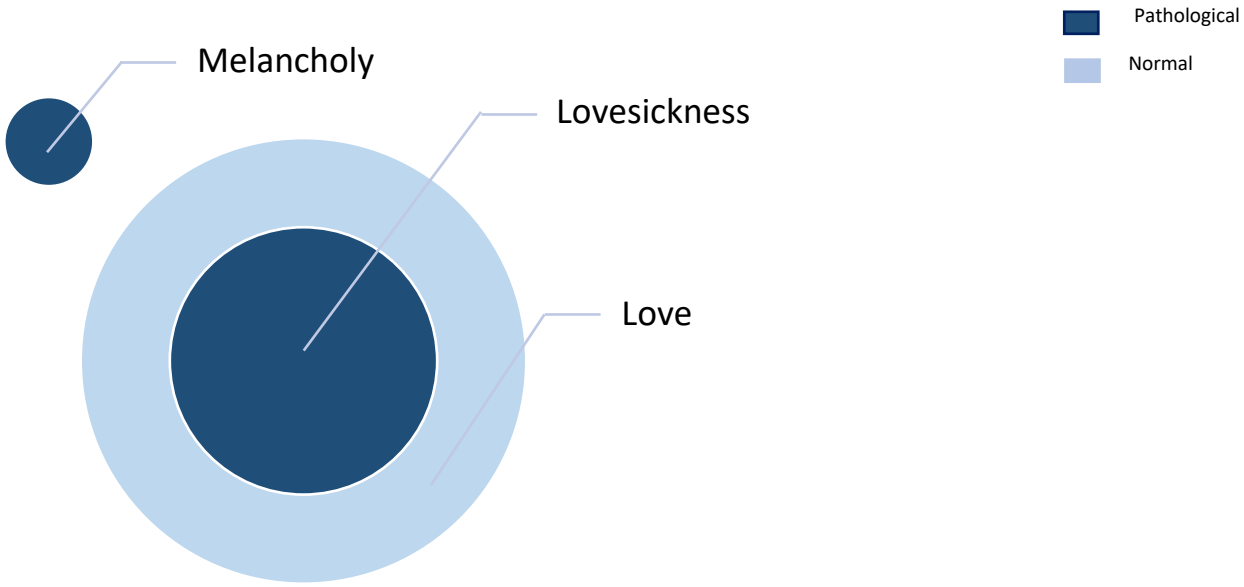

Figure 4 – Galen's (1979) understanding of the relation between love, lovesickness, and melancholy, and of the boundary between normal and pathological

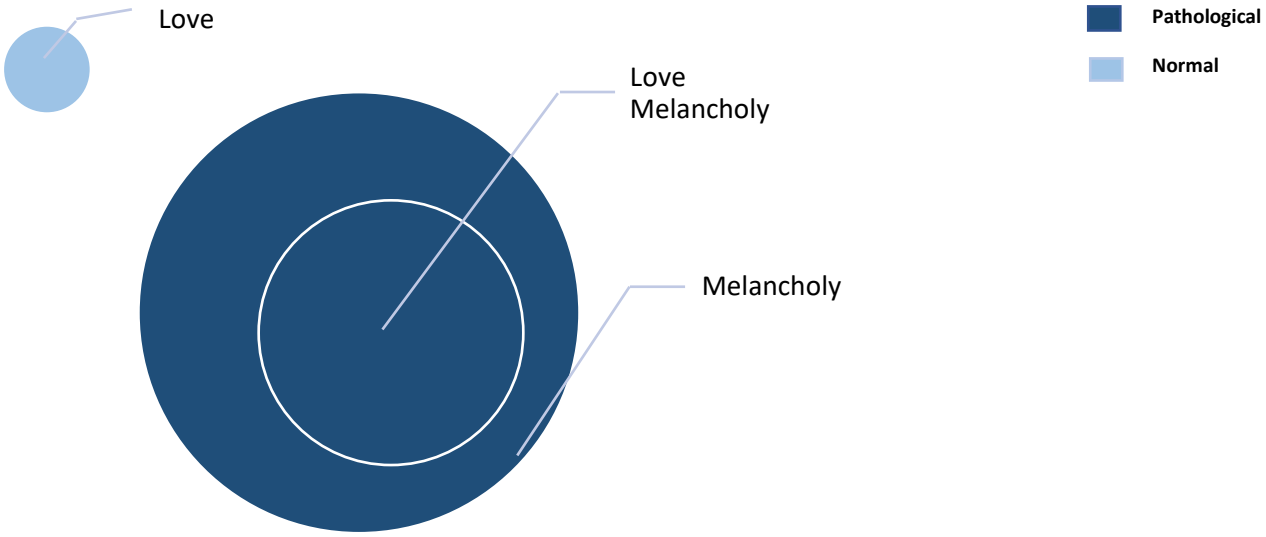

Figure 5 – Burton's (1628; 2001) understanding of the relation between love, love melancholy and melancholy, and of the distinction between normal and pathological

[120] The difference between Galen and Burton may also be expressed through conceptualising the former's approach as dimensional and latter's as categorical. In Radden's (2003) words, "[d]isorders are dimensional if they lie on a continuum uniting abnormal with normal traits. A categorical approach treats mental disorders as discreate entities, different not merely in degree but in kind from the norm" (p. 42).

So far, Burton's concept of love melancholy is examined in order to reveal the modern perspective through which Burton interprets ancient concepts. Now, the concept of religious melancholy will be studied for the same purpose. To start with, according to Burton, religious melancholy is caused by two extremes of religiousness: on the one hand being involved in religious commitments too intensely, and on the other, being negligent of such commitments[121]. Here, only the former version of religious melancholy will be examined, because this case is sufficient to illustrate the underlying modern categorical thinking.

In the case of religious melancholy, the binary to be viewed as an indicator of Burton's modernism is the one between "right religion" and "false religion." Burton (2001) introduced this binary as soon as he established a relation between being too intensely involved with religious practices and developing melancholy:

> Not that there is any excess of divine worship or love of God; that cannot be; we cannot love God too much, or do our duty as we ought. . . . But because we do . . . [attend to the wrong thing], zealous without knowledge, and too solicitous about that which is not necessary, busying ourselves about impertinent, needless, idle, and vain ceremonies . . . [to please the public]. (p. 319)

To start, the roots of the conceptualisation of intense religious practice and religious superstition as wrong religion is embedded in the Protestant criticism of Roman Catholicism (Gowland, 2006), and with that alone it bears a modern characteristic. In additional to this, let us view this conception with respect to its relation to modern binary thinking as well. In this passage, God's perfection is defined as beyond the capacity of humane worship; therefore, it is principally

[121] In fact, this binary conceptualisation itself is very much rooted in the historical context in which *AoM* was written, since it was developed as a response to the uneasy religious atmosphere created by the conflict between Protestantism and Catholicism (Gowland, 2006). Through these two types of religious melancholy, Burton "juxtaposed th[e] stock condemnation of Protestant radicalism with a parallel and equally traditional Reformed critique of Roman superstition, and in so doing [he] constructed the moderate orthodoxy as the via media between the erroneous extremes of Rome and Geneva" (p. 159-160).

impossible for God to be worshiped excessively. Yet, Burton observed that there is still the phenomenon of excessive religious practice. Here, the concept of false religion emerges out of necessity, because the observed phenomenon (excessive religious practice) does not fit with the existing ontology ("religion cannot be practiced excessively"). In order to do away with the incompatibility, Burton introduced the concept of false religion, claiming that if a religious practice is done excessively (an indicator of which is the development of melancholy), then this practice must be a practice of false religion, which corresponds to the practice of wrong duties (superstitions). This dichotomy allows Burton to identify a relation between religiousness and melancholy while preserving the ideal of God as the ultimate good.

Similar to the binary introduced between natural love and love melancholy, the binary between true religion and false religion reflects a boundary which is beyond defining what is acceptable and legitimate. Here, Burton did not attempt to make a theological analysis of the right way to worship God. Rather, he redefined religion as a performance that would not exhaust the performer, cause any individual or social harm, or disrupt the course of their daily life.[122] If a practice results in this sort of dysfunction, then it cannot correspond to a worship to the right religion. An example of the attempt to redefine religion to render it more compatible with modern daily life is seen in the text below:

> sometimes [the devil] transforms himself in the angel of light, and is so cunning that he is able, if it were possible, to deceive the very elect. He will be worshiped as God himself, and is so adored by the heathen, and esteemed. And in imitation of that divine power, . . . to abuse or emulate God's glory, . . . he will have all homage, sacrifices, oblations, and whatsoever else belongs to the worship of God, to be done likewise unto him, . . . [he will be the Most High], and by this means infatuates the world, deludes, entraps, and

[122] For an examination of the influence of Calvinist tradition on Burton, see (Lund, 2006).

> destroys many a thousand souls. Sometimes by dreams, visions . . . , the devil in several shapes talks with them. (Burton, 2001, p. 325)

Although “miracles” are accepted by medieval Christian theologians, such as Aquinas, Burton redefined this belief and included it in the concept of false religion so that it can fit in his modern category of religion. According to him, these supernatural experiences lead to melancholy, so they cannot be captured by right religion, i.e., derived by God. What is interesting here is that he did not take the course of rejection and suggest that these experiences do not correspond to any phenomenon outside of the individual’s mind. Rather, he acknowledged that these supernatural occurrences happen, but they fall under the category of false religion and therefore should be avoided or ignored. This reformulation of the belief regarding miracles may be taken as an indicator of the prematurity of Burton’s modernism. There is no clear binary between ‘real’ and ‘unreal’ underlying his understanding of melancholy yet. According to this, delusions may correspond to some supernatural phenomena. They are not always ‘all in the head.’ However, they need to be distinguished from right religion and redefined as false religion so that their distractive effect on an individual can be eliminated or avoided.

This ontology corresponds to a top-down conceptualisation of complex and fluid human experience in neat and separate categories, which is supplemented by modernisation of classical humoralism. As opposed to the bottom-up approach embraced in the classical interpretation in which the observation of distinct humoral phenomena leads to distinct conceptualisations,[123] Burton first sets the categories, such as true religion and false religion and then defines the

[123] There are different species of melancholy in Galenic medicine as well (such as head melancholy and spleen melancholy), but these separate categories are established on the basis of the observation of distinct pathologies.

phenomenological content of each. The complex and fluid human phenomenon becomes fragmented and polarized into two ideals. The categorical distinction between the two is so deep that there is no room even for ‘good intentions’ in the negative pole. False religion is something that one performs only for public display and not for worship. In this fragmented ontology, there is no room for the experience of an individual who possibly performs religion for the sake of divine worship and becomes melancholic after all due to a disengagement from the rest of the world. In Burton’s ontology, there is no concept corresponding to this phenomenon. This is because this modern way of thinking did not lead Burton to seek concepts for phenomena but only phenomena for concepts.

1.3. The peculiar nature of Burton’s understanding of melancholy

So far in this section, Burton’s account of melancholy has been examined on the basis of the ancient and modern influences shaping it. In this subsection, rather peculiar aspects of this account will be explored. These peculiar aspects are formulated in two headings focusing first on the idea of normative pathology and the second on the introspective aspect of Burton’s study of melancholy.

1.3.1. Normative pathology

One of the peculiar aspects of Burton’s account of melancholy is the normative pathological character that he attributed to melancholy. To examine this aspect of Burton’s model, first, the concept of normative pathology will be clarified. Second, a historical anecdote Burton used to support his thesis will be cited. Third, his argumentation will be viewed in detail. Finally, the underlying thesis of this argumentation will be discussed with reference to the concept of normative pathology, and Burton’s approach to this will be compared to those of Hippocrates and Aristotle.

To start with, the concept of normative pathology, as it is introduced in this study, refers to a possible pathology which develops normatively in every individual. This hypothetical phenomenon is pathological in the sense that it disrupts the individual's physical health and possibly "natural" development. Yet, the development of this pathological condition is not accidental, but normative in the sense that it is immanent in the very nature that it seemingly disrupts. As argued below, Burton attributed a normatively pathological character to melancholy. Prior to the proceeding with this argument, let us cite a historical anecdote Burton used to support his account.

In the section "Democritus Junior to the Reader" from *AoM*, Burton told a historical anecdote about the ancient philosopher Democritus, who was famously known for his uncontrollable laughter. According to this anecdote, Hippocrates is asked to pay Democritus a visit and to examine him to treat his madness. When the visit occurs, Hippocrates finds Democritus occupied with some plants, and realizing that Democritus is very happy with this occupation, he praises Democritus' condition and complains about not being able to find time for such leisure himself. Hearing this response, Democritus starts laughing, and when Hippocrates questions him about the reason of this laughter, he answers by giving several examples of vain and meaningless human action committed every single day for numerous times without being considered as madness. Then he proceeds with his answer as follows:

> O most worthy Hippocrates, you should not reprehend my laughing, perceiving so many fooleries in man; for no man will mock his own folly, but that which he seeth in a second, and so they justly mock one another. (Burton, 2001, p. 49)

Burton referred to this anecdote in order to support an argument he made earlier in the same text, which is formulated here as normative pathology. According to

this argument, melancholy is not specific to certain individuals: it is a malady immanent in human nature[124]. Although each individual experiences and manifests it in a different way,[125] they all commit "fooleries" driven by their inbred melancholy. Democritus' point supports this argument in Burton's view. According to him, Democritus implies that although some certain individuals are considered as mad and melancholic, the origin of this human condition is actually immanent in the human nature that not only certain individuals but every human being suffers from and gets involved in nonsensical situations through it, although all of these are not noticed as indicators of "folly." Burton formulated this idea himself in the following passage:

> [melancholy is] an inbred malady in every one of us, there is *seminarium stultitiae,* a seminary of folly . . . and cannot so easily be rooted out, it takes such fast hold, as Tully holds, . . . [deep are the roots of fully], so we are bred, and we continue (Burton, 2001, p. 46-47)

According to this passage, the malady of melancholy is rooted so deep in human nature that it is not to be removed completely. As he will argue later more clearly in the section "Prognostics of Melancholy," melancholic episodes and symptoms are relievable, but the potential of these episodes and symptoms to repeat can never be exhausted because of the innateness of melancholy: "[f]rom these melancholy dispositions, no man living is free. . . . Melancholy in this sense is the character of mortality" (Burton, 2001, p. 143-144).

In a different passage, Burton claimed that this innateness goes further than human nature and captures all of nature:

> Examine the rest in like sort and you shall find that kingdoms and provinces are melancholy, cities and families, all creatures, vegetal, sensible, and rational, that all sorts, sects, ages, conditions, are out of tune. . . . before they

[124] This argument possibly have its roots in the epidemic of melancholy Burton observed in his day (Gowland, 2006).
[125] See Section 1.3.3.

> come into the world, they are intoxicated by error's cup, from the highest to the lowest have need of physic. . . . For indeed who is not a fool, melancholy, mad? (Burton, 2001, p. 39)

The argument introduced in this passage suggests that melancholy is not only immanent in human nature, but in the nature as a whole. Not only human beings, but all creatures carry an immanent potential of melancholy, because even "before they come into the world, they are intoxicated". Although Burton did not specify this phrase any further, it is suggested here that by the term "intoxication" he referred to black bile, and by claiming that all creatures are intoxicated, he referred to the link established between the four elements and humours.[126] According to this, the material essence of melancholy exists in every creature on a materially elemental level. Therefore, every creature is intrinsically prone to melancholy[127].

When all of the passages cited above are viewed together, the theme called normative pathology emerges. Although Burton called melancholy a malady and by doing this attributed a pathological quality to it, he introduced the genesis of this pathology as the norm. At this point, the solid boundary that he set between normal and pathological in the case of love melancholy and religious melancholy[128] becomes rather slippery, because the origin of this pathology is placed within the natural and its ontogenesis is viewed as "normal."

Setting the categories of normal and pathological as vaguely distinct from one another is not peculiar to Burton at all. As illustrated in the previous chapters, Hippocrates, Aristotle, and Galen followed a similar trend in their understanding of melancholy. Indeed, this trend can be considered as an essential character of

[126] For details, see Kalibansky et. al (1964)
[127] This point will later be analysed further in Section 2, regarding the boundaries between internal, external, individual, and social.
[128] See Section 1.2.

humoralism. Yet, there is still some peculiarity in the way Burton interpreted this trend. He did not only categorise normal and pathological as intermingled but brought a normativity to melancholic pathologies. According to Hippocrates, for instance, it is normative to have the humour of black bile for each individual, but it is not normative for each individual to develop complications related to this. It is possible at least in principle that if one lives the ideal balanced life, they can avoid the pathological circumstances. Or according to Aristotle, whereas it is normative to develop the melancholic qualities for the individuals containing black bile in their constitution, it is not normative to contain black bile in their constitution for each individual. Therefore, in the case of Aristotle, melancholic pathology is not a part of human nature generally but is of melancholic nature specifically. On the other hand, according to Burton, it is normative for human nature to contain both the melancholy humour and to develop the complications. If Burton's argument is viewed from an Aristotelian point of view, it can be suggested that Burton considered pathology as the final cause of melancholy humour. This humour is contained in human nature for the sake of all the "folly" that humans commit, and this is not something to be treated. The melancholic complications can and should be treated when they lead to a malfunction, but all of the folly that melancholy causes cannot be removed from human's existence. Humans are naturally and teleologically mad, and this madness is embedded in material human nature.

1.3.2. An insider's view of melancholia

The second characteristic of Burton's (1628; 2001) study, which renders it peculiar compared to his ancient predecessors, is that while building up a model for melancholy, he adopted not only an outsider's role but also an insider's role. On the one hand, he intended to suggest an "objective" view of melancholy from

an outsider's perspective within his account of melancholy, and he examined this phenomenon medically and philosophically. On the other hand, he combined his objective knowledge of melancholy, which he gathered from other scholars interested in the subject, with the knowledge he gathered from his own subjective experience of melancholy through introspection. This characteristic of Burton's approach rendered his account phenomenologically diverse and enabled him to move beyond the list of symptoms the knowledge of which is gathered from an outsider's perspective.

In the following passage, Burton gave an example of an insider's knowledge of melancholia:

> [Melancholy is] . . . [a lovable madness, a most pleasing aberration], so pleasing, so delicious, that he cannot leave it. He knows his error, but will not seek to decline it; tell him what the event will be, beggary, sorrow, sickness, disgrace, shame, loss, madness, yet 'an angry man will prefer vengeance, a lascivious his whore, a thief his booty, a glutton his belly, before his welfare' (p. 71-72).

This passage offers an insightful understanding about melancholy that cannot be offered through an outsider's perspective. Two themes are captured in this passage: first, an irresistibly pleasurable aspect of the early stages of a melancholy experience, and second, the changing face of this experience as a result of the interaction between melancholy individual and their social environment. According to this, melancholy is first experienced as a very strong attraction drawing the individual into itself. At this stage, the individual is not aware of what this experience will become, and even if they are made aware, they do not want to resist melancholy, because there is an irresistibility in being drawn into this state. This state was described by Burton (1628; 2001) as follows:

> it is most pleasant at first, I say, . . . [a most pleasing delusion], a most delightsome humour, to be alone, dwell alone, walk alone, mediate, lie in bed all days, dreaming awake as it were, and frame a thousand phantastical

> imaginations unto themselves. They are never better pleased than when they are so doing, they are in paradise for the time, and cannot well endure to be interrupt. (p. 406)

Yet, the experience alters in time and becomes sorrowful:

> it was not so delicious at first, as now it is bitter and harsh; a cankered soul macerated with cares and discontents, . . . impatience, agony, inconstancy, irresolution, precipitate them unto unspeakable miseries. They cannot endure company, light, or life itself; some unfit for action, and the like. Their bodies are lean and dried up, withered, ugly, their looks harsh, very dull, and their souls tormented, as they are more or less entangled, as the humour hath been intended, or according to the continuance of time they have been troubled (p. 406-407).

The transition from the first stage to the second is described in the first text quoted in this subsection, which may remind modern reader a transition from mania to depression in modern terms[129]. Yet, in Burton's account this transition is an outcome of the interaction between the early stage melancholic habits and the socio-economic context. According to this, this transition proceeds with "beggary, sorrow, sickness, disgrace, shame, loss, madness" (p. 72). The important point of Burton's narration at this point is the order in which he listed several aspects of the melancholy experience. According to this, the rather unpleasant stage of melancholy experience starts with "beggary". This makes sense, considering Burton's description of the more enjoyable early stage. Burton claimed that in this stage, the melancholy individual is busy with "bragging, jangling, spending, gaming, courting, scribbling, prating" (p. 71), among which there are extravagant habits that may lead to a possible bankrupt. This is then followed by sorrow and sickness, which may be interpreted as a usual response to a drastically changing life standard. Sorrow and sickness here are taken as a response that occurs with the realisation of this change. Later on, the realisation of the changing life

[129] See the end of Section 1.1 on the difference between bipolar disorder and melancholy.

standards extends toward the social perception of this change. The individual judges their situation from the outsider's perspective and feels disgrace and shame. Finally, they face a loss, possibly a deprivation of social prestige and support. Only then madness develops.

In this passage, Burton offered a narration of how the experience of melancholy changes interactively with the social meaning and outcomes of being a melancholic. On the basis of this narration, it can be argued that even the most well-known and common symptoms of melancholy, which are seen as arising directly from black bile, are socially mediated. This does not abolish the role of black bile. Rather, it challenges the solid boundary between individual and social by claiming that individual symptoms are ontologically embedded in the social environment. The nature of the symptoms represents an embodiment of the social existence of this phenomenon, rather than being decontextualized, autonomously physical, constant, and given effects of a somatic pathology.

2. Reformulation of Burton's account of melancholy in the six categories

In the previous section, Burton's model of melancholy was introduced underlying first, its ancient roots; second, its modern connotations; and last, its peculiar notions. Now in this section, both dwelling on the arguments made in the previous section and bringing new materials into discussion, this model will be reformulated in the same six categories which had been used in the previous chapters to pursue an ontological analysis of different ancient and medieval conceptualisations of depression.

2.1. Indigenous to individual versus irreducibly social

Burton's position in the individuality category can be discussed based on his arguments on three themes: causes, symptoms, and treatment. His discussion

of these three topics illustrates that he considered melancholy to be an irreducibly social phenomenon. According to this, first, the causation leading to melancholy is always triggered by social reasons; second, the symptoms of melancholy are formed by the social circumstances and vary accordingly; and third, a part of melancholy treatment is the adjustment of the social context underlying its genesis in the first place. These three themes will be detailed below, respectively.

To start with, throughout *AoM*, Burton (1628; 2001) pointed out several social situations as causes for melancholy. “Solitariness” is a good example of such situations (2001, p. 245). According to this, being deficient of intimate relationships, having no friends or a life partner on whom one can depend on for consolation and support, or going through “death of friends” (p. 357), which may trigger such a deficiency, is a significant cause of melancholy. Like a deficiency of a social life, the nature of a possessed social life can also result in melancholy. A harsh and nonsupportive social context where one faces “scoffs, calumnies, bitter Jests” (p. 339) and “faction” (p. 266); “unfortunate marriage” (p. 368), being exposed to “unkind, unnatural friends, evil neighbours, bad servants, debts and debates” (p. 369), the social existence of others towards whom one feels “‘anger” (p. 269), “envy and malice” (p. 264), “emulation, hatred, . . . [and] desire of revenge” (p. 266); interpersonal or transpersonal generation of feelings such as “shame and disgrace” (p. 262); socially inappropriate “desires” (p. 280) as well as the overwhelming experience of some socially grounded “immoderate pleasures” (p. 287) are all seen by Burton as causes of melancholy. Furthermore, in addition to social interactions, the structural features of society may create unpleasant consequences for individuals, such as “imprisonment” (p. 343), “poverty and want” (p. 346), “loss of temporal goods and fortunes” (p. 361), and “fears of the future” (p. 365). Finally, Burton asserted that bad “nurs[ing]” (p. 331)

and “education” (p. 333) can also cause melancholy, underlying that well-brought-up individuals will have a solid character and be resistant to melancholy. This last assertion is very important to understand the intertwining categories of social and individual in Burton’s understanding. According to this, the genesis of melancholy is not independent from personal characteristics,[130] but the personal characteristics are not “individual” by means of being indigenous to individual: they are irreducibly social.

In addition to the causes of melancholy, Burton (1628; 2001) suggested that the symptoms of melancholy are also irreducibly social. A similar argument was made earlier in Section 1.3.2 through the discussion of the altering experience of melancholy interactively with the social response shown to this individual’s melancholy. This argument can be supported here and broadened a little further based on Burton’s argument that “[a]nother great occasion of the variety of [the] symptoms proceeds from custom, discipline, education, and several inclinations” (2001, p. 404). According to this argument, in addition to leading a fluctuating experience of melancholy for each individual, social contexts may create distinct forms of melancholy.[131] On the basis of this, it can be asserted that not only how an individual experiences melancholy but also what melancholy is is irreducibly social.

The last theme through which melancholy emerges as an irreducibly social phenomenon in Burton’s study is treatment. According to this, because social situations can generate melancholy, when these social situations are reversed, melancholy should consequently be diminished. For instance, because the deficiency of a good friend can be a cause of melancholy, engaging with someone

[130] This will be discussed further in Section 2.4.
[131] See Section 1.1.

in such a relationship may release it: once “grief . . . [is] import[ed] to some discreet, trusty, loving friend, it is instantly removed” (2001, p. 107). Similarly, melancholy can be relieved if the other possible social circumstances leading to it in the first place are undone:

> If he have sustained any great loss, suffered a repulse, disgrace, etc., if it be possible, relieve him. If he desire aught, let him be satisfied; if in suspense, fear, suspicion, let him be secured: and if it may conveniently be, give him his heart’s content; for the body cannot be cured till the mind be satisfied. (p. 112)

On the other hand, if there is nothing to undo the circumstances in which melancholy developed, a factual or fictional social context needs to be offered as the alternative to the existing context: “[s]ometimes again by some feigned lie, strange news, witty device, artificial invention, it is not amiss to deceive them” (p. 114). This is an important point for this study. By this advice, Burton offers to alter the social context of the individual to relieve melancholy. This indicates that in a different social context, they will have a different existence: different thoughts, feelings, responses, and a different bodily set-up supplemented by and supplementing this alteration. Here, once more, the irreducibly social nature of Burton’s model appears.

2.2. Depending on internal versus external causes

The second category in which Burton’s model of melancholy to be reformulated is the internality category. Here, the primary aim is to understand the nature of the boundary that Burton (1628; 2001) set between internal and external and to question what this boundary stands for in the conceptualization of the causation underlying melancholy.

To begin with, as discussed in Section 1.3.1, Burton (1628; 2001) claimed that melancholy is materially immanent in nature and therefore, every human being contains the origin of this human condition within themselves. Yet, at the same

time the melancholy is not exclusively in the human nature, but in nature as a whole. Therefore, what is immanent in the individual, is also external to the individual. As well as human beings carry an innate melancholy within them, so do robins and pebble stones. From Burton's point of view, melancholy is in the matter from which beings arise. Therefore, the distinction between internal and external seems of little importance to categorise the cause of melancholy, as it is both internal and external to the individual. Based on the paragraph above, we can argue that Burton takes a non-individualistic approach to the issue of internality.

This reveals Burton's non-individualistic approach to internal and external. According to this, he did not take individual as the boundary separating internal from external. Yet, this does not indicate that he did not attempt to look for this boundary through another approach. In fact, Burton does attempts to distinguish the categories of internal and external by claiming that "[p]eculiar causes . . . are either . . . inward, innate, inbred; or else outward and adventitious, which happen to us after we are born" (Burton, 2001, p. 210). According to this, the influence of a certain factor can be categorised as internal and external depending on the sequence of the occurrence of this factor with the individual's birth. This may indicate a naturalistic, as different from the individualistic, approach to categorise the boundary between internal and external, social and natural. Yet even this approach does not suffice to keep this distinction sustainable in an ontology as Burton's. He acknowledged that one's constitution is influenced by the external factors that their parents faced before or during pregnancy. According to this argument, the factors external to the mother becomes internal to the child, which makes it impossible to distinguish internal from external categorically.

This argument holds even throughout the passages which may seem to be constructed on a binary internal and external. Let us examine the following passage from this respect:

> let him that so wonders consider with himself, that if a man should tell him on a sudden some of his especial friends were dead, could he choose but grieve? Or set him upon a steep rock, where he should be in danger to be precipitated, could he be secured? His heart would tremble for fear, and his head be giddy. . . . Yea, but you infer that such men have a just cause for fear, a true object of fear; so have melancholy men an inward cause, a perpetual fume and darkness, causing fear, grief, suspicion, which they carry with them, an object which cannot be removed, but sticks as close, and is as inseparable, as a shadow to a body, and who can expel or overrun his shadow? Remove heat of the liver, a cold stomach, weak spleen; remove those adust humours and vapours arising from them, black blood from the heart, all outward perturbations; take away the cause, and then bid them not grieve nor fear, or be heavy, dull, lumpish; otherwise counsel can do little good; you may as well bid him that is sick of an ague not to be adry, or him that is wounded not to feel pain. (p. 421)

The passage quoted above seems to reflect an internalist ontology of melancholy which contradicts with the account outlined in the previous subsection. Here, Burton came closer to the idea that melancholy may generate fear and despair in isolation from the social context. According to this, even if there is no specific external ground for such grief to occur, melancholy humour leads an individual to respond as if there was. This is followed by a suggestion that unless the physical cause of melancholy is eliminated, it is impossible to ease the individual's suffering, which may suggest that melancholy can ontologically be reduced to the internal physique. Yet, the same passage can also be read as an illustration of the physical mechanisms tuning the individual with the melancholic external world. In this passage, Burton exhibits the experience of melancholy through analogies of inevitably oppressive life events and thereby indicates that being melancholy feels like being oppressed by certain things, although this is a subjective experience materialised as the black bile. From this perspective, the

discourse of internality does not necessarily indicate an exclusion of the external from melancholy: it could also communicate the intricateness of social and physical. According to this, melancholy suffering is not 'all in the head', meaning that it is not in the world; but it is in the body, as a material reality manifesting the melancholic co-transformation of body and world.

Supporting the argument made above, it is possible to come across several external factors, as causes of melancholy. "[A]ir" (Burton, 2001, p. 237), "desert places" (p. 241), the content of the breast "milk" (p. 331) one was fed during infancy, "apprehension of some terrible objects" (p. 335), and feminine "beauty [supplemented by] . . . artificial enticements" (p. 88) more than natural are some of the external factors that cause melancholy. Among these factors, the breast milk may be viewed as a good example illustrating the indistinguishability of internal and external. According to this, although breast milk is an "external" factor, once it is consumed, it becomes internal, and not in the sense that it becomes located in the body, but in the sense that it is fused with the body, changes, and regenerates the body and thereby becomes internal to the body: "the minds are altered by milk" (Burton, 2001, p. 331).

2.3. Pathologised on the basis of a social versus an individual dysfunction

The next category in which to posit Burton's account of melancholy is the dysfunction category. In this category, it is aimed to explore whether Burton (2001) pathologised melancholy on the basis of a social versus an individual dysfunction. This question can be answered based on the material viewed in Section 2.1. The material in question gave an insight in the socially irreducible nature of Burton's concept of melancholy. According to this, in Burton's understanding both the experience and the aetiology/ontogenesis of melancholy had a social character. To explicate this, Burton enumerated several conditions,

such as a lack of a supportive social environment, as social conditions causing melancholy. This suggests that there is room in Burton's understanding for the idea that melancholy is underlain by some social dysfunctions. At least some cases of melancholy occur because some social institutions do not function in the way that they are supposed to, such as friendship, marriage etc.

Because the social context in which the roots of melancholia are embedded was not always highlighted by Burton with the same strong emphasis, it may be possible to question if Burton's position within this category can be established as social dysfunction. In fact, depending on Burton's argument that the wrong decisions made by the individual play a part in the genesis of melancholy, one may suggest that some cases of melancholy develop based on a dysfunctional judgement which points the idea of individual dysfunction. Hereby, this argument is rejected based on the analysis offered in Section 2.1. As discussed before, Burton's conception of melancholy is underlain by interpenetrated ontologies of individual and social, therefore it is problematic to define any factor as individual in clearly defined boundaries which exclude social[132]. Depending on this, it is concluded that Burton (1628; 2001) pathologised melancholy on the basis of a social dysfunction.

2.4. Formed dependently versus independently in relation to personal characteristics

The forth category in which to situate Burton's account of melancholy is the characteristics category. Within this category, the main question to answer is if Burton (1628, 2001) understood melancholy as a condition that develops independently from the personal characteristics or as a condition whose

[132] This will be discussed further in Section 2.4.

development may be triggered or halted by the possession of certain characteristics. Burton described the genesis of melancholy as interactive with several characteristics. Below, first, these characteristics will be introduced and subsequently the role of the judgment will be studied in detail, because among the others this characteristic appears to be strongly stressed by Burton.

To begin with, according to Burton, being "young, fortunate, rich, high-fed, and idle withal" (2001, p. 62) can be seen as a recipe for burning lust, which, as noted before, corresponds to love melancholy. By these characteristics, Burton appears to be referring to a certain social context. In addition to these rather socially led characteristics, Burton highlighted some physical characteristics that render their possessors more prone to melancholy. These characteristics can be listed as having "black, or of a high sanguine complexion; . . . little heads, . . . hot heart, moist brain, hot liver and cold stomach, . . . [and being] long sick" (p. 172). Lastly, some of the characteristics Burton pointed relate to lifestyle or habits. These are being "solitary by nature, great students, given too much contemplation, lead a life out of action" (p. 172). In addition to giving these three sets of characteristics that increase the probability of the genesis of melancholy, and hence involve in the causal mechanisms underlying melancholy, Burton also asserted that personal characteristics may interact with the phenomenal nature of melancholy experience. According to this,

> [i]f an ambitious man become melancholy, he forthwith thinks he is a king, an emperor, a monarch, and walks alone, pleasing himself with a vain hope of some future preferment, or present as he supposeth, and withal acts a lord's part, takes upon him to be some statesman or magnifico, makes congees, gives entertainment, looks big, etc. (2001, p. 404)

In addition to these characteristics increasing the risk of melancholy, Burton (1628, 2001) stressed one certain characteristic that can interact with the genesis

of melancholy, in a way reversing its course. According to this, if the individual has a sufficient "judgement" (2001, p. 63), then they should be able to prevent or overcome the genesis of melancholy. The ground of this argument is the irresistible nature of melancholy (or other pleasures leading to melancholy).[133] Here, Burton suggested that, because melancholy feels joyful at the early stages, many are drawn into it without being able to reason to resist it:

> Our phantasy would intrude a thousand fears, suspicions, chimeras upon us, but we have reason to resist yet we let it be overborne by our appetite. . . .: we give too much way to our passions. And as to him that is sick of an ague all things are distasteful and unpleasant, . . . so many things are offensive to us, not of themselves, but out of our corrupt judgement, jealousy, suspicion, and the like; we pull these mischiefs upon our own heads." (p. 107)

And even drawn to it, it is still not too late to use this power to overcome melancholy: "[i]t may be hard to cure, but not impossible for him that is most grievously affected, if he be but willing to be helped" (Burton, 2001, p. 5) and "['t]is a part of his cure to wish his own health; and not to defer it too long." (p. 17).

Depending on this argument about having a strong judgment, Burton moved to the idea that melancholy is a condition into which one is dragged by the wrong decisions they make:

> A young man is like a fair new house; the carpenter leaves it well built, in good repair, of solid stuff; but a bad tenant lets it rain in, and for want of reputation fall to decay, etc. Our parents, tutors, friends, spare no cost to bring us up in our youth in all manner of virtuous education; but when we are left to ourselves, idleness as a tempest drives all virtuous motions out of our minds . . . on a sudden, by sloth and such bad ways, we come to naught. (Burton, 2001, p. 245)

This argument increases the importance of personal responsibility in the genesis of melancholy, while it raises the question of how individual is this responsibility when the social irreducibility of melancholy discussed in Sections 2.1 and 2.3 is

[133] See Sections 1.3.2 and 2.1.

taken into consideration. Burton did not make an argument that could answer this question; therefore, this will remain unanswered, but for the purposes of this subsection it can still be concluded that in Burton's understanding, melancholy is formed dependently in relation to personal characteristics.

2.5. Defined as a bodily versus a mental phenomenon

The fifth category in which to situate Burton's model of melancholy is the corporeality category. It might be useful to start this analysis by stating that Burton referred to two separate categories of body and mind within his study of melancholy, and he distinguished the melancholy symptoms as "those of the body [and] the mind" (2001, p. 383). Whereas he addressed "fear, sorrow, etc." (p. 250) as the symptoms that belong to the soul; in order to exemplify bodily symptoms, he gave the following list from Hippocrates:

> . . . lean, withered, hollow-eyed, look old, wrinkled, harsh, much troubled with wind and a gripping in their bellies, or belly-ache, belch often, dry bellies and hard, dejected looks, flaggy beards, singing of the ears, vertigo, light-headed, little or no sleep, and that interrupt, terrible and fearful dreams (p. 383)

This reveals a categorical separation between body and mind with both aetiological and phenomenal implications. This suggests that Burton did not embrace the Hippocratic physicalism, which approaches mind as a function of the brain, yet it still does not offer much to decide if he understood body and mind in compositional terms, like Galen; or instead approached mind as an immaterial and immortal entity like Aquinas. The following passage illustrates a discourse similar to Galen's:

> For as the body works upon the mind by his bad humours, troubling the spirits, sending gross fumes into the brain, and so *per consequens* [consequently] disturbing the soul, and the faculties of it.. . . with fear, sorrow, etc., which are ordinary symptoms of this disease: so, on the other side, the mind most effectually works upon the body, producing by his passions and perturbations

> miraculous alterations, as melancholy, despair, cruel diseases, and sometimes death itself. (p. 250)

According to the idea suggested in the passage above, body and mind are not isolated from one another, but they are different levels of the same compositional organisation. They still have their distinct contributions: perturbations belong to the mind, for instance, while humours and fumes belong to the body. Yet, these processes in effect cross beyond the loci they belong to, and mix up with processes in a different locus. The role of perturbations is not only to form a mental agony: additionally, their occurrence disturbs the body and triggers further bodily response—and also vice versa.

> For as the distraction of the mind, amongst other outward causes and perturbations, alters the temperature of the body, so the distraction and distemper of the body will cause a distemperature of the soul. (p.374)

On the basis of this, it can be argued that Burton embraced an ontology of body and mind akin to the Galenic ontology. Although he distinguished the categories of body and mind, and avoided reducing one to the other, he neither took these two categories as isolated and noninteractive nor restricted melancholy into either. According to this, melancholy is a “compound mixed malady” (p. 37), and for an efficient treatment, both spheres are to be taken into account, without reducing one to the other. In this sense, Burton’s melancholy cannot be categorised as either bodily or mental. His approach was interactionist which attributed melancholy to both bodily and mental spheres. This argument works on both levels of aetiology and phenomenology. Body and mind interacted on an aetiological level, therefore the ontogenesis of melancholy is irreducible to either ontologies. Furthermore, the phenomenological qualities of melancholy, such as fear and sorrow, also extend the boundaries of either ontologies. Fear involves body and mind on both aetiological and phenomenological levels.

2.6. Detached from versus entangled with the ‘authentic’ self

The last category in which Burton’s model of melancholy to be evaluated is the self category. Here, the goal is to assess whether Burton conceptualised melancholy as ontologically distinguishable from “authentic” self or considered melancholy and nonmelancholy selves as altering experiences of the ontologically single but phenomenologically unstable self. Burton made two arguments that give an idea about his position in the self category. Let us examine them below.

To start, early in his study, Burton expressed a concern about offending the melancholy reader by his ideas, and as a precaution he claimed that he “hate[s] their vices, not their persons” (p. 121). Although this is not a sentence written fundamentally on the question of self, it constitutes an instance in which the notions of self and melancholy are referred to with separate categories. According to this, it is not only that melancholy and self are distinguishable but also that they are isolated from one another, they are not interactive. Melancholy may be something to be hated but is not necessarily the personhood of a melancholy individual, because whichever consequences melancholy brings, the personhood of the melancholy individual remains preserved and untarnished. On this basis, it may be argued that Burton embraced the idea of ‘authentic’ self and thought it to be an ontology isolated from melancholy.

Despite giving an indication of isolated ontologies of self and melancholy through the claim cited above, Burton (1628, 2001) also pointed the feeling of authenticity involved in melancholy experience by referring to the following line from a poem: “[i]n sooth, good friends, you have killed, not cured me” (p. 406). Through this line, he implied that the cure of melancholy is unpleasant for the melancholy individual, because this individual does not experience melancholy

as a malady but as oneself. Therefore, from the insider's perspective, through treatment, the individual is "undone" (p. 406): tarnished, not by melancholy but by its treatment.

The tension between the two passages may be interpreted as a binary of phenomenology and ontology. According to this, although Burton introspectively derived the conclusion that melancholy feels authentic, he did not build strongly integrated ontologies of self and melancholy out of his subjective experience.

3. Conclusion

In this chapter, Burton's model of melancholy was examined. To start, it was argued that as a result of the nature of the period in which *AoM* was written, it reflected the transition from pre-modern to modern. On this basis, the first section was dedicated to exploring how these different trends worked and interacted in Burton's understanding. Additionally, some characteristics of Burton's model, which were seen as nonreducible to any of these trends, were included in the discussion.

The analysis of the ancient roots of Burton's (1628, 2001) account of melancholy showed that the most fundamental themes in ancient humoralism, balance and moderation, preserved their importance in Burton's humoralism as well. The second ancient theme emerged in Burton's account concerned with the symptoms of melancholy. This analysis suggested that the non-binary approach to high and low emotions observed in Burton's model was a reflection of the ancient roots of this model.

Following the ancient roots of Burton's model, the influence of modern categorical thinking on his understanding was examined. This examination pointed out two concepts being shaped by a modern way of thinking about human

nature: love melancholy and religious melancholy. In Burton's understanding, melancholy's relation to love and religion were conceptualised on the basis of an a priori understanding of love and religion. According to this, love and religion were by definition not relatable to melancholy. Thereby, the experiences of love and religion leading to melancholy were detached from "natural" love and "true" religion, and dichotomized categories of "burning lust" and "false religion" emerged.

Finally, in the first section, the peculiar aspects of Burton's understanding of melancholy were introduced. These aspects were formulated in two titles: normative pathology and an insider's view of melancholy. Under the first title, the idea that melancholy was materially embedded in nature and therefore, it was normative to suffer from melancholic consequences were discussed. The second peculiar aspect of Burton's understanding of melancholy was his dependency on his own experience of melancholy for the conceptualisation of this phenomenon. This introduced an insider's perspective to his study and yielded an understanding of the changing experience of melancholy interactively with the social context, which could not be attained solely through an outsider's perspective.

After Burton's model of melancholy was introduced in the first section, in the second section, this model was reformulated in the six categories. The results of the reformulation of Burton's model in the six categories affirmed that *AoM* was written in the early periods of the modern age, and therefore, it would be plausible to expect that Burton's modernism was still premature and the ontologies of individual and social, internal and external, 'authentic' self and alien, and body

and mind were not yet systematically[134] dichotomised. These results are summarised below.

To start, within the individuality category, Burton's (1628, 2001) model was defined as irreducibly social. This conclusion was based on Burton's arguments on three points: causes of melancholy, its symptoms, and treatment. Arguing about all of these three themes, Burton presupposed no solid boundary to exist between individual and social. Anything indigenous to the individual could potentially be irreducibly social.

The boundary Burton set between internal and external also remained blurry. The materially embeddedness of melancholy in nature constituted the main argument about the inessentiality of the distinction between internal and external to understand the causation of melancholy, because the material presence of melancholy exceeds this distinction. On the other hand, Burton (1628, 2001) tried to set a boundary between internal and external through dichotomising them not from an individualistic, but from a naturalistic point of view. This was an attempt by Burton to distinguish natural from social, but it remained unsustainable within his irreducibly social ontology.

The question of whether melancholy was pathologised on the basis of an individual or a social dysfunction was answered depending on socially dysfunctional units Burton (1628, 2001) claimed to involve in the development of melancholy. Although he also proposed factors with rather individualistic connotations, such as judgement, following the line of argument offered in Section 2.1 it was suggested that within Burton's ontology it was problematic to

[134] As noted before, these categorical binaries were already rooted in pre-modern thinking. What is meant by systematically dichotomised is their continuous reproduction through science, technology, culture, and their solidification as *the* structure of making sense.

define an individual factor stripped from social, because the ontologies of individual and social underlying his conception of melancholy were interpenetrated. Following this it was concluded that Burton pathologised melancholy based on a social dysfunction.

In the case of personal characteristics category, it was possible to derive a rather direct conclusion. Burton (1628, 2001) clearly considered the genesis of melancholy as dependent to in relation to several personal characteristics. There were some internally[135] physical characteristics he referred to on the one hand, and on the other hand, some characteristics were derived from having a certain lifestyle. Finally, Burton highlighted the importance of a strong judgment to recover from melancholy. According to this, in any melancholy case,[136] a strong judgment and being committed to getting well was always handy.

Next, Burton's (1628, 2001) model was assessed within the corporeality category. According to this, similar to Galen, Burton understood body and mind in compositional terms. According to this, body and mind were irreducible to one another, but they were not isolated. They interplayed in the genesis and experience of melancholy. The change in the state of one triggered another change in the state of other. Therefore, regarding body and mind, Burton was an interactionist, and understood melancholy as a product of this interaction.

Regarding the self category, it was possible to find two different lines of argument in Burton's (1628, 2001) study: phenomenological and conceptual. He acknowledged that from an insider's perspective, the experience of melancholy

[135] Here, the term internal was used in the sense that Burton (1628, 2001) described it. See the previous paragraph for details.

[136] Although he did not state this clearly, it is possible that Burton (1628, 2001) considered internally driven melancholy to be exempt from the power of judgment. Referring to Laurentius, he claimed that, "this melancholy, which shall be caused by [inward] infirmities, deserves to be pitied of all men, and to be respected with a more tender compassion, according to Laurentius, as coming from a more inevitable cause." (p. 376)

was not detached from the experience of ‘authentic’ self. However, he did not build a conceptual understanding on this, and he claimed that melancholy and personhood were separable from one another.

CHAPTER 6

DEPRESSION TODAY: A COMPARATIVE ANALYSIS OF BIO-MEDICAL AND PHENOMENOLOGICAL MODELS OF DEPRESSION

This chapter aims to explore the conceptualisation of depression in the contemporary era. Here, two contemporary models of depression will be studied, first to exhibit the current trends to understand, define, and explain depression, and second to reveal different ontological assumptions underlying these trends. The two models captured by this comparative analysis are the bio-medical and the phenomenological models. Here, first, the reasons for selecting these two models for this chapter will be introduced, and then an outline of the chapter will be offered.

First, the bio-medical model offered by American Psychiatric Association (APA) (2013) in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, (DSM-5) dominates theory and practice regarding depression on official medical grounds almost globally today. For this reason, it is essential to include this model in this study. Second, as will be revealed later in this chapter, the ontological ground underlying the bio-medical model might be viewed as a systematisation of the modern ontological binaries between individual and social, body and mind, internal and external, self and other, and pathological and normal. Therefore, this model can be used to illustrate not only the dominant contemporary conceptualisation of depression but also how this relates to the ontological history examined in this study. These two points relate to the rationale of selecting the phenomenological model as the second contemporary conceptualisation of depression. As will be discussed below, this model constitutes a strong contrast to the bio-medical model in terms of its underlying ontological assumptions. Therefore, it provides not only a different way of understanding depression but also constitutes a break in the modern history of depression: it brings a discontinuation to the conceptualisation of depression being built upon a modern ontological ground and thereby offers a fundamental

ontological transformation. For this reason, including the phenomenological account into this analysis contributes both to illustrating the dynamic history of the conceptualisation of depression and to arguing that this dynamism emerges owing to the alterations of the ontological ground underlying depression.

To pursue the comparative analysis between the two models of depression, each model will be introduced initially. This will offer a brief account of how each model approaches depression and defines and conceptualises it. Following this, the ontological roots of the two models will be revealed and examined in comparison to one another.

1. DSM-5 and the bio-medical model of depression

In this section, the bio-medical model of depression offered by APA (2013) in DSM-5 will be reviewed. In DSM-5, it is suggested that there are eight disorders constituting the category of "depressive disorders" (p. 155). Here, first, the content of the umbrella term called "depressive disorders" will be revealed. Then, each depressive disorder will be illustrated separately. Finally, the common themes underlying all eight categories will be examined to explore the core features of APA's (2013) "depressive disorders" category.

To start with, APA (2013, p. 155) introduced the concept of "depressive disorders" as an umbrella term for eight disorder categories all involving "the presence of sad, empty, or irritable mood, accompanied by somatic and cognitive changes that significantly affect the individual's capacity to function." These eight disorders are listed as "disruptive mood dysregulation disorder," "major depressive disorder," "persistent depressive disorder," "premenstrual dysphoric disorder," "substance/medication induced depressive disorder," "depressive disorder due to another medical condition," "other specified depressive disorder,"

and finally “unspecified depressive disorder.” According to the manual, these eight disorders are differentiated from one another on temporal and etiological grounds. In other words, according to APA, the eight differentiated depressive disorder categories exhibit the variability of depression in terms of either the pathophysiological origin or the length and repeatability of the depressive episodes. This argument does not imply anything on the variability of the experience of depressive disorders. On the contrary, there is an implicit assumption that a united phenomenology underlies all eight depressive disorders, because it is this phenomenology that brings them all together under the category of depressive disorders. Let us study each category below to explore further the differentiating and common characteristics of all depressive disorders.

The first depressive disorder category is disruptive mood dysregulation disorder (APA, 2013, p. 156). This category may be distinguished from the other depressive disorders on more fundamental grounds for two reasons. First, this category aims to diagnose not adults but children 6-18 years old; and second, this category does not represent a phenomenologically depressive condition. This means that the condition defined under this concept does not share the key experiential component[137] common to other depressive disorders. Phenomenally it resembles bipolar disorder rather than depressive disorders. Therefore, the symptomatic description of this disorder itself is not sufficient to address depression. However, because there is statistically significant data showing that the described symptoms potentially develop into a depressive disorder in adulthood, for more accurate treatment and prognostics it is captured under the category of depressive disorders. The diagnostic criteria offered for this condition includes a steady, “non-episodic” (p. 157), irritability; intense and regular

[137] This can briefly be formulated as diminished mood and interest.

tantrums; and an ill-tempered mood in between the anger episodes continuing at least for a year and spreading across different contexts in which the child is present. Among the consequences that develop in relation to this disorder, there are dysfunctional social relations with friends and family[138], suicidal and violent thoughts and attempts, and disruption of routine daily life by hospitalizations are common.

Major depressive disorder is the second disorder captured under the category of depressive disorders by APA (2013, p. 160). According to the manual, the coexistence of at least five of the following nine symptoms (either or both of the symptoms 1 and 2 must be present in any case), continuing for at least two weeks, requires the diagnosis for major depressive disorder: 1) low mood, 2) lost or significantly reduced enjoyment, 3) drastic changes in body weight, 4) irregularities in sleep, 5) alterations in the psychomotor activity, 6) tiredness, 7) groundless guilt, 8) difficulty in focusing or decision-making, and finally, 9) continuous contemplation of death or suicidality. The severity of symptoms is also important for the diagnosis of major depressive disorder. According to this, the symptoms need to be intense in the sense that they must be experienced almost every day and during most of the day. Additionally, important dysfunctionalities (dysfunctionality criterion – DC) emerge in different aspects of the individual's life as a result of the stated symptoms. This may be a failure in engaging with others in regular social contexts or in performing the usual necessities of one's social roles. Here, the most important assumption made in DSM-5 regarding DC is that although it is key to diagnosing depression, (or in other words, a major depressive

[138] This will be viewed as an aspect of a more general and prominent theme of the bio-medical model of depression which will be referred to as dysfunctionality criterion (DC) in the following lines.

disorder diagnosis cannot be applied if there is no DC involved[139]), it develops secondarily in depression (or in other words, it occurs as an effect of the primary symptoms of depression). This argument is important for two reasons: first, it gives an insight about the individual-social duality underlying this model; and second, it illustrates a general rationale underlying this model of depression. According to this, depression represents a pathological category only when it leads to the emergence of an individual as a dysfunctional unit in a social context[140].

The third disorder covered by the term depressive disorders is persistent depressive disorder, also known as “dysthymia” (APA, 2013, p. 168). This disorder can be described as a depressed mood continuing for at least two years with the accompaniment of at least two other symptoms, such as 1) disproportionate eating, 2) disproportionate sleeping, 3) tiredness, 4) decreased self-confidence, 5) difficulty in focus and decision making, and 6) desperation. Furthermore, similar to the former two disorders, it is required that the symptoms relate to DC for the criteria of dysthymia to be met. It is possible to claim that this condition constitutes a case of depression that is extended in time, yet lower in intensity. Although it resembles a major depressive disorder symptomatically, some key symptoms of the latter, such as loss of enjoyment, suicidality, and guilt, are missing from its description. Also, it is possible to see that it is related to an extra symptom, diminished self-confidence, which is not included in the criteria for major depressive disorder. Still, these differences in criteria do not really indicate the main source of differentiation between major and persistent

[139] For the condition to be appropriately diagnosed as a major depressive disorder, DC must accompany the symptoms, yet if no DC is involved, before omitting the possibility of a major depressive disorder, it must be made sure that this is not because the individual puts extra effort into making things move as they should.
[140] These two points will be evaluated further in Section 3.

depressive disorders. The essential point that would bring the diagnosis of dysthymia is the length of the experience of depression. According to the manual, if the symptoms of major depression last for at least two years, then the diagnosis of major depressive disorder should be accompanied by a diagnosis of persistent depressive disorder.

The fourth depressive disorder category is known as premenstrual dysphoric disorder (APA, 2013, p. 171). This category targets a certain level of discomfort experienced regularly by women in relation to their menstrual cycles. According to the manual, this certain level of discomfort is to be identified by the presence of at least five of the symptoms listed in two subgroups with the inclusion of at least one symptom from each group. Although the rationale for demarcating these symptoms into two groups is not clearly stated in the manual, it is possible to read this binary as a demarcation of "mental" and "physical" symptoms. The first group contains emotional phenomena, such as 1) moodiness, 2) aggression or social struggles, 3) low mood, and 4) feelings of pressure, whereas the second group mainly highlights "somatic" complaints, such as 1) diminished enjoyment, 2) diminished focus, 3) tiredness, 4) altered eating, 5) altered sleeping, 6) feelings of being overwhelmed, and 7) certain types of physical pain or discomfort. The binary between the two sets does not only reflect the binary of mental and physical but also reflects the priority attributed to the seemingly mental symptoms by the bio-medical model. According to this, the first set of symptoms is more determinant for this disorder category rather than the second set: the main factor differentiating premenstrual dysphoric disorder from other similar conditions, such as "premenstrual syndrome" and "dysmenorrhea," is solely the presence of the symptoms in the first group.[141] Following the symptomatology, it is stated that

[141] For further examination of this point, see Section 3.4.1

for this diagnosis criterion to be applicable, the symptoms must be accompanied by DC in the form of, say, “avoidance of social activities, decreased productivity and efficiency at work, school, or home” (p. 172).

The fifth type of depressive disorder is substance/medication induced depressive disorder (APA, 2013, p. 175). For this criterion to be applicable, a depressed mood strong enough to be recognised as a preponderate aspect of the individual’s condition, or other symptoms of major depressive disorder, must emerge after the application of, withdrawal, or intoxication from a substance/medication that is known as producing such an effect. Additionally, DC must be applicable.

Depressive disorder due to another medical condition (APA, 2013, p. 180) is the sixth condition defined as a depressive disorder. The diagnosis of this condition requires medical proof showing that either of the two key symptoms of major depressive disorder, 1) diminished mood and 2) diminished interest, and DC, which is believed to develop as a consequent of the symptoms, emerge as “the direct pathophysiological consequence of another medical condition” (p. 180). In other words, a depressive condition developed due to a medical condition, say, as a result of the social challenge caused by this condition, does not fit into this criterion.

Other specified depressive disorder (APA, 2013, p. 183), the seventh subtype of depressive disorder, refers to three situations that do not suffice to meet the full criteria for any other depressive disorder. According to this, a depressive disorder is defined as “recurrent depressive disorder” (p. 183) if at least four depressive symptoms are experienced additionally to a depressed mood for periods longer than two days and shorter than two weeks, repeating itself monthly for more than a year. On the other hand, it is called “short-duration depressive

episode" (p. 183) if a symptomatically similar period occurs for four to 13 days without repeating itself, yet still relates to DC. Lastly, if the depressed mood is accompanied by only one depressive symptom in a way associating DC and lasting for 14 days, it is called "depressive episode with insufficient symptoms" (p. 183).

The last subtype of depressive disorders category is unspecified depressive disorder (APA, 2013, p. 184). This criterion applies to cases where depressive symptoms are accompanied by DC, yet the case does not meet any depressive disorder criteria without any specified reason. According to the manual, this category might be useful, for instance, "in emergency room setting" (p. 184) where there is no context affording any specification for the clinician.

Above, eight disorders covered by the term depressive disorders in DSM-5 are briefly described. Based on this, it becomes possible to extract themes that shape APA's (2013) concept of depressive disorders. To start with, despite the symptomatic differences among different depressive disorders, the core feature rendering all of these disorders as subtypes of the same category is also symptomatic. According to this, all seven disorders[142] include the element of "depressed mood." Depending on this, it may be argued that depressive disorders is a category describing the pathologisation of a depressed mood in relation to different temporal qualities, different levels of intensity, accompaniment with different symptoms, and different etiological origins. In addition to these, for any experience of a depressed mood to gain a pathological quality and to be defined under the concept of depressive disorders, it must relate to DC, or in other words

[142] Here, the "disruptive mood dysregulation disorder" is excluded, because as explained before this disorder does not necessarily reveal phenomenological depressive qualities in itself but is categorised as a depressive disorder because of its potential to develop into a depressive disorder.

it must create consequences that render the individual dysfunctional in various daily life settings in which they participate. This suggests that from APA's perspective, depressive disorders are not just pathologies of individuals but also are pathologies of relations. Yet, this statement by itself does not suffice to explain APA's (2013) ontological approach to the issue of the relationship of social to individual. It is to be discussed later whether this approach acknowledges the intertwined boundaries between individual and social and between internal and external or still prioritises the individual and the internal as the origin of the social and external.

2. Phenomenological model of depression

Above, the contemporary bio-medical account of depression was viewed on the basis of APA's (2013) DSM-5. Here, an alternative contemporary model of depression, the phenomenological model, will be introduced through the works of two scholars, Fuchs (2013a, 2013b) and Ratcliffe (2015). Their works are considered sufficient to illustrate the ontological ground underlying this model. Yet, before starting with the examination of Fuchs' and Ratcliffe's works in the upcoming subsections, here first the main themes and concerns leading the phenomenological model need to be introduced, and following this, the position phenomenological model takes toward the bio-medical model needs to be clarified.

Phenomenology of depression can be described as a field established primarily as a response to the limits of the third-person perspective and language dominating the field of psychiatry. According to this, the main purpose of phenomenology of depression is to build an ontology based on depression experiences. Studying depression from the first-person perspective and also by drawing upon works of phenomenologists such as Husserl, Merleau-Ponty,

Sartre, and Heidegger, phenomenologists of depression are able to shed light on various, formerly ignored aspects of depression (such as embodied feelings; changing experience of time, others, and things; and altered feeling of being in the world); conceptualise them; and render them effable, analysable, understandable. Yet, by bringing the first-person experience into account, phenomenologists of depression do not aim to constitute a separate piece of literature on how depression feels. They actually offer a different perspective on depression that can engage with the medical field and inform this field of the aspects of depression that cannot be known through a third-person perspective for a more accurate and elaborate understanding, classification, and treatment. In that sense, the phenomenological account of depression does not always mean to replace the bio-medical model but to complement it. Depending on this, it would be groundless to approach this model as a representative of the anti-psychiatry movement, which seeks to provoke a more radical shift in theory and practice regarding the phenomena conceptualised under the term mental disorders. Nevertheless, it is claimed here that within the ontological framework introduced in this study, the phenomenological model is qualified to be viewed as a radical alternative to the bio-medical model. As will be demonstrated in the upcoming sections, this model challenges the ontological ground underlying the bio-medical model and in that sense, offers a substantial change in conceptualising depression. In the upcoming subsections, the ontological shift in the field of depression offered by the phenomenological account will be viewed through Ratcliffe's (2015) and Fuchs' (2013a)[143] works.

[143] Despite the fact that Fuchs' (2013a) study comes before Ratcliffe's (2015) historically, it will be analysed after Ratcliffe's in this text. This is because Fuchs challenges the modern ontological ground underlying the bio-medical model more drastically, and therefore it will be more productive to leave his account for later for the sake of showing the gradually changing levels of ontological shift from bio-medical model to different versions of phenomenological model.

2.1. Ratcliffe on existential feelings and depression

In this subsection, Ratcliffe's (2015) phenomenological account of depression will be examined. The main concept on which Ratcliffe's (2015) account of depression depends is "existential feelings" (p. 2); therefore, below, first, this concept will be introduced, and then Ratcliffe's model of depression will be analysed.

According to Ratcliffe (2015), any human experience is underlain by "an ordinary pre-reflective sense of 'belonging to a shared world'" (p. 2). This means that an individual always experiences (in) a world that they already have a sense of. This sense of the world is the totality of various existential feelings. Existential feelings are prereflective embodied, emotional states toward the world. They offer the individual a subjective body of knowledge regarding the world they belong to and the possibilities it provides, and in this sense, they form the "structure" (p. 10) in which the individual can experience the world. Existential feelings are preinternational or in other words, they are not directed at any particular object. They are not specifically about anything; rather they are the basis on which the intentional emotional or cognitive contents of experience are formed. In other words, their existential feelings situate an individual in a certain kind of world, and thence the individual is only able to think and feel about things in the ways this subjective world affords. According to this, "we are already *there* when we experience something or think about it" (p. 50). For instance:

> In order to encounter anything as 'tangible,' 'perceptually or practically accessible to others,' 'relevant to a project,' 'enticing' or 'fascinating' we must first have access to the relevant *kinds* of possibilities. If we were incapable of experiencing anything as tangible, we could not experience a cup as tangible. . . . And changes in the overall style of experience, in existential feeling, are shifts in the kinds of possibility one is receptive to. (p. 51)

So far, Ratcliffe's (2015) conception of existential feelings is described. Now, his understanding of depression can be introduced on the basis of its relation to existential feelings. To start, Ratcliffe understands depression as a substantially altered experience of the world in which one finds oneself. This suggests that a depressed individual goes through a prereflective "existential change" (p. 8) through which the ways in which they believe, think, or feel are rendered categorically different from the ways in which they believed, thought, or felt when they were not depressed.

The initial characteristic of this new sense of the world is the lost or weakened sense of feeling at home in the world. One feels oneself "cut off from the world" (p. 31), and this is accompanied by a drastic change in "the sense of reality" (p. 19). The sense of reality corresponds, for instance, to the differentiating temporal experiences of past, today, and future. According to Ratcliffe, through the impaired sense of reality, memories may be cognized as perception, potentials as actualities, or actualities as memories in depression.

In short, a depressed person starts their day with a set of existential feelings completely different from others. This brings a fundamental transformation into the world they live in. Through this transformation, the possibilities offered to the individual by their predepression realm are removed from their experience. This means that the experience of depression is substantially different from any daily emotional experience. According to this, the range of emotions ordinarily experienced by any individual does not suffice to cover the emotional content of depression. In that sense, it is misleading to try to define depression by the terminology that refers to daily experiences of sadness, hopelessness, or lack of energy.

To overcome this difficulty in verbalising depression, Ratcliffe (2015) draws six themes that refer to the existential feelings through which one senses the world around them when they are depressed. These can be listed as “altered bodily experience, loss of hope, feelings of guilt, a diminished sense of agency and self, altered experience of time, and isolation from other people” (p. 2). Ratcliffe highlights that all these feelings of depression should be viewed as “inseparable aspects” (p. 32) of one united existential change and not as independent pieces of experience. This point is important to understand Ratcliffe’s model of depression. This model is based on the idea that depression represents several shifts in experience that alter the world one exists in, yet it is still a certain existential shift in question here. This suggests that not any existential change would fit into this model, or in Ratcliffe’s words, this is not a case of “‘anything goes’” (p. 254). As will be illustrated below, the phenomenological shifts included in Ratcliffe’s model are interrelated aspects of a certain way of being in the world, which constitutes the experiences of depression. In the remainder of this subsection, these interrelated aspects of this existential change will be explored.

Ratcliffe (2015) starts unfolding the existential change that relates to depression from the altered bodily experience of being in the world. To start, Ratcliffe cites many first-person expressions of the bodily changes occurring throughout depression to highlight that the corporeal experience is a prominent aspect of the depression experience. These first-person testimonies include the expressions of physical phenomena, such as excessive tiredness, a pain intense enough to be called physical pain, bodily discomfort, bodily heaviness, muscle and limb aches, and feelings of flu-like sickness. According to Ratcliffe, this illustrates not only the prominence of the bodily aspect of depression experience

but also its decisiveness over the overall existential shift relevant to depression. According to this, the experience of one's own body is rarely limited to itself but mostly is linked to the experience of the world. An individual finds themselves in the world primarily in a certain body, and the world offers them possibilities on the basis of what sort of a body this is. Therefore, the bodily changes experienced throughout depression may play an important part in the construction of the world surrounding the individual, for instance, by means of setting the limits of the possibility space.

The second aspect of the existential shift underlying the depression experience is the state described by Ratcliffe (2015, p. 99) as "loss of hope." This state refers to the loss of a "'pre-intentional' or 'existential'" type of hope, which relates not to any certain hope but to the ability or possibility of hope all together. According to this, hopelessness experienced in depression is not toward certain objects. The case is not just that one has no hope to recover from a bad situation or undo something they regret. Rather, it is that they *cannot* hope: the phenomenon known as hope lost all of the meaning and significance it had had before. The world of depression does not afford *any* hope, regardless of the content. This aspect of depression relates to the absence of change in this world. According to this, hope is not relevant in the world of depression because "th[is] world is devoid of the potential for certain kinds of significant change" (p. 111).

In Ratcliffe's (2015) view, the third aspect of the existential change one's world undergoes through depression is the experience of guilt. Ratcliffe explains this change by stressing the difference between feeling guilty about something specific and feeling simply guilty. According to this, the latter type of guilt is different from the common, daily experience of guilt that corresponds to the former type. The main difference between the two is that the latter is existential:

it is not a feeling emerging toward an object but is a key aspect of one's existence through which feelings toward objects are formed. Hence, an existential type of guilt is not definitive of a certain action committed by someone but is of their very existence. In this case, one feels guilty with no respect to anything else but their sense of self. Yet, the existential type of guilt also differentiates in itself as "contingent" and "irrevocable" (p. 133). In the former case, the main feeling is that one has become guilty at some point, so there might be a chance to be transformed into the previous nonguilty self. In the latter case, which is the experience of guilt common among depressed individuals, one is irrevocably guilty. Here, there is an altered experience of time that changes the meaning of past and future. Instead of experiencing the past as linked to the future, allowing the meaning or consequences of the past deeds for a significant change, they experience it as detached and lost. According to this, whatever happened in the past cannot be fixed: whatever went awry will stay so. Here, the individual is stuck in "a closed past and an empty future" (p. 140), involving no hope for change and accommodating no curative action but guilt. In this context, the person is ceaselessly guilty, and this is intrinsically essential to their selfhood. Another prereflective factor contributing to the formation of irrevocable guilt is the feeling of social isolation. According to this, the world of depression does not afford the formation of the accustomed interactions with others. The depressed individual who fails to engage in emotional exchanges with others feels abandoned by everyone, and this also results in the feeling of guilt.

The fourth aspect of the world changing through depression is the experience of agency. According to Ratcliffe (2015, p. 155), the world of depression is a world of impossibility. In this world, "action seems impossible rather than just difficult," and Ratcliffe explains this facet of existence as "a change in the 'experience of

free will.'" In Ratcliffe's view, the experience of free will is strongly attached to the experience of the world. This means that the sense of being free is also the sense of being located in a surrounding world that accommodates certain acts that we can commit freely. In other words, the world offers possibilities that are open for us to actualise. The sense of being free consists of experiencing these possibilities and the potential of acts that we are capable of regarding these possibilities. Here, of course, the loss of possibility is underlain by a loss of meaning and significance. The projects may still be there to be brought to life: what renders them impossible is that their actualisation does not offer the same significance that it used to. For instance, joining a friend for an evening may seem like a physically possible project. Yet, in the world of depression, it will most likely be experienced as impossible, not because there is an actual physical obstacle stopping one from doing the act but because the act is bereft of its potential for creating a significant change in the person's world that does not feel any less than a physical obstacle. According to this, actions are their meanings. Attending a friend's gathering is socialising, connecting with others, feeling a part of a group. In a world where it is impossible to socialise, to connect with others, or to feel like part of a group, it is also impossible to join a friend gathering. Even if one mimics the physicality required for that action, which is actually to go there and physically join the gathering, phenomenologically, there is no difference between going there and not going there. After all, the individual is not there, they cannot join the gathering, they cannot accomplish the project. In this world, actions are all dead-ends, leading to nowhere. In this sense, the world is an impossibility space. Therefore, what is changed through depression is the sense of being situated in a world of possibilities and projects. Yet, according to Ratcliffe, the experience of world and self are not distinguishable from one another. Experiencing the

surrounding world as bereft of possibilities ultimately links to a sense of "'diminished'" self, which is not capable, free, or active in the same way that it used to be. Of course, the experience of world as a space bereft of significance and full of impossibilities, and the experience of self as diminished, are not independent from the experience of body. The fundamental, embodied characteristics of this state are "fatigue and heaviness" (p. 170).

Next, Ratcliffe (2015) examines the changing experience of time as an aspect of depressive existence. As Ratcliffe notes, the alteration of the experience of time is a profound and fundamental facet of depression, because not only does it represent a key feature by itself of the existential change brought by depression but it also underlies its other aspects. Above, several ways were shown in which the altered experience of time relates to loss of hope, existential guilt, and the sense of diminished agency. Here, similar relations will be further elaborated, and how the experience of time changes in depression will be analysed. First, Ratcliffe notes that in the world of depression, time may feel stopped or slower than it should, which may be interpreted as a phenomenological change in the duration of time. According to this, it could be the case that because depression involves a diminished sense of agency, one experiences the time slower. Yet, Ratcliffe suggests that this by itself is not enough to capture the nature of the temporal change one experiences through depression. According to him, this is a daily phenomenon experienced by anyone who is bored or detached and does not necessarily relate to any existential change. He claims that depressed individuals express a more fundamental alteration of the sense of time, which captures phenomena, such as "time is running out, . . . death is approaching at high speed[,]. . . they are outside of time, [time] has become irrelevant, insignificant, or meaningless" (p. 176). To explore the existential change emerging in the

temporal experience, Ratcliffe first applies to the concept of “loss of significance” (p. 180). As illustrated above, depression involves a loss of significance, which refers to experiencing things, actions, or other human beings as bereft of their capability of creating significant change in one’s existence. Ratcliffe claims that this phenomenon is one of the factors underlying the temporal change experienced through depression. According to this, once their capability of leading to significant change is extracted from the components of one’s life, then it is only inevitable that the boundaries between past, present, and future become blurred. These boundaries are phenomenologically formed on the basis of the temporal change that may be brought by the actualisation of significant projects in the first place. For example, today will be different from yesterday, because today I will finish writing up this section. Without experiencing any significance in writing up this section, nor in any other thing that may potentially render my day different from yesterday, there is no phenomenological difference between my past and future. In this case, my present emerges as a dull and fixed eternity that I am stuck in rather than my present being a dynamic standpoint where actualisation occurs. In this sort of a temporal experience, time takes a “cyclic form” (p. 185). Some temporal direction still is experienced in this cycle where one thing precedes the other, yet this movement does not lead to something new or create an actual change but links to the same loop of insignificance. This change in one’s sense of time links to another experience that may be referred to as “impending death” (p. 189). Here, all future is decomposed into the fixated present moment, because there is no significant novelty the future might bring. Yet, there is still one novelty that will undeniably arrive: death. Here, because all there is is *now*, death, which is the only possible change, emerges as the up-next. This, on the one hand, renders death as impending and inevitable (which

probably provokes a strong fear of death), whereas on the other hand redefines death as the only means through which significant change may be achieved (which possibly underlies suicidal thoughts and attempts). In fact, a strong fear of death accompanied by suicidal thoughts and attempts is a phenomenon has been acknowledged and associated with several conceptualisations of depression throughout history.

In Ratcliffe's (2015) account, the final existential aspect of depression occurs in the interpersonal domain. Ratcliffe claims that common human experience is highly responsive to the presence of others. Even the sole presence of others has an effect on how one experiences their own body and the world they find themselves in. According to this, there is an embodied feeling of connectedness that underlies an individual's daily experience of being in the world in the presence of others. On the other hand, the existential change brought by depression does not allow one to relate to others in the same "structure" (p. 201) as they once did. The world one lives in after this change seems to be stripped of interpersonal possibilities. Others seem threatening and distant. Although one craves human connection, they cannot experience the possibility of forming this with any individual surrounding them. Here, to reveal the nature of this diminished interpersonal possibility space, Ratcliffe focuses on "the sense of *connectedness*" (p. 208), which is the fundamental aspect of human sociality missing in the experience of a depressed person. Ratcliffe takes experiencing the possibility of significant change an interaction may bring into the worlds of each party as key to perceive others as potential agents to connect with. In other words, it is only inevitable that one will experience no significance in engaging with others, because the world in which any possible social interaction may be performed does not allow for any flourishing significance. According to Ratcliffe, once their

social potential is sucked out from them, others are not even experienced as persons. Even the experience of body alters on this basis: being in the presence of others does not create the embodied feelings of being among others.

2.2. Fuchs on intercorporeality, interaffectivity, and depression

In this section, Fuchs' (2013a) model of depression will be introduced. This will start from exploring Fuchs' (2013a) grasp of body and world, which will then link to the discussion of what the intricateness of body and world means for understanding depression. Following this, "affections" will be viewed on the basis of their communicative quality between self and the world. Depending on this, then, the concepts of "intercorporeality" and "interaffectivity" will be presented. Next, Fuchs' understanding of moods will be illustrated with reference to interaffectivity and intercorporeality and will be compared to Ratcliffe's (2015) existential feelings. Afterwards, the idea of "depression [being] a disorder of intercorporeality and interaffectivity" (p. 226) will be introduced, and the phenomenological characteristics of depression will be interpreted through this perspective.

To start with, in order to analyse Fuchs' (2013a) account of depression, it is needed first to introduce his understanding of body and world. Fuchs takes a strong phenomenological standpoint as soon as he starts developing his account of depression. He claims, as the main assumption underlying his model, Merleau-Ponty's well-known statement that body is the medium through which the world is experienced. According to this, our bodily feelings are the ways through which we are affected by the world. This account blurs the boundary between internal and external through putting the external world in the centre of the individual's self-experience. According to this, what is internal is originally external. And it is the body through which the affective qualities of the world reach and are

experienced by us: it is the body through which the potentially affective qualities of the world are actualised; they become embodied affections. Furthermore, we embody not only the affective qualities of objects around us but also the affected states of the affectionate beings surrounding us.

This brings the discussion to the two fundamental concepts offered by Fuchs' (2013a, p. 223) model: interaffectivity and intercorporeality. Interaffectivity refers to the idea that our emotions are not exclusively ours: they are interpersonally formed and shared. They are not located inside us but are embedded in the external world containing us and our relations to other affective/affected beings. Intercorporeality, on the other hand, refers to the idea that affections are not only interpersonally formed but also are interpersonally embodied. Our bodily-emotional states are a substantial part of our communication with other affectionate beings. A fast heartbeat, sweaty palms, a tense position of shoulders, and anxiously raised eyebrows are rarely bodily features of a distress accessible exclusively to the individual: they are the embodied "resonance" (p. 222) of an interpersonal communication, a part of the shared corporeality of affecting and being affected by someone.

Fuchs (2013a) refers to intercorporeality and interaffectivity in order to explore moods along with emotions. In line with the approach Ratcliffe (2015) embraced through existential feelings, Fuchs also embraces the theme of an "atmospheric" (p. 224) state that shapes and colours one's world. Yet, different from Ratcliffe, he emphasizes the interpersonally formed character of these states. According to this, moods do not only shape our world, but they are also shaped by the interpersonal encounters, interactions, and exchanges emerging in this world. In order to proceed with this argument further, Fuchs refers to the term "*Stimmung*" (p. 224) and claims this:

> [m]oods may be said to 'tune' body, self, and environment to a common chord, similar to a tonality linking a series of notes and chords to the major or minor key. Thus they tend to establish a consonance of bodily feeling emotion, and environmental atmosphere.

This argument suggests that, through moods, we do not only find ourselves in the world, but we adopt ourselves to the world. This point may also be addressed to offer a critical approach to Ratcliffe's (2015) concept of existential feelings. According to this, the existential feelings are not feelings of an "anonymous" world but are of the interpersonal world that we share with others: they are not just existential feelings but "*existential feelings of being-with*" (Fuchs, 2013a, p. 224).

Fuchs (2013a, p. 226) offers to view "depression as a disorder of intercorporeality and interaffectivity." According to this, depression constitutes a state where the body becomes stiffened and cannot mediate between self and the world. In other words, the body, which is normally a transparent medium through which the world and the self reach out for each other, in depression becomes impervious: it does not allow for any communication between self and the world. Its physical qualities, its heaviness and fleshiness stand in the way, disrupting the tuned co-existence of self and the world. The individual cannot embody the affective qualities of the external world; neither experiences their body's resonance in interpersonal situations. Being with the loved ones does not *affect* the embodied self as usual. Due to the body's stiffness, the self cannot touch the world, cannot be involved in the world, cannot experience itself as situated in the world and related to its objects and subjects in various ways. Not experiencing oneself as a participant of a shared world who is capable of being *in touch* with objects and others, experiencing their affective/affected qualities and states on an embodied level creates a certain isolation. The self who is not able to actualise the affective potential of the objects through their own body, to

experience other's affected states within their own body, through their own flesh and blood, is stuck up in a body, which is not *alive* anymore but is sole inert matter. This cuts not only the individual's communication with the external world but also makes it difficult for them to act in this world. The corporeality of the body becomes something the individual must defeat first, if they wish to perform even the simplest chores. Fuchs calls this phenomenon as "corporealization" (p. 226). An ultimate outcome of corporealization is the impaired intercorporeal and interaffective experience of the world. The empathic involvement in the world of others made possible by intercorporeality and interaffectivity is suddenly blocked. The body loses its plasticity that allows it to tune with others. Furthermore, the impaired ability to experience others in interaffective and intercorporeal means leads to an impaired sense of reality. According to Fuchs, being situated in a shared world where this shared quality of the world is experienced most intimately within one's own body is how the world is experienced as real: the world corresponds to bodily senses. One knows through their own body that the world is real. It affects and is affected by the self; therefore, it is real. And the knowledge of this affective exchange is required by the most possible first-hand medium, through one's own body. Hence, another likely phenomenon following this state is "derealisation and depersonalisation" (p. 229). According to this, what makes the world real, including real living and non-living beings, is the potential relations one may engage in with them. Without the possibility of affecting and being affected by the world, without the embodied experience of this affective exchange, the world does not afford any sort of relation: "perception only shows the naked framework of objects, not their connectedness or their 'flesh'" (p. 229). And once the world is stripped from its quality of being an affordance space for various relations, neither the world nor its beings feel real anymore. Furthermore,

the experience of oneself as real gets impaired as well: being a body without feelings of touching and being touched by the world, one does not feel like themselves. This, Fuchs claims, may also be explanatory of the existential guilt experienced commonly in depression. According to this, “the basic experience of guilt may also be described as the fear or state of being rejected, ostracized, or expelled from the community” (p. 231) or in other words feeling guilty is functional by means of keeping oneself tuned with others with whom the world is shared. Following this, the ultimate gadget that could help one to overcome this guilt is the exculpation and justification formed in an interpersonal sphere. Depression first involves a bodily feeling of being abandoned by everyone in the world and a consequential feeling of guilt, and second, a lack of possibility of relating to others and experiencing the embodied relief of being forgiven, being reaccepted on a prereflective level. Therefore, where guilt on a daily basis emerges as a social process whose function is to tune the individual with others and the social atmosphere in which they find themselves in relations with others, in depression, it loses this interpersonal character: “there is no remorse, recompense, or forgiveness, for the guilt is not embedded in a common sphere which would allow for that” (p. 233). There is just guilt, as an identifier of the self.

3. Comparing the two models in categories

So far, two contemporary models of depression, bio-medical and phenomenological, are illustrated. Here in this section, it is aimed to explore the stance that each model takes within the categorical structure through which history of depression is examined and to manifest various shapes the concept of depression takes on the basis of varying ontological grounds in the contemporary era. For this purpose, this section is organised in six subsections, each holding a comparative analysis of the position taken by two models in each category.

3.1. Individuality category

As established before, this category aims to explore the ontological relation between depression and the boundary drawn between individual and social. The main question asked to pursue this goal is whether depression is understood to be indigenous to individual or irreducibly social. Here, this question will be explored for the bio-medical model first and Ratcliffe's and Fuchs' phenomenological accounts later.

3.1.1. APA's stance within the individuality category

It is revealed in Section 1 that there are certain statements APA (2013) made on the presence of human sociality in depressive disorders. Here, first, these statements will be revisited, and other relevant statements will be introduced, and then what these statements say on APA's stance in the individuality category will be analysed.

First, according to APA (2013, p. 173), being exposed to certain environmental factors renders individuals more prone to developing depressive disorders, such as premenstrual dysphoric disorder. These environmental factors may be physical, social, or both, such as "seasonal change," "female gender role,"[144] and "stress," respectively.

APA's (2013) second statement on sociality of depression focuses on the dysfunctionality issue, referred to as DC above. This statement basically claims that for any condition to be classified under the title of depressive disorder, apart from fulfilling the symptomatic standards, it must involve the emergence of the "depressed" individual as dysfunctional in various social settings.

[144] Although it is not relevant to the direction of the argumentation followed in this study, it needs to be noted that conceptualising 'female gender role' as a risk factor segregated from its dialectical social co-existence with male gender role seems highly problematic.

The third statement APA (2013) made on sociality of depression emphasized cultural differences observed in the symptomatic manifestations and narrations of depression. Along with acknowledging the presence of such differences, APA takes them as differences of expression and not of essence. For instance, it is stated on major depressive disorder that there are “substantial cultural differences in the expression of [this] disorder, [yet] they do not permit simple linkages between particular cultures and the likelihood of specific symptoms” (p. 166). Also, it is claimed on the premenstrual dysphoric disorder that the “expressivity” (p. 172) of its symptoms may be culture dependent, whereas the genesis of the disorder itself is not.

Fourth, it was stated by APA (2013, p. 172) that one of the symptoms of premenstrual dysphoric disorder is “increased interpersonal conflict.” This statement offers an interesting perspective on the conceptualisation of individual and social by describing a phenomenon occurring in an interpersonal sphere as a symptom of an individual pathology. This can be interpreted in two ways: either that social interaction is viewed as reducible to individual characteristics or that depression is irreducibly social. It is to be explored below which of these reflects APA’s position.

Above, four statements made by APA (2013) on the sociality of depression are shown. Now, these statements shall be analysed further to reveal APA’s position within the individuality category and the nature of the boundary it draws between individual and social. The first statement, which suggests the idea that some social factors may increase the risk of developing depressive disorders, is a good place to start this analysis, because through this statement APA becomes close to establishing the aetiology of depression as social by placing social factors in the mass, deriving the genesis of depression. Yet, this is as close as

APA (2013) gets to the “irreducibly social” position, because the next two statements demarcate sociality from the core and genesis of depression and reduce it to the position of either a mere outcome or a mediator forming the appearance, and not essence, of depression.

In the second statement, it is argued that DC must be linked to a depressive condition for this condition to be diagnosed as a depressive disorder, yet even within this framework, which acknowledges the sociality of the phenomenon taken to be depression, seemingly, depression and DC come to be assigned to ontologically demarcated loci. This statement of course has considerable potential to assess APA’s position within the dysfunction category, which will be discussed later in this Section 3.3.1, but it also offers a great insight on their position on individuality category. By claiming that social dysfunctionalities “derive from individual symptoms” (p. 167), APA sets up human sociality as ontologically distinguishable from and only secondary to human individuality. According to this, DC is not integral to depression; it is integral to its pathologisation. What APA suggests is not that depression has an irreducibly social existence, that it always emerges as an experience of a *social* individual or even that it is always recognised in a *social* context. What it suggests is simply that for a depressive state to be recognised as a pathological state that is qualified to be diagnosed as a depressive disorder, it must impact upon the social functionality of an individual. For instance, in the case of premenstrual dysphoric disorder, DC was defined as the individual’s becoming a dysfunctional and unproductive unit, who is unable to conform to the expected social roles and goals. This implies that due to the changes in the individual’s physical and mental state, she becomes dysfunctional in a certain social context. However, upon a different ontological ground, it could have been possible to suggest that a rigid,

inflexible social structure becomes dysfunctional for the dynamic nature of female existence, does not offer her conformable roles and achievable goals, and does not afford functional participation in the first place. Whereas according to the first interpretation, the desynchronization of individual and others is embedded in the individual; according to the second interpretation, it is embedded in their interaction occurring through certain social roles offered by a certain social context.

Similarly, the third statement, which suggests that cultural variations cause only superficial differences in depression and does not define its core, reflects the segregated domains of individual and social. According to this, depression aetiologically belongs to the domain of individual whose boundaries are well defined and separate from the social. Social, again, is only secondary to the individual. Even when they seem to interact, for instance, create culturally variable depressive phenomena, the interaction remains on a superficial phenomenological level: it does not become an ontological twist.

The analysis of the second and third statements gives a strong idea of APA's position within the individuality category, which supplies an insight on how to approach the fourth statement. As noted, the fourth statement takes social conflict as a symptom of premenstrual dysphoric disorder, and following the arguments made on the previous statements, it is possible to argue that the last statement also reflects a binary between individual and social and the prioritisation of the former. Indeed, unless one establishes their theory upon an ontological ground that conceptualises individual as social in the first place and in relation to this, approaches depression as a phenomenon emerging in an ontologically social domain as an outcome of an aetiology involving sociality in the first place, taking "interpersonal conflict" as an individual symptom indicates only a reductionist

perspective. If depression was viewed as a social pathology, then taking social conflict as a symptom of this could help improve the socially irreducible stance. Yet, upon the highly individualistic ontological ground on which DSM-5 is based, this means only that social interaction is viewed as reducible to the qualities of individuals and foreseeable in the sense that certain qualities, such as depressive qualities, are likely to create certain social situations, such as social conflict.

3.1.2. Ratcliffe's stance within the individuality category

Let us explore Ratcliffe's (2015) stance within the individuality category in two different lines: first aetiological and second phenomenological. To start, as discussed before, Ratcliffe's formulation of existential feelings indicates a pre-social individual domain in which the most primary roots of the ontogenesis of depression are embedded. According to this, the existential shift underlying depression is not formed by the social world the individual finds themselves in, but rather the individual finds themselves in a certain social world through the existential shift underlying their depression. This suggests that in Ratcliffe's model it is possible to define a pre-social individual domain in which the causation underlying depression is rooted. In this sense, depression may aetiologically be indigenous to the individual. From this perspective, Ratcliffe's stance within the individuality category does resemble to APA's (2013). As discussed before, APA formulates a causal relationship between individual and social in which individual is viewed as the cause of social. In Ratcliffe's account as well, it may be possible to define a causal relation directed from individual to social. According to this, an internal existential shift alters the individual's experience of/in the social world. In

this sense, it is plausible to claim that Ratcliffe embraces an individualistic ontology and takes depression as aetiologically indigenous to the individual[145].

Yet, this individualistic aetiology does not constitute the core of Ratcliffe's conceptualisation of depression. According to this, although the aetiology of depression is reducible to the individual, the actual phenomenon is embedded in the individual's being in the world. This suggests that, individual is not a sufficient locus to produce the phenomenon of depression: depression is not made up of symptoms reducible to individual, but of individual's ways of relating to the world. The individual symptoms APA (2013) refers to to define depression, such as altered patterns of sleeping, eating or a diminished mood and interest, are not enough to address the core experiential features of depression. This aspect irreducibly covers the social world individual finds themselves in and the relationships constituting this world. In this sense, the "diminished interpersonal relations" (p. 218) are not an outcome but the substance of depression.

This point constitutes the main difference between Ratcliffe's (2015) and APA's (2013) models. As Ratcliffe also points, APA approaches alterations occurring in a depressed individual's social life by conceptualising them as outcomes of depression. This approach separates sociality from the conceptual core of depression: social is not an internal ontological component of the concept of depression; it is an external phenomenon that can be linked to depression in a cause and effect relationship. On the other hand, although Ratcliffe defines a pre-social locus of individual which triggers the genesis of depression, he does not attempt to reduce the phenomenological core of depression to this locus. The existential shift in question forms depression only within the relation between

[145] This point will be evaluated further in Section 3.2.2.

individual and the world. Therefore, depression phenomenologically exceeds beyond the boundaries of the individual: it is irreducibly social.

3.1.3. Fuchs' stance within the individuality category

The analysis represented in Section 2.2 clearly illustrates that Fuchs' (2013a) model is built upon integrated ontologies of individual and social. In his view, "our experience of the world [which is inseparable from our experience of ourselves] means always already a co-experience" (p. 231). This distinguishes the ontology of individual underlying Fuchs' account from the ontology of individual underlying Ratcliffe's (2015) account. According to this, there is no pre-social individual domain which shapes the individual's relation to the world, because individual in its very core social. Even the most intimate aspect of an individual experience, i.e., bodily feelings, are not indigenous to the individual; they are irreducibly social. This means in a way that the individual is not alone even in their body. Body itself is a resonant organ transmitting the external social world into an internal individual experience, and hence, a sphere on which social emerges as a component of the individual's experience, and becomes the individual's reality.

The argument above suggests that Fuchs (2013a) approach to individual is irreducibly social from both an aetiological and a phenomenological point of view. A model of depression, which is elaborated on such ontological ground, is also likely to reflect the 'innately social individual' approach and hence to be located at the irreducibly social point within this category. This assumption is supported if it is remembered that Fuchs conceptualises depression as a disorder of interaffectivity and intercorporeality. This means that, from a phenomenological point of view, he defines depression as embedded in an alteration of the individual's being in the world with others, which means he understands it irreducibly social. According to this, even the seemingly individual symptoms,

such as, cognitive alterations, are actually results of the interrupted social awakenings on the individual's body. From this phenomenological perspective, his approach is similar to Ratcliffe's (2015). However, he differs from Ratcliffe if his model is viewed from an ontological point of view. According to this, because individual is initially social, and the experience of the world is always primarily a co-experience, there is no pre-social individual locus in which the ontogenesis of depression would be rooted. In that sense, according to Fuchs' account, depression is a phenomenon in the genesis of which social precedes individual: social is at the core of the individual aetiologically, as well as it is at the core of depression phenomenologically.

3.2. Internality category

Through the internality category, it is aimed to explore where different accounts of depression are situated between two poles of understanding depression as dependent on, on the one hand, internal causes, and on the other hand, external causes. Below, first, bio-medical account and then Ratcliffe's (2015) and Fuchs' (2013a, 2013b) phenomenological accounts will be evaluated on this basis.

3.2.1. APA's stance within the internality category

APA (2013) makes an open statement on the causation of depression, only when they intent to distinguish certain depressive disorders from others on aetiological grounds. Yet, this simple argument makes an important point, if we observe that all the specified aetiology addressed by APA (2013) refer to physical factors, such as a medical condition or infusion of certain drugs. This suggests that the biological factors accompanying depression were viewed by APA as the root of depression. According to this, depression is a primarily physical ontology:

an alteration in the body followed by altered being in social contexts, rather than body's response to certain environmental factors.

Furthermore, the four statements outlined in Section 3.1.1 to discuss APA's position within the individuality category supports the argument made in the previous passage. Let us revisit these statements briefly here.

As noted before, the first statement highlights the environmental risk factors for some types of depressive disorders, including physical and social phenomena such as fluctuations in climate, stress, or social norms. This statement reflects an acknowledgement of external causation at the most basic level possible. Depending on the next three statements, it can be argued that this basic externalism is not sustained by APA (2013). As illustrated above, all aspects of depression extended beyond the boundaries of the human body, such as the individual's becoming dysfunctional in certain social contexts and relations, culturally varied depressive manifestations, and interpersonal conflicts, are excluded from the ontological core of depressive disorders. They are viewed as outcomes, expressions, or symptoms of these disorders. Thereby, it would be plausible to state that APA holds an internalist position within the category of internality.

3.2.2. Ratcliffe's stance within the internality category

As discussed in Section 3.1.2, Ratcliffe (2015) understood depression aetiologically indigenous to the individual, although from a phenomenological standpoint he acknowledged that depression is embedded in the individual's experience in/of the social world. Based on Ratcliffe's aetiological assumption on depression, it may be possible to argue that in his model depression was

understood to be underlain by internal causes. Let us elaborate this argument further based on Ratcliffe's concept of existential change.

As discussed before, in Ratcliffe's (2015) understanding, depression corresponds to a certain way of being in the world which is triggered by a fundamental shift in the individual's existential feelings. It is only through these feelings one has access to the world: in Ratcliffe's own words, "we are already *there*, when we experience something" (p.50). Now, the relevant question to ask here is how much of this state of being already there comes from the external world[146]. Ratcliffe makes it quite clear that existential feelings are pre-intentional, or in other words, they are not towards any object particular. Rather they are the structure in which we get in touch with particular objects. Following this, depression is described as a disturbance in the structure which allows us to experience (in) a shared world. At this point, to clarify Ratcliffe's position within the internality category it lends itself to ask whether in Ratcliffe's point of view the emergence of this disruption is caused internally, or as a subjective response to the "affordance space" formed by the individual's political, social, economic, geographical, legal, physical situatedness in the external world. Ratcliffe makes it clear that the ways in which an individual relates to the external world are formed in the first place by their sense of the world, yet he does not make it similarly clear if the world itself has any agency to form the individual's sense of the world. For instance, he asserts that bodily feelings, such as pain, create an existential change where one finds oneself in a world bereft of the possibilities it offered before. Surely, an individual with a broken limb will find themselves in a narrower world in terms of the possibilities it offers. Yet still, there is a more

[146] The answer to this question may potentially illustrate the difference of Ratcliffe's 'being already there' from the Heideggerian meaning of this phrase.

complex relation between one's bodily feelings and the world they find themselves in, which is not stressed through Ratcliffe's account. A broken limb shapes the individual's world, but it also represents a body shaped by the world through what it does not afford for this particular individual. Therefore, a broken limb may be interpreted as a communication between the world and the individual's body in the first place: the pain itself is a mark of the external world, which becomes an embodied, intrinsic aspect of an individual's experience of the world. Yet, it seems like this aspect of the individual's being in the world is not a prominent dimension of Ratcliffe's model. Rather, his model indicates that "the phenomenal character of mental states is the result of internally instantiated properties" (Manzotti, 2012, p.82).

Although the worldliness of existential feelings is not stressed by Ratcliffe strongly, there is one passage in his study which may mean that he does not completely dismiss the world's agency in shaping existential feelings:

> I do not conceive of existential feeling as a layer of experience that is impervious to the influence of interpretative and communicative practices, some of which are to be understood at the level of culture. My account therefore allows for considerable variation, of a kind that is not itself to be interpreted in existential terms. (Ratcliffe, 2015, p. 257)

This passage is important to analyse Ratcliffe's stance within the internality category. Here, although Ratcliffe stresses the socially extended nature of depression from a phenomenological point of view, he still leaves room for an individualistic and internalistic ontology by referring to culture as a nonexistential course of influence. According to this, it is possible to define an existential domain, which although occasionally interacts with culture, predates culture. And this suggests, akin to APA, that although the course of existential feelings in general, and of depression in particular, is prone to be affected by this interaction, the aetiological roots of its ontogenesis is embedded in the pre-cultural existential

locus. On the basis of this analysis, it can be argued that Ratcliffe (2015) conceives the causality underlying depression as internal to the individual. Although his conceptualisation of depression as a fundamentally social phenomenon renders his model closer to externalism, this does not become an aetiological or ontological externalism when the key question of internality category is concerned.

3.2.3. Fuchs' stance within the internality category

In this subsection, Fuchs' (2013a) model of depression will be examined within the internality category. As highlighted before, Fuchs' approach is based upon interpenetrated ontologies of individual and social, which already implies some degree of fluidity for the ontologies of internality and externality. Yet, to see whether this point can be advanced to place Fuchs on the externalist pole of the internality category, further analysis is required. Within this analysis, first Fuchs' (2013a) understanding of world, body, and self as intricate will be revisited. Second, discussion will be whether this intricateness renders Fuchs' conceptualisation of depression as an externally formed phenomenon. Last, to conclude the issue, Fuchs' (2013b) analysis of Jasper's concept of "limit situations" will be brought into discussion.

To begin, as introduced in detail above, the ontological boundaries between world, body, and self are blurred in Fuchs' (2013a) understanding. According to this, the world affects the self through their body, and in that sense, body emerges as a sphere of transmission from external to internal occurs. On this basis, it is suggested that the individual's moods and affective states are ways of adapting to the external world; therefore, their content is not separable from the materiality of the external world. Yet, still to be answered is whether this applies to depressive mood and affective states.

As noted above, Fuchs (2013a) views depression "as a disorder of intercorporeality and interaffectivity" (p. 226). On the basis of this assumption, it may be possible to suggest that depression is not a certain way of being affected by the world, and it is rather a pathology blocking the individual's way of being affected by the world. Even if this is the case, this does not necessarily mean that the so-called pathology is internal. In a passage where Fuchs pursues a phenomenological examination of psychopathology, he underlines that "background bodily feelings . . . . provide a tacit evaluation of how 'things stand' in our life" (p. 221) and then links this to van den Berg's assumption that "'The patient is ill; this means, *his world* is ill'" (p. 222). According to this, "The illness is not in the patient, but the patient is in the illness" (p. 222). This statement suggests two connotations in Fuchs' model. The first is in line with Ratcliffe's model and does not relate to a strong ontological externalism. According to this, the "ill" world is the world into which the depressed individual is thrown, and thereby separated and isolated from the shared world of others. The individual will encounter others, projects, possibilities always in this ill world and, therefore, this ill world is going to structure all aspects of the individual's existence. As noted, this connotation does not propose a strong externalism, because the world in question is the subjective world of depression and points to the ways in which the world is passively experienced, rather than the ways in which world actively affects the individual. On the other hand, the second connotation suggests that the "ill" world is the interpersonal arena in which one gets depressed. According to this, our affective states are always formed as a response to the external world. In that sense, although depression corresponds to a state through which one cannot be affected by the world, it is possible that this bodily disorder was in the first place a response to the external world. In Fuchs' model, there is a

“desynchrony” (p. 227) between individual and the external world, yet this does not imply that what gets the two out of tune is indigenous to the individual.

As illustrated above, Fuchs (2013a) built his model of depression upon interpenetrating ontologies of internal and external, yet he did not explicitly claim whether the causation underlying depression can be viewed as extended beyond the individual. In fact, his analysis of Jasper’s concept of “‘limit situation’” (Fuchs, 2013b, p. 301) and its relation to the development of psychopathology can suggest a more conclusive insight in his position within the internality category. In this study, Fuchs (2013b) explained psychopathological phenomena, including depression, as falling into limit situations. Limit situations involve experiences of the extreme components of being human in the world, such as “having to die, having to suffer, having to fight, being at the mercy of chance, and facing the inevitability of guilt” (p. 302). Although these components of human existence are subjects of daily thinking, they are not subjects of daily experience. Rather, they are so incompatible with the content of daily experience that they would disturb the fluent flow of daily life if they come to be a part of it. This incompatibility between the daily and experiential components of our *Dasein*, Fuchs claims, reflects its “‘antinomical structure’” (p. 302). According to this, only as long as we manage to avoid experiencing this antinomy through covering the extreme components of our *Dasein,* we can keep away from falling into limit situations, which results in psychopathology. This suggests that it is “[t]hrough limit situations, the antinomical, basic structure of *Dasein* come to light. In this respect, they have an ‘uncovering’ . . . nature” (p.302). According to this, what is called psychopathology is actually a full experience of *Dasein*: “In such cases, a truth

about one's *Existenze*[147] enters suddenly into consciousness – a truth that, more often than not, is unbearable for those affected" (p. 302).

If the analysis above is considered, it appears clear that in Fuchs' (2013b) understanding the causality underlying depression extends beyond the internal. Depression, as understood by Fuchs, is a way of being affected by the world at its extremes: it is an experience of the subjective limits of being in *this* world and it develops only in response to the actuality of the world. Therefore, the causation underlying it cannot be reduced to the individual: it irreducibly includes the world. Yet, it could be possible to read Fuchs' position as an interactionism, rather than a strong externalism. According to this, in his model there is room for the idea of an interaction between internal and external causes, because he asserts that some individuals have "a certain sensitivity or disposition" (p.304) towards falling into certain limit situations. Although it is acknowledged hereby that this argument is plausible, and this argument indicates an individualism, it is also suggested that it would be misleading to read this as an indication of well-defined boundaries for the concept of individual. As illustrated before, in Fuchs' understanding, rather than two well-defined and separate but still interrelated domains of internal and external, there is an intricate ontology through which internal is understood as extended beyond the individual. Although Fuchs does not comment on this specifically regarding his claim that some individuals are predisposed to becoming depressed, depending on his overall argumentation on the relation between self and the world, it is reasonable to expect that the predisposition to depression is a trait not developed in a separable internal domain but its ontogenesis irreducibly extends beyond the individual. If that is the case, then it

[147] Following Jaspers, Fuchs (2013b) describes this as the limits of one's existence.

would be credible to place Fuchs in a strong externalist position within the internality category.

At this point, it is important to note that the explicitness and strength of Fuchs' (2013a, 2013b) externalist standpoint constitutes the main difference between him and Ratcliffe (2015). According to this, it is not that the phenomenological standpoint defending the intricateness of body and world is lacking in Ratcliffe's account. Rather, although Ratcliffe acknowledges that the experience of self and world are inseparable from one another, he does not blur the boundaries between internal and external by positing external within the internal, but vice versa, by positing internal within the external[148]. According to this, the concept of existential feelings refers to non-worldly internal states, which shape the interdependent experience of self and world[149]. This suggests the experiences of/in the world are structured internally. In Manzotti's (2012) words, "existential feelings seem to borrow their ontological status from intrinsic and internal states of the agent's body as if they were free of any semantic entanglement with the surrounding environment" (p.81). Fuchs' understanding, on the other hand, does not share this aspect of Ratcliffe's existential feelings. From Fuchs' perspective, it is misleading to think of feelings as internal mental states which shape our experience with external worldly objects. Rather, the world itself is already

[148] This difference becomes clearer when Fuchs (2013d) suggests understanding existential feelings in relation to "affective atmospheres". According to this, "[i]n comparison to existential feelings or moods, affective atmospheres are often felt more distinctly, since they are not experienced as something one carries with oneself, but rather encountered as an enveloping aura, radiating or emanating from the space or environment that one enters" (p. 617).

[149] For an alternative perspective which acknowledges the wordly nature of moods, see Colombetti & Roberts (2015). Also, see Gallagher & Zahavi (2008) who claim that "[p]henomenologists, . . . in distinguishing between intentionality as object-directedness and intentionality as a pointing-beyond, as an openness to that which is other than the subject, have a broader conception. It is true that pervasive moods such as sadness, boredom, nostalgia, and anxiety must be distinguished from intentional feelings such as the desire for an apple or the admiration for a particular person. Nevertheless, moods are not without a reference to the world. They do not enclose us within ourselves, but are lived through as pervasive atmospheres that deeply influence the way the world is disclosed to us" (p. 116).

affective: “feelings befall us; they emerge from situations, persons, and objects which have their expressive qualities and which attract or repel us” (Fuchs, 2013a, p. 222). We tune with the world through affections (Fuchs & Koch, 2014).

3.3. Dysfunction category

The main question shaping this category is whether depression is pathologised on the basis of a social or an individual dysfunction. Answering this question for each model of depression will help us to first understand the basis of the pathologisation of the phenomenon covered under the concept of depression, and second, to analyse further the ontological boundary set between individual and social. Below, primarily a bio-medical model and subsequently, the two versions of the phenomenological model will be subjected to this analysis.

3.3.1. APA’s stance within the dysfunction category

As described above, APA’s (2013) diagnostics criteria depends heavily on a symptomology. Yet, there is an important element that brings the pathological nature into the cluster of symptoms APA describes, which is the statement named DC here. As noted several times above, this statement suggests that the expressed symptoms are eligible to be diagnosed as a depressive disorder only if they render the individual dysfunctional in social settings.[150] According to this, an individual can manifest depressive symptoms in the conditions described in a depressive disorder category, but these symptoms do not result in being pathologised as a depressive disorder unless they interfere with one’s life, such as stopping them from going to work or from sustaining their current relationships with others.

[150] Of course, the expressed symptoms also need to carry the necessary temporal qualities, and the condition needs to fit with other sorts of conditions described in each category.

DC constitutes great importance for discussing APA's (2013) position within the dysfunction category. On the basis of this statement, one can argue that here there is an appreciation and acknowledgement of human sociality, yet the opposite argument will be defended here. According to this, it is not possible to claim that APA embraces a blurred ontological boundary between individual and social and makes an argument about the embodiment of social dysfunction as an individual pathology. In other words, it is not the sociality within the individual acknowledged here but is the individual within the social. It is still the individual who becomes dysfunctional in APA's model. It is true that this dysfunction emerges in a certain social setting, but this is not because this certain social setting is actually involved in the genesis of the dysfunction. The dysfunction was already there, within the individual, but was recognised as such only when it was called to function within a social setting.

This analysis helps us to answer the questions posed earlier in this subsection. According to this, APA (2013) pathologised depression on an individualistic basis, which not only demarcates individual from the social but also prioritises it over the latter. From APA's perspective, the dysfunction emerging in a social sphere is not actually ontologically a social dysfunction. It is an effect of the individual dysfunction: it "derive[s] from individual symptoms" (p. 167).

3.3.2. Ratcliffe's stance within the dysfunction category

In Sections 3.1.2 and 3.2.2, the ontologies of individual, social, internal, and external underlying Ratcliffe's (2015) model of depression were explored, and it was argued that in each case, Ratcliffe's stance differed when viewed aetiologically and phenomenologically. According to this, Ratcliffe understands depression as a phenomenon irreducibly extended beyond the individual towards the social world in which individual finds themselves. Although this renders it

impossible to distinguish internal from external, and individual from social phenomenologically, his account of existential feelings indicates aetiologically distinguishable domains of internal and external, and individual and social. This conclusion is repeated here, because it may be helpful to assess Ratcliffe's stance within the dysfunction category. Because Ratcliffe understands depression as embedded in the relation between one's relation to the world, he may possibly take these relations as the unit in which dysfunction emerges, and therefore conceptualise the dysfunction underlying the pathologisation of depression as irreducibly social. But, on the other hand, considering his aetiological stance within the internality and individuality categories, it is also possible to expect him to pathologise depression based on the emergence of the individual as dysfunctional in a social context due to their prereflective existential detachment from this social context. To explore which argument is more credible, Ratcliffe's understanding of pathological will be introduced below, and then on this basis, his stance within the dysfunction category will be analysed.

To start, Ratcliffe (2015) approached the concept of pathology from a broad perspective and roughly took it as "something going 'wrong'" (p. 264). On this basis, he claimed that depression can easily be conceptualised as pathological, because the individual simply cannot 'be,' cannot find a way to 'be,' in situations where they should have the possibility to 'be.' According to this, there is something going wrong for a depressed person, but the question for the dysfunction category is whether things start going wrong on an individual or a social level.

Here, it can be claimed that Ratcliffe's (2015) stance within the dysfunction category appears closer to the individualistic pole. Even if it is acknowledged that in Ratcliffe's view depression does not emerge as a phenomenon outside of the

individual's social engagements with the world, the structure of these engagements is formed inside the individual. In other words, the dysfunctionality of these engagements is not shared between the individual and the world, but it flows from individual to the world: it is not the world which renders the individual stiff, but it is the individual who renders the world unsuitable to engage with. Of course, some pathology emerges on the social level, but this pathology is reducible to the individual's subjective sense of being in the world. Depending on this, it seems credible to claim that Ratcliffe pathologises depression on the basis of an individual dysfunction in line with his position on the question of aetiology.

3.3.3. Fuchs' stance within the dysfunction category

As suggested above, in Fuchs' (2013a, 2013b) understanding, the boundaries (if there are any) between individual and social and between internal and external remain rather blurred. This may suggest that he takes the social dysfunction stance within the dysfunction category. To remind, Fuchs' (2013a, p.226) formulates depression as "a disorder of intercorporeality and interaffectivity". Through this description, he underlines two points: first, depression corresponds to a disorder and therefore can be categorised as pathological; and second, depression is a pathology relating to intercorporeality and interaffectivity. On the basis of these two points, it can be argued that to decide where to posit Fuchs' model of depression within the dysfunction category, it is necessary to decide whether intercorporeality and interaffectivity correspond to a social dysfunction or to an individual dysfunction. To explore this issue, in the remainder of this section first Fuchs' (2013a) analysis of depression, intercorporeality, and interaffectivity will be revisited and then to support the argument further Fuchs' (2013b) analysis of "'limit situations'" (p.301) and "'housing'" (p.302) will be addressed.

As stated, intercorporeality and interaffectivity are two interrelated concepts based upon the interconnectedness of world, body, and self on the one hand and on the ontological integrity of social and individual on the other. They reflect the transmission that occurs on the individual body from social to individual, external to internal. In that sense, they can be viewed as a conceptualisation of individual as aetiologically social and internal as aetiologically external. In this case, a disorder of intercorporeality and interaffectivity can hardly constitute a dysfunction attributable to the domain of individual cleanly separable from social. In fact, Fuchs' (2013a) following statement supports this conclusion: "The biological dysfunctions which result in the felt bodily constriction are just the meaningful expression of a disorder of intercorporeality and interaffectivity on the psychosocial level" (p. 234). According to this, depression is not reducible to any individual dysfunction, because the dysfunction allegedly attributable to individual is in fact rooted in the psychosocial world.

Fuchs' analysis of "'limit situations'" (2013b, p. 301) also supports the conclusion suggested above. It was noted in Section 3.2.3 that in Fuchs' model psychopathological phenomena occur as a response to the incorporation of limits of one's *Dasein* in their daily experience. Furthermore, Fuchs cites from Jaspers that it is through a mechanism called "'housing'" (p.302) these extreme aspects of *Dasein* are normally kept away from daily experience. In other words, psychopathology is an outcome of a malfunctioning housing. This links to the discussion of the dysfunction category through the question whether a dysfunctional housing is reducible to the individual or not. To answer this question, let us view the concept of housing closer.

According to Fuchs (2013b), "housing is a consolidated structure of thought and fundamental attitude, which offers protection from the limit and security with

regards to existential questioning" (p. 302). Through housing, one experiences the world by the "false feelings of stability, safety, or self-esteem" (p. 303), which allows the construction of a fluent daily practice. If housing is somehow impaired and one falls into a limit situation, the world's actual messiness is revealed and incorporated in the daily experience of the individual, which may then be followed by psychopathological phenomenon.

Now, to understand the nature of the housing functioning to avoid depression, let us view first the nature of the limit situation which corresponds to depression. Fuchs (2013b) claims that this certain type of limit situation involves an exposure to the "mineness of one's existence" (p.307). This is a situation in which the individual faces their core existence in the world as detached from others, that although they can be with others, they are alone in their subjectivity and their physicality[151]. An individual who falls into this limit situation experiences that "despite all precautions, [they] cannot escape the burden of living [their] own life alone" (p. 307).

Individual's with a certain vulnerability to falling into this certain limit situation, develops a certain housing to cover the ultimate detachedness of their subjectivity. This housing includes a tendency to exhibit "pernickety orderliness, selfless fulfilment of duties, a rigid orientation towards external norms, and close, often symbiotic relationships to their nearest significant others" (p. 306). A construction of such housing is achieved through developing close relations to companions, for instance, or rigorously following the institutional norms.

> The moral, irreproachable behavior, the yearning to hold oneself in the boundaries of the established order, has the deeper sense of protecting one against experiencing the inevitable 'mineness' of one's existence. That is to

[151] This should not be read as at odds with Fuchs' (2013a) study of intercorporeality and interaffectivity. Here, Fuchs refers to the sole physical existence as detached from others and not existing as a human, which is always an experience of being with others in the world.

> say, it protects against the isolation caused by freedom, indeed against the bottomlessness of one's own existence. The constant care for others should neutralize one's guilt, which . . . is itself given with existence. Our life progresses constantly at the cost of others; every decision also brings with it the guilt for rejected possibilities; even our *Dasein* itself is not a justified part of the world, it is 'guilty' as such. (Fuchs, 2013b, p.307)

This suggests, the certain housing whose destruction aetiologically and phenomenologically underlies depression appears to have a particularly social nature by means of invigorating individual's sense of being rooted in the world with others. This renders Fuchs' social dysfunction position stronger, because according to this the pathology called depression develops due to a malfunctioning social structure which shadows over the limits of the individual's *Dasein.*

3.4. Corporeality category

In this section, each depression model will be categorised within the corporeality category to assess where they stand in relation to understanding depression as a bodily phenomenon or a mental phenomenon. This also means examining whether they take body and mind as separable from one another, and if so, to what degree. Below, this analysis will be applied first to the bio-medical model and second, to the phenomenological model.

3.4.1. APA's stance within the corporeality category

In this subsection, APA's (2013) stance within the corporeality category will be assessed. Before starting with this analysis, an important point to take into account is that APA's phenomenological assumptions and ontological assumptions need to be distinguished from one another during this analysis. Above, it was revealed that APA embraced a binary of phenomenology and

ontology,[152] and therefore, how it is situated with respect to the corporeality category on the basis of a phenomenological assumption may not necessarily imply that it will be similarly situated ontologically speaking. Keeping this point in mind, below, first, APA's aetiological assumptions on the corporeality of depressive disorders will be examined. This will then be followed by examining APA's symptomatology of depression to assess its phenomenological stance.

As it is already well known, DSM-5 is a manual for diagnostics being based on symptomatology. This means that it focuses heavily on the phenomenal qualities of the disorders rather than on the underlying aetiological processes, and in fact it is "etiologically agnostic" (Radden, 2003, p.46). This makes it rather challenging to examine APA's (2013) aetiological perspective on depressive disorders and pursue an in-depth analysis on the issue. Yet, such an analysis may not be urgently necessary. Although DSM-5 itself does not offer any account of the aetiology of depression, what concerns us here is not really APA's stance on the issue. As established, in this study DSM-5 is not taken as an individual text, but as a part of the bio-medical model[153] in which descriptive and causal approaches to depression commonly complement each other, rather than being taken as alternatives in medical psychiatry practice. According to this, DSM-5 is widely addresses by bio-medical psychiatry practitioners, who base their practice on the aetiological account known as chemical imbalance theories, as the guideline, first, to detect the existence of a depressive state, and second, to assess the improvement of a depressive state following the antidepressant treatment through the absence of the described symptoms. In this practice, the image of depression as offered by APA characterises the phenomenal qualities

[152] See Section 3.1.1 for this dualism on the relation between culture and variations in depression.
[153] Of course, the context of bio-medical model does not exhaustively represent all the applications of DSM-5, but it is the only context which concerns our analysis.

of the condition that is caused by chemical imbalances. Therefore, in the context of bio-medical psychiatry practice APA's descriptive model and the explanatory model known as chemical imbalance theories represent different aspects or levels of the same condition. In this study, we are interested in APA's descriptive model only in this context. Based on this, it is argued here that the descriptive nature of DSM-5 does not render it redundant to acknowledge that the contemporary bio-medical model understands depression as a biological aetiology which illustrates an individualistic and internalistic ontology. It will be sufficient for the purposes of this subsection to highlight the priority attributed to biology in constructing an ontological account of how depression develops, because based on this, it can be shown that according to the bio-medical model, depression is aetiologically reducible to somatic processes underlying its genesis.

Following the examination of the bio-medical model's aetiological stance within the corporeality category, its phenomenological stance needs to be explored. As stated, this will be pursued through APA's symptomatology. Here, two approaches will be followed. To begin, two clusters of symptoms[154] within APA's description of depressive disorders, which are informative of its phenomenological position within the corporeality category, will be detected and analysed. Later, APA's binary approach to the symptoms of premenstrual dysphoric disorder will be discussed.

To start with, in APA's symptomatic description of depressive disorders, two sets of symptoms become prominent for the discussion of corporeality category. First, there are symptoms based on the patient's feelings. This group includes

[154] These two clusters are not exhaustive of all depressive symptoms that APA (2013) highlights.

symptoms such as “feelings of worthlessness or excessive or inappropriate guilt” (p. 161), “feelings of hopelessness” (p. 168), reduced feeling of enjoyment, “fatigue” (p. 161), and only for the premenstrual dysphoric disorder further bodily sensations such as “breast tenderness or swelling, joint or muscle pain, [and] a sensation of ‘bloating’” (p. 172). This group also includes symptoms relating to moods. For instance, the most central symptom of depressive disorders, namely “depressed mood” (p. 160), is explained as “feel[ing] sad, empty, hopeless” (p. 160). The second group of symptoms includes some observable changes in some bodily states, such as changes in body weight, changes in sleep patterns and frequency, changes in psychomotor activity, and changes in bodily activeness.

If these two sets of symptoms are examined, it may be recognised that within the first set of symptoms, where individual’s feelings are emphasized and therefore a phenomenological approach is used, feelings of the body do not seem prominent. The emotions viewed within this set of symptoms are described mostly on the basis of their mental content, whereas their bodily content is ignored.[155] Of course, some bodily feelings are included in this set of symptoms, such as fatigue or for premenstrual dysphoric disorder further bodily sensations, but within the general framework, these are not enough to claim that APA takes depression to be a bodily experience as much as it is a mental experience, especially if the priority attributed to the mental aspect of emotional phenomena is considered. Although it is acknowledged that in some cultural settings the intensity of “somatic symptoms” (p. 166) may increase, these somatic symptoms are not elaborated on or included in the diagnostics criteria.

[155] As illustrated by Ratcliffe (2015) and Fuchs (2013a), feelings such as worthlessness and hopelessness include bodily components.

The second set of symptoms has a considerably wider space for bodily phenomena in comparison to the first set. The symptoms viewed within this set reflect the observable bodily changes one goes through during their experience of depression. This set of symptoms is also to be understood as informative of APA's phenomenology, not because they reflect the first-person experience but because they reflect the phenomenal qualities of depression. In fact, it is an important point that this second phenomenological approach[156] not only does not include first-person experience but also may constitute a detachment from it. For instance, it is stated in the relevant section of DSM-5 that changes in physical activeness or psychomotor activity need to be "observable by others, not merely subjective feelings of restlessness of being slowed down" (p. 161). This means that, apart from the aetiological corporeality, depression involves a strong bodily aspect that is not necessarily phenomenological, but necessarily phenomenal.

So far, it has been argued that APA (2013) covers both corporeal and mental elements in their account of depression. According to this, it would not be plausible to claim that the depressive disorders are either solely mental or solely physical phenomena. Yet here, there is another question to be answered to draw a conclusion about where to posit the concept of depressive disorders within the corporeality category. Are body and mind two distinguishable or are they interpenetrated phenomena according to the ontological ground underlying APA's concept of depressive disorders?

The answer to the question introduced above is affirmative with respect to the former. As acknowledged, the concept of depressive disorders involves both bodily and mental factors, yet this concept-construction is done through a

[156] This interpretation of the concept of phenomenology was also used in the previous chapters, and this part of the analysis can be considered in line with and a continuation of those pieces of analysis.

cautious manner of keeping each type in its own place. Phenomenologically speaking, there are bodily and mental phenomena, but there are no embodied phenomena in the symptomatic description suggested by APA (2013). Ontologically speaking, bio-medical model's ontological corporealism needs to be recognised as a physical reductionism and not as monism of body and mind. According to this, mental phenomena are reducible to physical processes, fixable and controllable by physical interventions. This also reflects the prioritisation of internal and individual discussed above. According to this, depression is a phenomenon occurring primarily inside the individual's body and brain, and the relevant mental and social phenomena created by these processes define depression secondarily. It is true that in that sense, body and mind seem ontologically inseparable (since mind is aetiologically rooted in the body), yet a subtler kind of dualism needs to be recognised here. In this view, mind always emerges as an outcome of the bodily processes, rather than mind and body define each other mutually. In this sort of an ontology, body and mind are separable from one another as cause and effect. According to this, body is independent from the mind, although mind not from body. This also illustrates why APA's approach is understood as reductionist and not as monist.

The body and mind dualism APA (2013) embraces becomes prominent also in their symptomatology. As mentioned, most symptoms APA included in their symptomatology can be categorised as either somatic or mental. There is no room, for instance, for embodied emotions within this symptomatology. Another important point to underline here is the phenomenological mentalism becoming prominent within the symptomatology. According to this, only a small number of symptoms draw on the bodily feelings of the individual. There are some bodily symptoms, but these do not define the individual's experience; rather, they define

the phenomenal characteristics of a depressed individual. They are secondary – that they in themselves do not constitute the state of depression but rather render depression visible to the eyes of others. In that sense, the individual's experience of depression is reduced to a mental experience.

Another example illustrates both body and mind dualism emerging in APA's symptomatology, and the prioritisation of mental phenomenological qualities over the bodily phenomenological qualities as descriptive of depression experience: the symptomatology of premenstrual dysphoric disorder. As stated, the symptoms of this disorder are divided into two sets, each dominantly reflecting either mental or somatic phenomena. Although at least one symptom from each set needs to be present for this disorder category to be applicable, still the mental symptoms are prioritised over the physical ones, because the sole existence of physical symptoms relates the condition to other disorder categories that do not involve a depressive characteristic. This point is criticised not on the basis of the idea that a depressive disorder can be reduced to bodily discomforts listed in the second set of symptoms but on the basis of the idea that attributing a determinant role to the mental components of a human condition within the diagnosis of a depressive disorder overshadows the bodily aspect of feelings.

To conclude, APA (2013) does not exclude either body or mind from its model of depression, but it also does not take them to be intertwined. It suggests both phenomenologically and ontologically reductionist views of depression by defining depression as a phenomenologically mental and ontologically physical phenomenon.

3.4.2. Ratcliffe's stance within the corporeality category

To begin discussing Ratcliffe's (2015) stance within the corporeality category, it is necessary first to state that while Ratcliffe, in principle, rejects the prioritisation of either biological or psychological purviews upon depression, we will want to ask whether he conceptualises body and mind as separable on any level. To explore this question, let us review Ratcliffe's analysis of somatic illnesses and depression.

In his study, Ratcliffe (2015) compares the experience of depression to some somatic illnesses, such as influenza, in order to understand whether the experience of depression can be reduced to the experience of a somatic illness. Through this analysis, he suggests that the experience of depression does capture the experience of a "feeling of being unwell" (p. 95), although in some cases, it exceeds that. Ratcliffe claims that one important additional experiential component of depression, which renders it different from influenza, is how each relates to one's selfhood. According to this, influenza is felt like an outside invader to the self, whereas depression feels integral to the self. This claim obviously has to be discussed with regards to the category of self, yet for the sake of the question here, this point will be left aside for now, and its implications for the category of corporeality will be focused on.

Here, it is argued that the claim about the selfhood matters to understand Ratcliffe's (2015) stance within the corporeality category, because Ratcliffe notes that the integration issue sets depression aside from other "somatic" illnesses that resemble depression phenomenologically. Here, it occurs that the classification of depression is pursued by a non-phenomenological, but a categorical approach. This means that, depression is excluded from this category, not on the basis of its corporeal and noncorporeal phenomenological

qualities, but on the basis of a logical assumption following as; “influenza involves a sense of being invaded”, “depression does not involve a sense of being invaded”, “influenza is a somatic illness”, “then depression is not a somatic illness”. The problem with this approach is that it does not allow for flexible concepts accommodating the dynamic phenomenological qualities of body and mind. Here, it is suggested that there is no phenomenological ground to construct an opposition between the experience of self as invaded and the classification of depression experience as somatic. If this is the case, offering such an opposition may strengthen the separability of body and mind on a categorical level, which Ratcliffe is inclined to challenge on a phenomenological level.

Yet, of course despite the categorical approach to somatic and non-somatic illnesses described above, Ratcliffe (2015) holds the phenomenological standpoint that body, mind, and world are intertwined. According to this, a bodily change differs our being in the world which opens up the ways of certain mental experiences which possibly then feeds back to the bodily phenomena. As this is a quite prominent aspect of Ratcliffe’s model of depression, it is plausible to suggest that Ratcliffe built his model of depression upon integrated ontologies of body and mind on both aetiological and phenomenological levels.

3.4.3. Fuchs’ stance within the corporeality category

Fuchs’ (2013a, 2013b) stance within the corporeality category can be evaluated, again through his concepts of intercorporeality and interaffectivity. Because Fuchs (2013a) conceptualised depression on the basis of these phenomena, it is important to understand how these phenomena relate to body and mind, whether they imply any separability of body and mind, and eventually whether a disorder of intercorporeality and interaffectivity can be conceptualised as either a bodily phenomenon or a mental phenomenon.

To start this discussion, it needs to be pointed out that intercorporeality and interaffectivity cover a bodily experience of being with others in the world. According to this, these two phenomena correspond primarily to bodily states. Yet, these bodily states are not generated internally but are constituted by the awakening of social externalities on the individual body. These bodily states are ways of being affected by the social externalities, and thereby they correspond to affections. This view suggests emotions as initially bodily states and by this means implies an integrated ontology of body and mind at least on the level of affections. Now, let us explore whether this integrity also holds for depression.

In Fuchs' (2013a) view, depression is an interruption of intercorporeality and interaffectivity, and therefore it is primarily a bodily disorder. According to this, depression is being in a state bereft of the bodily feelings of being with others, relating to and interacting with them in various ways. Yet, the emphasis put on the body here does not exclude mind, but rather it aims to suggest that even the possible nonbodily experiences of depression are phenomenologically rooted in the body. In that sense, it is possible to claim that Fuchs' model of depression is underlain by integrated ontologies of body and mind. Upon such ontological ground, Fuchs suggests that depression may be described as a primarily "bodily" (p. 220) experience in a nonreductionist way, by not doing away with the "psychosocial" (p. 221) experiences of depression but by doing away with the ontological duality of body and mind, which would approach bodily and nonbodily experiences as two different kinds.

3.5. Characteristics category

This category is driven by the question of whether depression develops dependently or independently in relation to individual characteristics. Through this question, the level of determination attributed to depression is sought to be

understood. This means to examine whether depression is conceptualised as a disorder that can be developed by any individual or whose genesis aetiologically depends in various levels on certain characteristics the individual may have. If there are such characteristics, then another question follows: whether these characteristics are conceptualised as ontologically individual or extended beyond the individual? Overall, the aim of pursuing this question is to approach the ontological relation between individuality, sociality, and depression from another perspective. Below, first, the bio-medical model (APA, 2013), and second, Ratcliffe's (2015) and Fuchs' (2013b) versions of the phenomenological model will be examined on the basis of their position within this category.

3.5.1. APA's stance within the characteristics category

In DSM-5, APA (2013) pointed out several characteristics that seem to be involved in the pathogenesis of different depressive disorders. Yet, it is not always clear where a certain characteristic falls on an individuality/sociality scale. Below, first, some characteristics that are involved in the development of depressive disorders will be listed, and then APA's perspective on their individuality/sociality will be discussed.

According to APA, various characteristics affect the development of depressive disorders. For instance, sufferers from the disruptive mood dysregulation disorder or substance/medication- induced depressive disorder are male dominated; factors such as "neuroticism," "genetic liability," or being subject to several other disorders or medical conditions, from "borderline disorder" to "morbid obesity," (p. 166) create a higher risk for developing major depressive disorder; genetic and neurological features as well as childhood history may render an individual more prone to developing persistent depressive disorder; or it was common among the sufferers from substance/medication-induced

depressive disorder “to be black, to have at most a high school diploma, to lack insurance, and to have lower family income” (p. 179).

Some instances of characteristics APA (2013) pointed to as risk factors for developing certain depressive disorders are shown above. In this brief list, there are various characteristics relating to seemingly various levels of individuality and sociality. For instance, some of these characteristics relate explicitly to individual’s social existence, such as family income, insurance status or education level; whereas others, such as genetic and neurological features, refer to biological traits and thereby imply an individual nature. Furthermore, there are other factors that do not explicitly indicate a certain level of individuality or sociality. For example, being a male can be read as an individual or a social trait, depending on what aspect of being a male renders an individual more prone to certain depressive disorders.[157] Similarly, without further clarification on the aetiological origin of personality and personality disorders, it is not possible to evaluate the ontologies of individual and social underlying borderline disorder or neuroticism. Of course, this also applies to seemingly individual characteristics. According to this, even concepts such as genetics do not necessarily imply a clearly segregated core individual domain. Recent studies in the field of epigenetics suggest that genetic factors carry the marks from the social and physical environment surrounding the individual[158]. Yet, again, since in DSM-5 there is no clarification offered on the ontological status of these characteristics, it is impossible to evaluate each characteristic on its own. Nevertheless, a general conclusion may be drawn that from APA’s point of view, personal characteristics

[157] On the other hand, it may not always be possible to distinguish between the internally/biologically and externally/socially led aspects of gender, especially if gender is examined on the basis of ontologically intermingled conceptions of individual and social.
[158] See Introduction.

are involved in the development of depressive disorders with various levels of individuality/sociality.

3.5.2 Ratcliffe's stance within the characteristics category

Ratcliffe's (2015) study suggests no answer for the question whether some personal characteristics may increase or decrease the possibility of going through the existential change associated with depression. Only passage that may seem relevant to this question suggests that most of the participants Ratcliffe based his phenomenology on were women, but this does not relate to the assumption that the female gender may be considered as a characteristic increasing the chance of developing depression. On the other hand, Ratcliffe's silence on the issue need not be interpreted as his refusal of the idea that some personal characteristics, either of individual or social nature, may play a part in the genesis of depression. It is more likely that the aetiological question underlying the characteristics category was not relevant to Ratcliffe's phenomenological account, and therefore he did not put any emphasis on this issue.

3.5.3. Fuchs' stance within the characteristics category

Fuchs (2013a) does not focus on the question of individual characteristics through his examination of depression, interaffectivity, and intercorporeality. Yet, within his study of limit situations and psychopathology, he spares some space for this issue (Fuchs, 2013b). Depending on Tellenbach's concept of "'typus melancholicus'" (p. 306), he claims that some individuals are specifically sensitive and more prone to becoming depressed. On this basis, it can easily be concluded that in Fuchs' model of depression, there is room for the idea that depression aetiologically develops dependently in relation to personal characteristics, in this case the characteristic in question being an "existential vulnerability" (p. 304),

which renders the individual more prone to becoming depressed. Yet, Fuchs does not go into detail about the level of individuality to be attributed to this existential vulnerability. As discussed in Section 3.1.3, Fuchs' model is built upon highly integrated ontologies of individual and social, and there is room for the assumption that his understanding of individual characteristics, or existential vulnerability in particular, are irreducibly social as well. Therefore, as long as the individual's irreducibly social nature is acknowledged, it seems credible to conclude that according to Fuchs' account, there is an individual disposition for depression, and in that sense, depression develops dependently in relation to personal characteristics.

3.6. Self category

Through the self category, the nature of the possible ontological boundary between depressed self and nondepressed self is explored. Here, the aim is to understand both the ontology of self underlying a certain model of depression and the conceptual characteristics of depression emerging upon this ontology. This aim is pursued through examining whether a certain account of depression is built upon an ontological ground that covers the notion of a stable, well-formed, and well-defined authentic self from which depression constitutes a detachment. Below, this question will be studied for the bio-medical model and the two versions of the phenomenological model, respectively. Yet, as highlighted in the introduction, despite the self category offered us some insight in the presence of the ontology of essence in the history of depression conceptualisations, it could remain inefficient for analysing the variations between different phenomenological accounts of the relation between depression and self. Therefore, alongside putting the phenomenological models of depression to the self category, this analysis will be expanded in the direction of understanding self

as embodied subjectivity and viewing its relation to self from this direction. This will illustrate how the phenomenological conceptualisation of self breaks the affinity between self and soul and renders irrelevant the issue of essentialism underlying our self category for understanding the question of how depression affects self.

3.6.1. APA's stance within the self category

In this section, the model of depression suggested by APA (2013) in DSM-5 will be evaluated within the self category. To begin with this analysis, it needs to be noted that APA's model does not offer explicit arguments on self and depression which render the underlying ontology self-evident. Yet, there is one point that offers an insight into APA's stance within the self category, which shall be referred to as the argument of dual stability (AoDS) here. First, the AoDS will be introduced; subsequently, its occurrence in APA's model will be exemplified; later, its relation to the self category will be illustrated; and finally, its implications for the concept of depression will be revealed.

To begin, AoDS can be formulated as the idea that a phenomenon becomes a depressive symptom when it constitutes a dysfunctional and stable pattern that interrupts the previous functional and stable patterns through which the individual performed in the world. There are two main themes shaping this argument: stability, and functionality. First, the idea of stability comes forward in this argument two times, namely as pre-depressive stability and depressive stability. According to this, on the one hand, the implicated phenomenon needs to cause a break from an experience that was stably ongoing for enough time to enable the defining of standards of "normal" for the particular individual; and on the other hand, the implicated phenomenon itself needs to be sufficiently stable so that its involvement in the experience creates a drastic and definable break from the

previous form of pattern. Second, the idea of functionality comes forward as the criteria to distinguish pre-depressive stability from depressive stability. According to this, for a change from one pattern to the other to be qualified as depression, it needs to involve a transformation from functional to dysfunctional.

The argument formulated here as AoDS is often addressed by APA (2013) as a convenient way of deciding whether a complaint is qualified to be called a depressive symptom. To illustrate this, let us start from stability and present first the examples of pre-depressive stability and second of depressive stability. To begin, the emphasis put upon the idea of detachment from a previous stable pattern becomes visible through the formulation of several different symptoms. For instance, it is not low interest in various activities but "diminished interest" that counts as a symptom of various depressive disorders. Similarly, it is "increased interpersonal conflicts" or "marked change in appetite" (p. 172) for premenstrual dysphoric disorder.[159] The formulation of all these symptoms indicates that it is possible to perceive observably and measurably stable patterns of interest, interpersonal conflict, appetite, sleep etc. from which depression constitutes a detachment. Furthermore, for a detachment from a previous pattern to be qualified as depressive, this detachment itself must constitute a certain level of stability. In APA's model, this idea, which is hereby formulated as depressive stability, comes forward in more fundamental terms than pre-depressive stability. As noted before, the changing levels of stability are the main differentiating characteristic of all depressive symptoms. According to this, each depressive disorder has its particular temporal characteristics that bring the regularity in the experience and renders it "stable" in a particular way and degree accordingly. For

[159] The point of bringing these examples into discussion is not to criticise the construction of 'normal' and 'pathological' through change. Rather, to illustrate the notion APA (2013) depends on to define change: a replacement of one neat, measurable category by another.

instance, the persistent depressive disorder lasts at least two years without being interrupted for more than two months or recurrent brief depression occurs at least once in a month for a period of two to 13 days.

The second subargument of AoDS relates to the issue of functionality. It is clearly stated in the diagnostic criteria of major depressive disorder that the listed symptoms need to "represent a change from previous functioning" (APA, 2013, p. 160) in order to be relevant to the diagnosis of this disorder. This clarifies that a major depressive state is first and foremost a move away from a previous pattern that constitutes a functional performance in the world. Furthermore, the criteria formulated hereby as DC illustrates that the departure from a previously functional pattern must constitute a dysfunctional pattern for a depressive meaning to be applicable. If the analysis of DC offered earlier in this chapter is considered, it may also be claimed that the functionality versus dysfunctionality opposition is used by APA to constitute the normal versus pathological opposition, because the functionality issue is the basis of the pathologisation of depression.

Above, AoDS is defined, and its emergence in APA's (2013) conceptualisation of "depressive disorders" is illustrated. Now, its relevance to the self category needs to be established, but prior to that, let us outline the self category here one more time. As noted before, the self category primarily aims to understand whether a particular model of depression is underlain by a dual ontology of authentic self and depressed self. The approach used in this study to explore the nature of the underlying ontology of self is to investigate whether self was understood as a stable, definable, and constant structure from which depression constitutes a break. This sort of a formulation of self is hereby understood as an indicator of an essentialist and internalist position which attributes an innateness

and naturality to the structure of self: according to this, for such stability to be sustainable on a daily basis, there needs to be a solid internal principle, an essence, which deterministically keeps the individual in line. As opposed to that, an externalist, nonessentialist ontology of self would suggest that self is unpredictably and dynamically being shaped by the external world, therefore alterations in self-experience and self-expression need not be categorised as replacement of one ontology by another, but rather as flowing back and forth in different dimensions of one unitary fluid ontology.

Now, what renders AoDS relevant to the self category? If the deconstruction of AoDS into its two key components, stability and functionality/normality, is considered, it appears plausible to claim that AoDS distinguishes depressive phenomena from the normal phenomena through a criterion akin to the criterion of the self category. According to this, depression constitutes a detachment from a stable, definable, and constant structure. Although the emphasis on self is not prominent in APA's text on depressive disorders, the core idea of the concept of self, which is stability, normality, and essentiality is. According to this, whether explicitly in the name of the self or not, it is possible to define a stable and quantitatively measurable pattern for a particular individual that defines what is normal/essential and what is not for them. In that sense, APA embraces a deterministic essentialism towards both self and depression. According to this, it is the essence of self which determines the pre-depressive stability, whereas it is the essence of depression which determines the depressive stability. As reflected by the formulation of the AoDS, the core discourse underlying this argument is that depressed and nondepressed patterns are dually stable. Whether authentic or depressed, the patterns always come in deterministically regular, neat, definable, and stable characteristics, and thereby they are attributable to two

opposing ontologies. From this perspective AoDS can be read as an indication of an essentialist and internalist ontology of self, and to conclude it can be suggested that the bio-medical model is built upon the notion of an authentic self from which depression constitutes a detachment.

3.6.2. Ratcliffe's stance within the self category

To start, as already noted, it may be needless to chase the traces of essentialism in phenomenological models of depression through the concept of self, since phenomenological conceptions of self primarily are based on a prioritisation of existence over essence. Therefore, the central question of the self category does not constitute a critical importance for analysing the ontology of self underlying the phenomenological models of depression. Let us then first explore Ratcliffe's take on the relation between self and depression, and then by comparing his to APA's position, highlight once more the nature of a phenomenological stance in understanding self.

Ratcliffe states that "many depression narratives construe depression as integral to the self" (p. 96). According to this, the experience of depression does not involve the feeling of being captured by a "foreign invader" (p.96) that most somatic illnesses involve. Thus, he does not hold a dualist account of authentic self and a depressed self. This supports what is said earlier about phenomenological models of depression not holding an underlying ontology of essential self, which is conceptualised on the basis of consistency and regularity. Rather, Ratcliffe's underlying ontology of self takes central the reflections about who one is, based on one's embodied experience of being in a certain world. In depression, the world that one finds themselves in alters, and so do the feelings of self; yet the background feeling of authenticity remains. This suggests that among the phenomenological models of the relation between depression and self

outlined in the introduction, Ratcliffe's model is more in line with Bortolan's (2017) than Svenaeus' (2007, 2013).

This analysis may help the reader to understand why AoDS was viewed as an indicator of an essentialist and internalist ontology of self. To remind ourselves, it was claimed that APA's (2013) ontologies of depressed-self and authentic self were dichotomised on the basis of AoDS, i.e., the idea that depression constitutes a stable and dysfunctional detachment from stable and functional patterns of existence. Because Ratcliffe as well draws attention to a phenomenological gap between depressed and nondepressed experience of the world, others, self, body, etc., one may suggest that his approach shares some components of AoDS. Here this argument is rejected, because as it was stated above[160], APA's position was not categorised as essentialist because they define depression through change, but because of the particular way they use to define change. APA, beyond highlighting the discontinuity between depressed and nondepressed ways of being in the world, dichotomises them as two different essences through AoDS. APA's model suggests that being depressed means building up a new stable, constant, and consistent pattern which replaces the previous similarly stable, constant, and consistent pattern, and thereby giving way to the essentialist idea that the two differentiating pieces of experience relate to two alternating ontologies. In Ratcliffe's case, the change is defined in qualitative terms rather than quantitative terms, which highlights the experience instead of function; subjectivity instead of stability; and emergence instead of essence. In Ratcliffe's model, the change from nondepressed to depressed states are incorporated in the same ontology of self, instead of self being dichotomised on the basis of the existential change differentiating between

[160] See footnote 159.

nondepressed and depressed ways of being in the world. In that sense, it is plausible to suggest that Ratcliffe breaks his individualist- internalist ontology through his conception of self.

3.6.3. Fuchs' stance within the self category

Similar to Ratcliffe (2015), Fuchs (2013a, 2013b) also suggests that depression constitutes a drastic change in the way individuals experience themselves in the world with others. In that sense, it is inevitable that the experience of depression will involve an altered experience of self. Yet, as it is also highlighted in Section 3.6.2, the acknowledgement of the changing experience of self through depression does not necessarily link to an ontological duality of authentic self and depressed self. To establish such ontology, one needs to dichotomise nondepressed and depressed experiences of the self as experientially noncontinuous patterns that are also linked to a sense of authenticity versus a sense of being alienated. As highlighted before, this approach is already ontologically incompatible with some key premises of the field of phenomenology, and thence it could be stating the obvious to claim that there is no indication that such demarcation is embraced by Fuchs.

Fuchs' understanding of the relation between depression and self lies within his analysis of "'limit situations'" and psychopathology. This analysis indicates that some personality traits manifested by an individual who is prone to depression share the same ontological ground with the genesis of depression. According to this, it is the same "'existential vulnerability'" which results in these personal characteristics on the one hand and in depression on the other (Fuchs, 2013b). Although this does not say much on whether or not a feeling of alienation is integral to depression, it invigorates Fuchs' phenomenological position suggesting that both self and depression are worldly phenomena, and that

development of certain self-characteristics and development of depressive feelings intersect at certain points through the individual's subjective history in the world.

4. Conclusion

In this study, two contemporary models of depression are examined. To start, in Section 1, the term depressive disorders as conceptualised by APA (2013) was explored. According to this, depressive disorders is a category covering eight disorders all of which involve a low or irritable mood, a decreased interest in usually attractive-looking activities, somatic and cognitive alterations, and a consequential interruption of the individual's fluent presence in and engagement with the external social world. While all of these disorders carry the listed characteristics, they differ on the basis of their temporal and aetiological qualities. On the basis of this, it was concluded that the term depressive disorders refers to a depressed mood, with additional symptoms, interrupting the individual's functional engagement with the social world and differentially pathologised on the basis of their variant temporal and etiological characteristics.

In Section 2, the second contemporary model of depression was introduced, first through Ratcliffe's (2015) and second Fuchs' (2013a) work. The analysis held in Section 2.1 illustrated that Ratcliffe understood depression as an existential shift that alters the individual's prereflective sense of being in the world in six interrelated themes: altered bodily experience, loss of hope, feelings of guilt, a diminished sense of agency and self, altered experience of time, and isolation from other people. According to this, once the world is experienced through the six listed existential feelings, it emerges as a place categorically different from the world one used to find themselves in. It offers significantly reduced possibilities

of engaging with the world and relating to others. This explains the ultimate phenomenological quality of depression: a sense of detachment.

In Section 2.2, another phenomenological account of depression, that of Fuchs (2013a), was introduced. This revealed two key concepts Fuchs addressed to understand depression: intercorporeality and interaffectivity. Both concepts highlight three notions: first, human's existence is formed by effects coming from the external world; second, that these effects reach out for the individual through their body: the self becomes affected by the world primarily through their body, and therefore bodily feelings is the most fundamental layer of the individual's experience of being in the world; and third, being in the world is always a "co-experience." According to this, the individual's bodily feelings formed as affections toward the external world are never exclusively the individual's. They represent the bodily experience of being with others in the world. Fuchs takes this as the basis of his model of depression and claims that depression is a disorder of intercorporeality and interaffectivity. This also highlights the sense of detachment attributable to depression, yet different from Ratcliffe, Fuchs puts a greater emphasis on the corporeality and interpersonality of this experience. According to this, depression first is a bodily disability to engage in a co-experience of the affective qualities of the external world. The rest of the symptoms, or pieces of experience, associated with depression arise from the bodily feelings of being disconnected.

After different models of depression were introduced in Sections 1 and 2, in Section 3, all of these models were put through a categorical analysis to reveal the ontological ground underlying each model. The first aspect of this analysis focused on the ontological boundaries set between individual and social. According to this analysis, the concept of depressive disorders (APA, 2013) is

built upon a dualist ontology of individual and social through which individual and social are understood in a cause and effect relationship. In this relationship, individual holds the place of cause and social of effect. In other words, social is conceptualised not within the individual but within a separate phenomenon derived from the individual. Accordingly, depression is understood as a primarily individual phenomenon with some secondary social outcomes. When the phenomenological model was viewed through the individuality question, two different lines of conclusion emerged. From a phenomenological point of view, both Ratcliffe's (2015) and Fuchs' (2013a) models reveal rather integrated domains of individuality and sociality. Both scholars define depression as a primarily social phenomenon. In both Ratcliffe's and Fuchs' models, depression is described as a phenomenon that does not result in social changes but involves social changes. According to this, depression itself corresponds to a fundamental change in relating to others and finding oneself in the world with others. Therefore, sociality is the core of depression, not a consequence of it. On the other hand, from an ontological point of view, Ratcliffe's model illustrates some separability between individual and social. Because existential feelings shape an individual's world, rather than being shaped by the world, depression may aetiologically be reduced to the individual, and in that sense individual is prior to and distinguishable from social within the formation of depression. Fuchs on the other hand preserves the integrity of individual and social ontologically as well as phenomenologically. In his understanding, individual is primarily social, therefore there can be no aetiology in which individual can be separable from social.

In Section 3.2, the second aspect of the categorical analysis was made. In this section, the main focus was the question of whether the causality underlying depression was conceptualised as internal or external to the individual. This

analysis revealed that from APA's (2013) perspective, the ontological boundaries between internal and external were quite rigid. According to this, although depression creates outcomes in the external world surrounding the individual, its genesis occurs internally. When it comes to the phenomenological model's stance within the internality category, it would not be possible to claim that both accounts manifest an equally strong challenge to APA's dichotomised domains of internal and external. Both Ratcliffe (2015) and Fuchs (2013a) embraced the phenomenological stance that the individual is always in the world and that there is no clear-cut boundary between individual and the world, yet Fuchs sustained this inseparability through putting social within the individual, whereas Ratcliffe individual within the social. According to this, Ratcliffe understood depression as an existential shift that alters the individual's ways of being in the world. This indicates a certain level of internalism, since Ratcliffe here stresses a unidirectional relation from individual to world, without introducing any relation in which world reaches the individual on an existential level and is involved in the formation of existential feelings. On the contrary, by suggesting an opposition between culturally formed and existentially formed aspects of one's experience, he creates a dualism of phenomenology and ontology according to which external and internal, world and individual are aetiologically distinguishable, although experientially not. Fuchs (2013a), on the other hand, blurs the boundaries between world, body, self, and others through his concepts of intercorporeality and interaffectivity, and thereby rejects a domain of internal distinguishable from external at any level. Furthermore, through his study of "'limit situations'" and psychopathology, he reinforces this externalism (Fuchs, 2013b). In this study, he suggests that psychopathologic conditions, including depression, occur due to being exposed to some hidden aspects of their being in the world. According to

this, depression particularly is a response toward the ultimate detachedness of one's existence in the world, which ultimately involves the materiality of the world. This suggests that depression is not only extended to the world phenomenologically but also ontologically and that the genesis of depression involves some external factors.

The third aspect of the categorical analysis was made in Section 3.3. In this aspect of the analysis, the question of whether depression is conceptualised on the basis of an individual or a social dysfunction was focused on. This analysis suggested that despite APA (2013) placing great emphasis on social dysfunctionalities within its model of depression, they did not conceptualise these dysfunctionalities as ontologically social. According to this, the genesis of these dysfunctionalities is reducible to the individual. In the case of the phenomenological account, a conclusion was derived similar to the conclusion suggested for the internality category. According to this, it is possible to suggest that Ratcliffe pathologised depression on the basis of an individual dysfunctionality, because although depression is embedded in one's relation to the world, the structure of this relation is formed internally through existential feelings. Therefore, what renders this relation dysfunctional can be reduced to the individual. Fuchs (2013a) on the other hand takes the psychosocial existence of the individual as the most fundamental layer of depression and thereby, by suggesting that depression is a disorder of intercorporeality and interaffectivity, he gives enough reason to be posited in the social dysfunctionality point within the dysfunctionality category. Furthermore, his suggestion that depression is caused by the emergence of a social housing that protects the individual from facing the disconnectedness of their own existence as dysfunctional (Fuchs,

2013b) also supports the claim that in his model, depression is pathologised on the basis of a social dysfunction.

In Section 3.4, the fourth aspect of the categorical analysis was made, and each model was evaluated on the basis of its stance within the corporeality category. This analysis suggested that APA (2013) did not exclude either body or mind from its model of depression; yet neither did it suggest a united ontology of body and mind. From APA's perspective, depression is an ontologically bodily, yet phenomenologically mental, condition. Ratcliffe (2015) challenged this sharp boundary by both bringing body into experience and mind into pathogenesis. Although he redefined a categorical distinction between somatic illnesses and depression through the idea that depression relates to the self experience in a way different from somatic illnesses (which was hereby found not sufficient to exclude depression from the category of somatic illnesses, as long as the definitive boundaries of categories are kept flexible), this remained as an inessential detail to analyse Ratcliffe's ontologies of body and mind whose integration is fundamental in his conception of existential feelings. Fuchs (2013a) as well has built his model of depression upon integrated ontologies of body and mind. He attributes a more fundamental role to body within the genesis of depression through his concepts of intercorporeality and interaffectivity, to highlight not the separability of mind from the body, but the contrary the embodied nature of mind. According to this, body and mind are not two units which have their autonomous relations to world: the formation of the embodied mind does not require two separate courses of relations between body and world and mind and world.

The fifth aspect of the categorical analysis was pursued in Section 3.5. In this section, the main aim was to explore the personal characteristics each model

conceptualised as interrelated with the genesis of depression. Once this was achieved, the individuality/sociality of these characteristics was also questioned. This analysis showed that APA (2013) highlighted several personal characteristics depression unavoidably depends upon, and these characteristics exhibited different levels of sociality and individuality. In the case of the phenomenological model, although Ratcliffe's model did not offer any basis on which to answer the relevant questions, Fuchs' (2013b) model suggested that there is a personal disposition, an "existential vulnerability," rendering some individuals more prone to becoming depressed. Although he did not argue on the sociality/individuality of the roots of this existential vulnerability, depending on the externalist ontological ground on which Fuchs developed his model, it seemed likely that the occurrence of this existential vulnerability was not reducible to individual.

The last aspect of the categorical analysis through which each model is examined focused on the ontological boundary between authentic self and depressed self. This analysis was made in Section 3.6 and aimed to identify any ontological dualism demarcating the altering experience of self through depression from the nondepressed self experience within the categories of authentic and alien. The analysis suggested that APA (2013) did not make any explicit assumption on the issue of self. Yet, it was suggested that the discourse that was formulated as the AoDS could suggest an insight into APA's stance within the self category. According to this, the main idea underlying the ontological dualism of nondepressed self and depressed self suggests that self is a definable, stable, and regular phenomenon, and therefore, alterations in the patterns constituting self can be viewed as ontological shifts between separable structures. On the basis of this, it was suggested that APA's discourse of dual

stability may relate to an ontological dualism regarding self. AoDS suggests that nondepressed individual's presence in the world constitutes a neat pattern that can be measured and defined objectively. Depression can be identified as a replacement of this pattern with a different pattern, which is similarly measurable, definable, and stable. According to this, AoDS predicts that the individual's experience of becoming depressed can be understood as a transition from one self-like pattern to another. Although there is no emphasis put on the concept of self by APA, AoDS shares the components through which an ontological duality of authentic self and depressed self is formed. Therefore, it is plausible to suggest that APA's model of depression is reflects this duality as well. On the other hand, in the case of the phenomenological accounts we observed that the self category broke down and it became hard to work with. Phenomenologically, self can be considered as embodied subjectivity, and from this perspective relating a sense of alienation to depression does not necessarily correspond to an essentialist position as the category of self presupposes. Furthermore, because it is a main premise of phenomenology to prioritise existence over essence, it seemed needless to put the phenomenological models subject to the categorical analysis of self. Rather, in this section both models were examined in an open-ended manner regarding how they approach the relation between self and depression. According to this, by pointing out the first-person testimonies claiming that the experience of depression feels integral to the self as opposed to feeling like self is being captivated by an external invader, Ratcliffe (2015) emphasised the feelings of authenticity over alienation accompanying depression. On the other hand, whereas Fuchs (2013a, 2013b) did not suggest any relation between depression and feelings of either authenticity or alienation, by claiming that certain personality traits are common among sufferers of depression, he pointed

out that both depression and personhood are formed in the world, and partially through the same processes as underlain by the same existential vulnerability.

CONCLUSION

The main purpose of this study was to explore the ontological ground underlying the conceptualisation of depression. Ontological ground was understood as a platform constituted by presuppositions regarding the boundary between individual and social, internal and external, normal and pathological, body and mind, and selfness and exterior. It was suggested that a conception of depression is always underlain by a certain ontological ground with implications with respect to the ontologies listed above. As an example of this, it was suggested that the contemporary bio-medical model tends to presuppose an individualistic ontology scaffolded by internalism and essentialism. To illustrate that individualism is not necessary to conceptualise depression, but a symptom of a certain underlying ontological ground, an alternative externalist account of depression was offered. Following this it was argued that the individualism of the contemporary bio-medical model was historically rooted, and therefore an exploration of its underlying ontological ground must bring with it an historical perspective. On this basis, different historical conceptions involving the pathologisation of an altered affectivity and a low mood were selected to be examined through the ontological framework constituted by the six categories of individuality, internality, dysfunction, characteristics, corporeality, and self.

When all the analyses pursued in different chapters are taken into consideration, it appears that the trend of distinguishing between individual and social, internal and external, normal and pathological, body and mind, selfness and exterior varied in different conceptions of depression. In the Pre-Socratic philosophy, an example of which was the Hippocratic medicine, although individual and social appeared distinguishable as cause and effect in some cases, individual was understood as already a social unit whose natural constitution was shaped by customs. In that sense, in the Hippocratic medicine,

there was restricted room for the idea of a pre-social nature. Still, Hippocratic physicians were mostly concerned with melancholia as a phenomenon emerging within the individual, as they defined melancholia through the individual symptoms. This is interesting, especially when it is considered that the boundary between internal and external was substantially blurry. This first became visible through the conception of individual as essentially social (which implied that internal was essentially external), but also through the conception of melancholia. According to this, the locus of melancholia could not be fixed as whether internal or external to the individual: melancholia was understood as a condition emerging locally upon the interaction of certain environmental factors with certain individual factors. This meant that melancholia was neither in the individual, nor in the environment, but in their coupling. As an indication of this non-internalistic ontological ground, the treatment of melancholia emerged mostly as a manipulation of external factors, rather than interventions into the individual's body. Yet, the manipulation of external factors still did not aim to fix something broken in the environment, but fix something in the individual broken by the environment. This means that in Hippocratic medicine, melancholia was pathologised based on an individual, and not a social dysfunction. In line with this, alterations in the sense of self accompanying melancholia was understood as a disruption of the 'authentic' self, rather than adaptation to the environment. This suggests that, despite the non-internalist and non-individualist aspects of the underlying ontological ground, the Hippocratic physicians were able to build up an essentialist ontology of self through the binary of normal and pathological. Furthermore, despite their appreciation for environment as a factor shaping the individual, this was not followed by a conception of mind as a mediator between environment and the individual. In the Hippocratic understanding mind was a

function and a product of the brain, rather than being an autonomous phenomenon feeding back upon the brain's activity. In other words, the brain-mind hierarchy worked only bottom-up in the Hippocratic medicine. Therefore, although there was no ontological body-mind dualism underlying the Hippocratic model of melancholy, a physical reductionism was prominent. This detained them from distinguishing between characteristics, such as age, and moral decisions and led to an understanding of morality as physically embedded.

Through studying the Aristotelian account, we observed that in the Post-Socratic philosophy a more robust boundary between internal and external emerged. Moreover, the internal-external dichotomy was quite key in Aristotelian thinking in that it led to a dual conception of natural and pathological melancholia based on whether caused by internal or external factors. What is important to notice here is that essentialist, as distinct from individualist, ontological ground formed the boundary between internal and external. The differentiation of individual from social occasionally occurred on this ground, rather than being rooted in an ontological ground systematically dichotomising individual and social. Therefore, the distinction between individual and social did not become an ontological essential in Aristotle's model. Rather than establishing a well-defined ontology of individual and social, Aristotle played with the boundaries between them as his essentialism required. According to this, despite that natural melancholy was *ontologically* indigenous to the individual, in terms of belonging to the individual's telos and necessitating no social contribution, pathological melancholy could potentially, but not necessarily, entail social causes, as it was purely accidental. This suggested that, although a robust boundary between individual and social could be sustained through the concept of natural melancholy, with respect to the concept of pathological melancholy this boundary

was slightly blurred by linking social and individual as cause and effect. By contrast, from a *phenomenological* perspective the robust boundary between individual and social vanishes and natural melancholy emerges as an irreducibly social phenomenon. Almost all symptoms Aristotle described seemed to belong to an interpersonal or a cultural sphere, and as these come from the final cause in the case of natural melancholy it lent itself to claim that natural melancholia was irreducibly social, but this strong position could not be attributed to pathological melancholy, because the social changes involved were conceptualised as mere outcomes formed by an altered individual: they did not belong to a teleological unit. Following this, the unit of dysfunction also emerged as the individual, because the concept of pathology became relevant to melancholy only when the individual's nature was rendered dysfunctional. Here, it was not the binary of individual-social which defined the boundaries of the unit of dysfunction, yet it was still credible to translate it into our categorical language as an individual, as opposed to a social, dysfunction, because the individual's telos was pre-social and immanent in the individual. In that framework, the involvement of personal characteristics also varied between natural and pathological melancholy. While they were irrelevant in the former case, in the case of pathological melancholy, they were involved, because while describing melancholy as an indefinite phenomenon, Aristotle explicitly noted that it was the interaction between the individual's condition and environmental factors that formed the accident underlying melancholy. On this essentialist ground, body and mind did not emerge as separable ontologies, but entangled phenomenal aspects of the individual's whatness. This was the case both in natural and pathological melancholia. The difference was that in the former case, the form was immanent in the individual's telos, whereas in the latter it was immanent in an accident. But

in both cases, it was the embodiment of the same form which caused mental and bodily phenomena. And only based on this point, in Aristotle's view melancholy appeared to be entangled with the self if natural, and detached from it if pathological.

When it came to Galen's ontology of melancholy, different positions in individuality, internality, and corporeality categories emerged through passages written on humoral balance and the groundlessness of melancholia. The passages written on the former theme suggested that Galen understood environment and individual as a unitary phenomenon, and therefore internal and external were not independent from one another, although distinguishable at some level. Neither individual nor social were clearly separable from each other. Still, because social was not a core feature of the environment, the ontology of melancholia was not irreducibly, and only possibly, social. This suggested that body and mind, which were understood in compositional terms and distinguishable only conceptually, interacted in different directions within the formation of melancholia (both bottom-up and top-down). On the other hand, texts written on groundlessness of melancholia suggested that the emergence of melancholic affections did not involve external triggers. Excessive levels of black bile were tied to an internal source of darkness shadowing over the rational soul and initiating the formation of melancholic fear and despair. From this perspective, the formation of melancholia was conceptualised in individualistic and internalistic terms. Furthermore, the relation between body and soul was reduced to the bottom-up direction, in which bodily changes shaped mental operations. The aetiology of melancholy was rooted in the domain conceptualised as body, and reached the soul only on a phenomenological level. Although the two accounts differ from one another substantially on the internality issue, on the

individuality issue they both suggest the conclusion that melancholia was indigenous to the individual in Galenic medicine. Furthermore, in any case the discourse of dysfunction emerged in relation to body, and no social dysfunction was regarded in the Galenic conceptualisation of melancholy. Still, although Galen gave no indication that he understood melancholy as a feature of, for instance, a dysfunctional family, he did consider nurture as an important factor for building up the ability to avoid melancholy. Yet, nurture was not understood as sufficient to acquire this ability: one should also have the right nature. Therefore, individual characteristics remained 'individual' up to a certain point: they were liable to be shaped by social, but also there was a pre-social domain in which these characteristics were rooted. Last, in Galen's ontology, self emerged as fluid, because self experience was understood as variably defined by how the three souls interacted. In any case, the experience came from the soul, and hence entangled with the essence. Yet, not all authentic experiences of self were similarly right. The most virtuous self experience came out when the rational soul dominated the others. Melancholy, which occurred when rational soul was suppressed by black bile, then, was not entangled with the right self, although it was entangled with the authentic self. The point to highlight here was that in Galen's ontology of self, the question of authenticity did not emerge as crucial as the question of morality to conceptualise melancholy. This may suggest that Galen's medicine was non-essentialist, yet it was ethically normative.

An important quality of Aquinas' ontology of acedia appeared to be the stress put upon the internalist aetiology. This was important, because it was the main element distinguishing acedia as a pathology from other conditions with similar phenomenological qualities. According to that, acedia was caused internally, because unlike healthy passions it was incompatible with its object, meaning that

the external object it was directed at was not responsible for its genesis. This was followed by the argument that it was an individual condition in terms of not being aetiologically embedded in any social context. It was indigenous to the individual in the sense that it was the individual's responsibility to overcome any external/social force pulling themselves into acedia. At this point, the role played by individual characteristics was significant. This strengthened Aquinas' individualism in terms of rendering the emerging failure as a function of certain individual traits, such as will. Therefore, acedia eventually appeared to be rooted in the individual, as opposed to the social. Yet, Aquinas' ontology forced us to extend the boundaries of the individual, not through interpersonal relations, but through the individual's relation to God. Although the formation and experience of acedia did not involve others, it was a condition emerging in one's relation to God. Any phenomenon which was not related to the spiritual good was not acedia. And acedia was a pathology not due to a dysfunction restricted to the individual's body, but due to its nature as an obstacle for receiving the spiritual good. In that sense, acedia was both an irreducibly social category, and pathologized based on a social dysfunction. Regarding the issue of body and mind, it was possible to see that they were distinguished from one another on a higher level in Aquinas' philosophy. Yet, despite that, Aquinas took a non-dualist position both phenomenologically and ontologically and although the aetiology of acedia was rooted in the psyche, he defined acedia as a psychosomatic ontology taking the somatic experience key to its genesis. Lastly, regarding self, acedia was conceptualised as detached from the self, because essentially any human being was directed to the spiritual good. As, acedia hindered this, it could not belong to the same ontology with self.

In Burton's ontology, we come to a different pattern of conceptualising individual and internal. Burton's introspective approach seemed to break away from the individualistic and internalistic ontological ground underlying the post-Socratic models of melancholy predating him. Burton understood melancholy as irreducibly social owing to its causes, symptoms, and treatment. Although he attempted to build a dichotomy of internal and external on naturalistic ground by claiming that a factor can be conceptualised as internal or external based on the sequence of its occurrence with regards to birth, he did not manage to sustain this dichotomy throughout his ontology, and the categories of internal and external remained highly intertwined for Burton. The most important aspect of the ontological break Burton created in the history of melancholy was the categorisation of dysfunction. Differing from any of his predecessors, Burton conceptualised melancholy as rooted in institutional dysfunctions. In this framework, individual's characteristics, such as judgement, that were involved in the formation of melancholy did not appear to be reducible to the individual. Burton's ontology of self was the only essentialist aspect of his ontological ground, which was not completely transformed by his introspective approach. Although he acknowledged that melancholy felt authentic, he still tended to distinguish it from personhood. In terms of his ontology of body and mind, Burton remained Galenic. He understood body and mind in compositional terms, and the arrows of influence between them worked in both ways in his account. In that sense, although body and mind were categorically distinguishable, this categorical binary did not appear useful for understanding the genesis and experience of melancholy. Melancholy was an embodied phenomenon with a psychosomatic ontology.

Among contemporary models of depression, bio-medical model and phenomenological model represented two alternative ways of conceptualising depression emerging upon two different ontological grounds. On the one hand, the bio-medical model kept the ontologies of individual and social, internal and external segregated by conceptualising depression as an individual/internal condition with social/external consequences; the phenomenological model played with these boundaries in varying ways. Ratcliffe, for instance, understood depression as an irreducibly social phenomenon extending beyond the internal domain of the individual without claiming that its aetiology is also irreducibly social. Rather, Ratcliffe tended to hold an internalistic position by conceptualising the existential/worldly change underlying depression as aetiologically internal. Fuchs, took a stronger externalist position on this issue and conceptualised individual as irreducibly social, and placed the external within the internal in the first instance, thereby explicitly avoiding the dichotomy between ontological and phenomenological. On this ground, the ontology of dysfunction as well altered between the two alternatives. The bio-medical model pathologized depression based on an individual dysfunction. According to it, in depression it is the individual who becomes dysfunctional in a social setting. The dysfunction in question is derived from individual symptoms and not from social dynamics. Among the phenomenological account, it was possible to observe that Ratcliffe remained closer to the individualistic pole, because in his account the dysfunction flowed from individual to the world. It is the individual's pre-social existence which rendered the world dysfunctional for the individual. Fuchs, again, takes a stronger position regarding the sociality of dysfunction involved in depression. In his account, the expressed bodily disability was a meaningful expression of being in the world. Fuchs understands the development of depression as underlain by the

destruction of a certain “housing” which corresponded to a social dysfunction. Interestingly, the stance of both the bio-medical and phenomenological models take within the characteristics category does not differ with respect to the alternating positions each take within the internality and individuality categories. In both models, there is room for characteristics with a social ontology constituting the individual. Regarding the boundary between body and mind, though, the two accounts differed considerably. The bio-medical model approached body and mind by way of two separable ontologies, and restricts its aetiological account to within the ontology of body, whereas their phenomenological description is directed to an ontology of mind. In this framework, there appeared to be no room for embodied emotional experience that would illustrate the intricateness of body and mind. The phenomenological model, on the other hand, understands body and mind as intertwined. Body and mind co-constitute each other; and depression, both aetiologically and phenomenologically, emerge entangled. Lastly, regarding self, a more complicated scheme emerged. Different from the previous aspects of our ontological analysis outlined above, the application of the category of self to the phenomenological models of depression did not work efficiently. The formulation of this category, which aimed to trace the ontology of essence, remained too simplistic for the phenomenological models as these models are based on a philosophical standpoint that challenges the notion of essence in the first place. Thus, instead of proceeding with the analysis of the self category, in the case of phenomenological models we pursued an open-ended study of the relation between self and depression. On the one hand, Ratcliffe focused on the feelings of authenticity accompanying depression for understanding the relation between the two phenomena. On the other hand, although Fuchs did not examine this question explicitly, his study of housing

suggested that the development of depression and the development of certain personality traits shared a common background in the individual's personal history. These two lines of argument, despite being beyond the central question of the self category, highlight the nonessentialist aspect of the phenomenological models, in Ratcliffe's case by the prioritisation of experience over essence and in Fuchs' case by the worldliness of the development of both personhood and depression. By contrast the bio-medical model preserves its essentialist stance and defines depression and self by way of two alternating ontologies. According to this, depression supresses and shadows over the authentic self but does not alter the self. A depressed person embodies a pre-determined depressed character that takes over the experience of its authentic self. In that sense, the self is conceptualised as firstly isolatable from depression and secondly as solid and consistent. It is not a fluid and dynamic phenomenon which is being altered by depression. The self is a solid and constant entity which remains as what it was but becomes overshadowed by the features of depression. With recovery from depression the authentic self is released unaltered. This view of self and depression is likely to be underwritten by the body-soul/mind duality suggested above. As a neuro-biological activity, depression affects the body but as the self is separable from the body, it can remain essentially unaffected, and untarnished. This analysis can support the idea that modern psychiatry preserves a Platonic notion of soul in the conceptualisation of depression.

When all chapters are considered together, it appears that ontological ground has a complex and dynamic structure. There are idealizable poles, namely essentialist/internalist/individualist versus enactivist/externalist but the historical conceptions of depression emerge on grounds corresponding to differing positions between the two poles. Although internalism, individualism, and

essentialism tend to coexist, it was possible to observe in some ontologies that this threefold structure was broken with the influence of other ontological factors. The history of depression, with the historical parameters considered, started reasonably close to the externalist position with a Hippocratic medicine that did not cognise a pre-social domain of nature. In the post-Socratic period, this trend changed. Aristotle's ontology of melancholy emerged on internalist and essentialist grounds, yet this was not accompanied by ontological individualism. In Aristotle's ontology, the physical boundaries defining the human individual did not form a significant unit for his essentialism. Although the essential whatness of the individual was embedded in their physical being, it was not exclusively about their physical being. Aristotle's ensoulment exceeded the individual towards the larger context containing the individual. Therefore, Aristotle's ontology was essentialist and internalist, yet not individualist. Galen, on the other hand, combined Hippocratic humoralism with a version of Platonism, therefore exhibited some internalist, essentialist, and individualist features, yet owing to the legacy of Hippocratism, he never set the boundaries too tight. Following Aristotle, in Aquinas' philosophy the internalist and essentialist ontological ground accommodated an individualism even though the individual did not emerge as a significant unit for understanding the lack or loss of spiritual good definitive of acedia. When it came to Burton, it was possible to observe that Burton offered an unusual conception of melancholy upon an ontological ground derived from Burton's introspection. Finally, the contemporary era has given rise to different models. On the one hand, there is the bio-medical model which emerged upon an individualist, internalist, and essentialist ontological ground, bolstered in various ways by bio-medical science, law, etc.; whereas the phenomenological models offer views that depart from this ontological ground in differing degrees.

As a final note, this historical examination revealed another pattern which exceeds the questions formulated through the ontological framework central to the study. In some cases, such as Galen's, Aquinas', and Ratcliffe's models, the internalism underlying a conception of depression was not generalisable to affectivity, but specific to the pathologization of a nondaily affectivity. In all three cases, daily affectivity was viewed as an aspect of intouchness with the world, whose genesis involved external factors. What rendered internal the altered affectivity involved in melancholy, acedia, and depression was their pathological character. This suggests that within the Western conceptual history of depression, there has been instances in which the boundary between internal and external blurred in various degrees. But this has not always been applicable to depressive affectivity. Most of the time, there has been an ontological binary of pathological and normal which distinguished the ways in which the boundaries between internal and external were set. Perhaps, the most important move in the direction of an externalist enactivist model of depression is one which challenges the conception of mental pathology as an out-of-touchness from the world and in its place conceives of depression not as a failure of being affected by the world, but a certain way of being affected by it.

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