

NARRATIVE IDENTITY AND MELANCHOLIA

Abstract

Our aim is to see how melancholia is a remarkable disorder of narrative identity: the patient can still tell her or his life story, or even write it, but she or he cannot construct a narrative in the Ricœurian sense, nor can she or he understand herself or himself according to a dynamic identity. With the help of Freudian literature and three selected melancholic narratives, we will be able to put the Ricœurian theory of narrative identity into a problematic perspective.

Keywords: Identity; Literature; Melancholia; Narration; Narrative

Introduction

Paul Ricœur's hermeneutic philosophy turned to narratology, historiography¹ and justice² to observe the practical way the narrative is taking root. What does telling a story mean for a defendant or listening to it for a judge? What does attempting to talk about oneself and read fictional narratives amount to? What does configuring the documents, testimonies and archives of a particular time for a historian? By answering such questionings, Ricœur has been able to show how intimate or collective a scattered life required to be gathered within a narrative organized whole so that such experiences might grow more coherent and intelligible³.

Time is not the only factor generating scattering and contradictions. There is also pain and sorrow that give rise to the irreversible, conflict and reversals of fortune. From such a point of view, Ricœur has also taken an interest in Freudian psychoanalysis, firstly in his essay on Freud⁴, but also in numerous writings and lectures⁵, in order to detect an analyst's listening experiences as active operations through which the analyst attempts to connect symptoms, dreams or misunderstandings to extracts of memory, events and situations. Psychoanalysis would also proceed with the aim of reconstructing a coherent narrative from extracts of traumatic experiences, but also from symptoms, dreams and fantasies, then «the analytical situation takes in from the subject's experience what is likely to be part of a story or a narrative»⁶.

The patient suffers from the incoherence generated by unexplained symptoms and

1 See P. RICŒUR, *Temps et Récit t.1 L'intrigue et le récit historique*, Seuil, Paris 1983.

2 See Id., *Le juste 2*, Esprit, Paris 2001.

3 See Id., *Temps et Récit 2. La configuration du temps dans le récit de fiction*, Seuil, Paris 1985 and Id., *Temps et Récit 3. Le temps raconté*, Seuil, Paris 1985.

4 See Id., *De l'interprétation, essai sur Freud*, Seuil, Paris 1996.

5 Id., *Écrits et conférences I. Autour de la psychanalyse*, Seuil, Paris 2008.

6 *Ivi*, p. 31. Ricœur likes to quote Isak Dinesen in an interview: «All sorrows can be born if you put them in a story or tell a story about them».

somatizations uninterpreted dreams, hopeless fantasies. The point of the analytical cure doesn't consist only in talking to someone, but also in understanding what is happening. Hermeneutic work would be the point of the cure; it would involve understanding of such remnants of unconscious life and their inclusion to a story to be reconstituted. The passing of time and continuing pain would induce the need to talk to someone and to overcome one's inability to understand by resorting to a story which would make suffering acceptable. Recollecting through a coherent narrative must replace forgetting, repression, symptom and repetition⁷. According to Ricœur, putting it into words would be supported by the experience of fiction reading but also by the more or less conscious influence of a culture and a tradition offering its examples of narrative.

Therefore, subjectivity is not an innate element, but it is constructed. As it is always threatened by time and suffering, identity is not guaranteed because it might be defined in the manner of a thinking substance or a formal frame. Such a narrative eventually allows to situate events temporally speaking and organize traumatic experiences, according to its trace in a past of suffering, a present of research in view of a meaning. Thus, the past is being interpreted in the light of the present and of the expectations of a future (ideals, goals, plans, values).

Obviously, if Ricœur underlines the narratological aspects in psychoanalytical work, he also emphasizes the difference between a literary narrative and a life narrative realized by everyone – with their analyst's help or not. The literary narrative is a whole closed upon itself: a last page seals such a completion, which doesn't necessarily suppose the narrator's death. The self-narrative, vouching for a narrative identity, is necessarily more complex to construct in view of the fact that we are standing in the middle of time, dispossessed both of our immemorial beginnings and an end which is not repeatable. Moreover, such a narrative can be restructured according to new elements.

Once the broad outline recalled, let's concentrate on a specific disorder of the narrative identity: melancholia. The melancholic disorder would allow us to show that it is not enough to talk rather coherently and intelligibly to find consolation, to view one's future with vitality or to adopt a dynamic identity, likely to welcome novelty. In our view, melancholia is a remarkable case of two pitfalls faced by Ricœur's theory of the narrative: on the one hand, melancholia reminds us how important affect and hence self's disaffection are; a disorder that can be seriously harmful to talking about oneself. On the other hand, if a melancholic narrative is possible, it does not allow the subject to accept loss and mourning, therefore it seems useless therapeutically. What may be at stake, then, in the cure is the stimulation of narrativity, which might allow a de-temporalized and depersonalized subject, unable to overcome absence through speech and representation, to be able to do it. Understanding can only be effective in so far as it revitalizes the talking subject.

Firstly, we will deal with the melancholic figure's symptomatology by pointing out the obvious obstacles the narrative identity has to face: the subject extracts himself out of

⁷ The link between narrative and psychoanalysis is so strong that Ricœur relies on what a patient reports in his treatment to justify what he calls pre-narrative experience, i.e. that a lived life is waiting for a narrative.

time, he is unable to project himself, and above all, to move out a frozen vision of himself. Then, we will characterize the narrative or *phronetic* intelligence – as Ricœur calls it⁸ – by insisting on the importance of suffering, if not self-disaffection, in three melancholic narratives: Roland Barthes wrote a diary after his mother's death, titled *Journal de Deuil* (*Mourning Diary*), Sylvia Plath's novel titled *The Bell Jar*, and Marguerite Duras' novel titled *Le ravissement de Lol V. Stein* (*The rapture of Lol V. Stein*). Such melancholic narratives prove that the patients with melancholia can't tell a dynamic story which would allow them to go beyond their past. The analyst must do his best to stimulate the narrativity and to tackle the self-disaffection.

1. *Can the patient with melancholic talk about absence?*

Could we give a definition of melancholia? Freud had prudently refrained to do so. In *Trauer und Melancholie*, published in 1917, he warns his reader that melancholia can't be reduced to a general, theoretical and fixed definition. You must content yourself with clinical observation case-by-case. Nevertheless, Freud resorts to a comparison to allow his reader to understand melancholia: it is similar to mourning⁹. Losing a dear one imposes his or her absence hence the mourning of such an absence also the subject is still alive. But what does sinking into a melancholic state mean? Psychoanalysts refer to melancholic mourning to explain that such a loss can't be accepted by the subject, unlike usual mourning. Melancholia awakens a narcissistic disorder and an identification with the lost other, so that mourning the other also means a mourning yourself¹⁰.

The subject with melancholia seems to dissolve the interest he has for himself in over-investing his loss. The philosopher and psychoanalyst Dorothée Legrand refers to Barthes' *Mourning Diary*. The latter writes: «From now on and never am I myself my own mother»¹¹. Let's go back to Freud. The psychoanalyst goes on with his comparison and writes:

Melancholia can be characterized from a psychic point of view by a deeply painful depression, the suspension of interest for the external world, the loss of the loving capacity, the inhibition of any achievement and a reduction of self-esteem through self-reproach and self-abuse verging on a delirious expectation of punishment¹².

8 ID., *Psychanalyse et interprétation. Un retour critique*, in «*Études Ricœuriennes/Ricœur studies*», 7, 1, 2016, p. 262.

9 Ricœur makes the link between the work of mourning, «internalizing the lost object» and psychoanalysis, «internalizing the lost objects of desire», fantasies. *Ivi*, pp. 30-31.

10 Tatossian believes that the melancholic type loses the distinction between the I and the Other and loses itself to a general identification with the Other. See A. TATOSSIAN, *La subjectivité mélancolique*, in J.-F. COURTINE (ed.), *Figures de la subjectivité. Approches phénoménologiques et psychiatriques*, Éditions du CNRS, Paris 1992, pp. 103-108.

11 R. BARTHES, *Journal de deuil, 26 octobre 1977 - 15 septembre 1979*, Seuil, Paris. See the note of the 1st April 1978 quoted by D. LEGRAND, *Écrire l'absence*, Hermann, Paris 2019, p. 19.

12 «Die Melancholie ist seelisch ausgezeichnet durch eine tief schmerzliche Verstimmung, eine

The patient with melancholia might be more intensely absorbed by the loss than the bereaved himself, so that the analyst or those around him fail to understand such absorption instead of acknowledging the usual mourning grief. Strangely enough, he enjoys talking about himself: no sense of propriety and no shame seem to curb the feeling he has of being unworthy of others. To explain such an attitude, Freud puts forward a hypothesis: what he has lost is not only the other, it is himself, it is a part of himself. There is another explanation to such a lack of propriety: «All the depreciative words they utter against themselves are actually uttered against another»¹³. Not only does the patient with melancholia keep investing the lost and loved one, but he also expresses reproaches against himself, the reproaches he has been unable to address to the loved one.

The subject's love and hate are mixed in an ambivalence where the subject loves and hates the absent object. Actually, such ambivalence concerns the subject with melancholia: it is a movement of identification with this object both idealized and severely judged. He is unable to admit such contentiousness, even such essential hatred of the other. Actually, love also implies hatred in order to help the subject to distinguish himself from the other. The patient with melancholia experiences an identity disorder. Not only does he make this other a part of himself, but what's more a part of himself that he hates. Such hatred is turned against himself, and persists even though the object is absent, through real or symbolic death. Such a fracture from the other who left or died awakens the impossibility of separating from him and therefore of being oneself. For J. Kristeva, melancholia props up on «an intolerance to the loss of the object and the signifier's failure to provide a compensatory outcome to the states of withdrawal in which the subject seeks shelter to the point of inaction, to the point of playing dead, or to the point of death itself»¹⁴. In such a regressive resistance, the patient with melancholia does not content himself with being absent from himself, from the present and from the world, he withdraws the whole from reality. According to Legrand in her book *Écrire l'absence (Writing absence)*, he is like Orpheus's figure, always attracted and called by dead-Eurydice, always reminded of her absence and loss, he moves forward trying not to turn back but already holding back towards the absent one. We could say that turning back towards the absent one leads him at long last to face her death and to distinguish himself from the dead one.

As Ricœur says: «Suffering 'insists', and such insistence attracts the subject towards melancholia»¹⁵. But in such relentless of mourning and grief, death has no part. What is at stake is a lack of absence. Separation is impossible. At this point, melancholia may become stuporous: a radical form of suspension of mental and physical activity when

Aufhebung des Interesses für die Außenwelt, durch den Verlust der Liebesfähigkeit, durch die Hemmung jeder Leistung und die Herabsetzung des Selbstgefühls, die sich in Selbstvorwürfen und Selbstbeschimpfungen äußert und bis zur wahnhaften Erwartung von Strafe steigert». S. FREUD, *Trauer und Melancholie*, 1917.

13 «So hat man denn den Schlüssel des Krankheitsbildes in der Hand, indem man die Selbstvorwürfe als Vorwürfe gegen ein Liebesobjekt erkennt, die von diesem weg auf das eigene Ich gewälzt sind». *Ibid.*

14 J. KRISTEVA, *Soleil noir. Dépression et mélancolie*, «Folio essais», Gallimard, Paris 1987, p. 20.

15 RICŒUR, *Psychanalyse et interprétation. Un retour critique*, in *Id.*, *Écrits et conférences II*, cit., p. 24.

the subject withdraws upon himself into silence not to say inertia. Finally, if agreeing with loss means accepting to talk, to imagine, to symbolize, doesn't the patient with melancholia lose access to self-narrative? As Dorothée Legrand equally wonders, if writing supposes admitting absence in order to 'create a space where presence gives rise to absence', then how can the person who refuses absence still talk about himself through words, even writing? For the psychoanalyst, «melancholia is tantamount to suffering from being unable to write»¹⁶. The issue of death is avoided, desymbolised, as it was observed by clinical psychologist and psychoanalyst Laurence Guichard-Joseph about her practice, you have to «stimulate such melancholic subject's narrative ability»¹⁷. Self-representation, the representation of the other and of time are abilities which appear only on condition that separation and mourning should be accepted. According to Ricœur, releasing the ego, self-centered and frozen on what it believes of itself, goes through an imaginative variation and the stories one tells about oneself. Then we can understand that through a disturbed narcissism fastened to the other, the patient with melancholia is bound to lose his narrative identity.

2. Does melancholic achrony suggest a possible self-narrative?

For the Ricœur's narrative philosophy, a narrative is connected to an analytical therapy for various reasons that can be listed: the cure offers a chance to form a coherent, intelligible narrative of sufferings and symptoms, traumas and bereavements:

Eventually, one no longer suffers from the same thing, nor in the same way. One suffers differently by understanding what one can explain coherently, which simply allows you to go on living with others and yourself as I have just explained [...]»¹⁸.

Sometimes the narrative allows to identify the trauma which has not been lived under the chock of suffering. It removes it from the blurred and undetermined past in order to experience it at least once through such a narrative. When it is likely to be symbolized through metaphors, words, interpretations, and the narrative organization. Besides, the narrative must be acceptable but also oriented towards a truth, pointing an end to the cure: not only acceptable for the subject, but also for a subject reading a story striving to understand it and becoming a critical distanced reader. Such a return to the past also allows to open to novelty and the future:

16 LEGRAND, *Écrire l'absence*, cit., p. 193.

17 The psychoanalyst L. Guichard-Joseph evoked, in a workshop devoted to Legrand's book, the difficulty for melancholic patients to tell their story. She had indeed asked him to bring photography to «relaunch her narrativity». The photography designates an absence, and the patient was disturbed by it, even overwhelmed by her refusal to internalize it. I refer to her talk *Les écritures mélancoliques*, October 2 and 3, 2019 at the École Normale Supérieure, Paris.

18 RICŒUR, *Psychanalyse et interprétation. Un retour critique*, cit., pp. 26-27.

The famous invitation in *Temps et Récit III (Time and narrative III)* to stop perceiving the past ‘from the angle of what is finished’ in order to rekindle in him unachieved stopped no to say wrecked potentialities, actually introduces the vision of a undetermined and liberating past directly opposed to the psychoanalytical conception of a past which haunts and paralyses the present¹⁹.

There is an essential aspect of melancholia revealing its potential incompatibility with such a narrative suggested by Ricœur: its achrony. First of all, the patient with melancholia does not know how to make time pass or does not accept to have it pass. A problem we might connect with the weariness of having to leave described by Lévinas in *Existence and existents*: an ontological or existential weariness one which prevents the subject from dividing existence, which has become impersonal, uninterrupted and monotonous, into temporal landmarks, instants and by its own rhythm. Such a situation is so well reported by George Perec, in his novel titled *A man asleep*. Its fictional narrator, a student who is tired of living, no longer has his own time. For him, time has become unchanging, anonymous, and is not getting anywhere²⁰.

His relation to time is reduced to his dread of it therefore the past alone seems to constitute his notion of temporality. The relation to duration, to what in time passes and moves on, can no longer be seen. The patient with melancholia freezes the temporal dynamic so that «it no longer flows, it is no longer ruled by vector before or after, it is no longer moved from a past towards a goal»²¹. Hence, we must wonder if melancholia can reconsider its grief in a narrative which connects what took place previously, the event and what happens subsequently? Or if the subject with melancholia unable to do so and bound to remain without a narrative and therefore without an identity?

According to such psychologists as Jérôme Englebert and Giovanni Stanghellini²², melancholia attests to a pathology of intentionality: the subject with melancholia no longer knows what he can aim at and no longer has temporal landmarks. Thus, one of the patients met by the researchers explains that after his mother’s death, he can no longer date his life or the loss he is haunted by: «He is unable to estimate what time it is and cannot tell the date of day without referring to a calendar»²³. The feeling that time is not getting anywhere or the obsessive thought that the past is lost slow down the rhythm of the verbal flow. Binswanger, in his psychoanalytical and existential approach of melancholia, had also underlined the achrony, the attachment to the past and the refusal to consider the event of the loss as fortuitous²⁴. If we take up Ricœur’s words defining the sad man, we might be able to say that the subject with melancholia that he feels how ‘irreversible duration is’.

19 ID., *Temps et récit 3*, cit., p. 390.

20 For a more in-depth comparison of Perec’s text with Lévinas’ analysis, I refer to my book *Le temps à l’œuvre*, Hermann, Paris 2020, pp. 53-57.

21 KRISTEVA, *Soleil noir*, cit., p. 71.

22 See J. ENGLEBERT, G. STANGHELLINI, *La manie et la mélancolie comme crises de l’identité narrative et de l’intentionnalité*, in «L’Évolution psychiatrique», 80, 2015, pp. 689-700.

23 *Ivi*, p. 691.

24 See L. BINSWANGER, *Melancholie Und Manie. Phänomenologische Studien*, Neske, Pfullingen 1960.

The subject with melancholia apparently remains able to tell, but his narrative reflects such achrony or the retentional nature of his disease. Excessively attached to the lost object, up to a pathological identification with it, he suffers that putting together scattered elements should seem determined by the other rather than by himself. As Binswanger notices, the refusal of what if fortuitous in the event is coupled with a guilt expressed through a complaining narrative²⁵. Such a narrative is weaved by the use of the past conditional 'if I had' or 'if I had no' that Binswanger names «empty potentials». Actually, as he is exclusively turned towards the miserable past, it takes it up again according to unrealized possibilities, the consequences of which cannot be measured for the future. The patient composes a retroactive narrative, in which the present devoid of the other and deprived of meaning flows back towards the past and contaminates it with its vacuity. The narrative is being built according to hypotheses gone by which do not make sense with the present story. Indeed, if through speech the unity of intentional acts both retentive and protentive is realized, and if such unity is altered, thought, speech and thus putting it into words are being disturbed.

3. *A few cases of melancholic writings*

If a melancholic ability to tell a story can be envisaged, its excessive attachment to the past and its refusal to accept and understand the loss is responsible for the failure of putting it into words. The patient with melancholia does not compose a narrative in Ricœur's sense. In other words, he does not offer a lot of events organized according to what happen before and what came after and articulated together according to a more global meaning allowing the reader who skims through it to make sense from the sequence of events. I would like to illustrate my point through three melancholic texts.

The first is Barthes's *Journal de deuil (Mourning Diary)*: between 26 October 1977 and 15 November 1979, after his mother's death, Barthes wrote a diary composed of snatches of reflection brooding on his mother's absence without accepting it. Despite the temporal progression attested by dating, the snatches of the diary display a dispersion of thought by emotions and a repetition without any narrative link. The narrative is both open and scattered: it will have nothing else to say but the refusal of absence. The narrative cannot take place because to write a narrative, you have to compose both with what is present and what is absent, by turning towards the thought of absence likely to introduce the future. The mourning diary is the brooding of the refusal of death, in an ego's hemorrhage identified to the absent mother and unable incapable to revitalize himself without her. Of death he writes: «And then one day, it is no longer an event, it is another period, packed, insignificant, unnarrated, dull, without a way out: real mourning unlikely to be told dialectically»²⁶. Barthes is aware of this refusal to integrate mourning; there

25 H. Tellenbach also detects a sense of guilt which explains this form of retrospection, or even delusional guilt. See H. TELLENBACH, *Melancholia*, Springer-Verlag, Berlin 1961.

26 BARTHES, *Journal de deuil. 26 octobre 1977- 15 novembre 1979*, cit., p. 60.

are even moments when he claims he will not produce a narrative and won't convert mourning into literature.

The Bell Jar poetess Plath's only novel, published in 1963, is another example of a melancholic writing which seems to achieve the classically linear style. The narrator, Esther Greenwood – whose life is more or less the same as her author's – in the first part of the book evokes her past, her desire to write, and the people she meets as a student. But already unrest is perceptible through the text heading towards a catastrophe: «I felt very still and very empty, the eye of a tornado must feel moving dully along in the middle of the surrounding hullabaloo»²⁷. Already discomposed Esther compares herself to a natural event, neuter and near to collapse. From the second part of the book, she attempts to commit suicide several times and ends up in a psychiatric clinic. Her melancholic writing is weaved through the threads of the unspeakable denial of her father's death: «Then I remembered that I had never cried for my father's death. [...] I laid my face to the smooth face of the marble and howled my loss into the cold salt rain»²⁸. Caught between violent accusations against her mother, whom she holds responsible for her father's death, and bouts of depression, the narrative sinks into the morbid details of her suicide attempt. After the scene we have mentioned in the church yard, the narrator rushes back home to kill herself. The narrative only hangs on a return to life in psychiatric clinic and the suspension of a flickering life. Here we do have an example of the melancholic writing, but if the story sounds possible, it is not turned towards the future.

In *The rapture of Lol V. Stein* by Marguerite Duras, published in 1964, it is her obsessive attachment to her fiancé Michael Richardson, who jilted her for another woman, Anne-Marie Stretter during the T. Beach ball. Prostrated in her suffering, Lol hardly speaks at all, sometimes to the housekeeper or to her mother, or to her friend Tatiana Karl, a witness of her desertion at the T. Beach ball, sometimes to the doctor Jacques Hold. Both Tatiana and the doctor endeavor to grasp such a mysterious woman melancholia and to write about it. Why is Lol unable to tell her story? The shock of the loss is so powerful that she can't acknowledge it, therefore she is unable to become the subject of her story. Therefore, her doctor, J. Hold, who will attempt to do it, with doubts, hesitations and volte-faces. Actually, he tells no story, he becomes the witness of a melancholia that will eventually contaminate him: «Levelling the ground, opening tombs where Lol is playing dead, seems a better thing to do, since I have to make up the links that are missing in Lol V. Stein's story, than building mountains, constructing obstacles, accidents»²⁹. Nevertheless, better than Plath and all the more, better than Barthes, Duras' work succeeds in putting melancholia into dialogue with endless loss. Jacques Hold writes like a patient with melancholia: no linearity, he puts forward a number of hypotheses, sometimes fictional to attempt to figure out Lol's suffering, the part of herself she is clinging to as the only identity of suffering. She can only be Richardson's jilted fiancée, a desertion that provides her with an identity. He too resorts to empty potentials and to the future perfect:

27 S. PLATH, *The Bell Jar*, Harper & Row Publishers, New York 1971, p. 3.

28 *Ivi*, p. 88.

29 M. DURAS, *Le ravissement de Lol. V. Stein*, Éditions de Minuit, Paris 1976, p. 37.

«Lol dreams of another time when the same event about to take place would take place differently»³⁰.

The reason why melancholia leaves the story pending, is because Lol's identity has been shattered by mourning, has been frozen in the feeling of self-mutilation. From a fragment of her ego lost with the absent lover, Richardson, it is her all ego which is scattered into fits of anger, stunned silences, and repeated snatches of a blurred past. Absence to oneself where thoughts, memories and sensations do not reach anyone who might make them their own, in view of a future which is no longer longing for the absent but looking forward to a life of their own. Strangely: even if she does not stimulate her narrative capacity, «Lol progresses every day in the reconstitution of this instant»³¹ since «what she is rebuilding is the end of the world»³². Lol searches this instant – indivisible though it may be – the instant of her loss at the T. Beach ball. She wants to recompose the moment that shatters and loses her. She perceives every single detail; she is brooding over the past which is whirling around her like the swirl of Anne-Marie Stretter's dress dancing with Michael Richardson.

Lol V. Stein won't a narrative through which she can reconstruct herself: it would mean resuming the past not for itself but for the future depending on it. It would mean differentiating herself from love and expectation, from desertion and mourning, be daring enough to face such painful events and endow them with significations, unrelated to the beloved one. Telling her story would amount to resuming the past as related to the present already different, to misidentify oneself from such a painful past in order to dare an identity still to be achieved, still to be told, aiming at revitalization herself alone. But identified with this dead love, Lol is dying. Lol's only identity is to disappear, which remains unchanged despite the passing of time and the staggering instant.

4. *Stories without a future?*

What the clinical positions like melancholic fictional or autobiographical writings allow us to observe is that we are not dealing with a narrative recommended by Ricœur in its composition but also in its effect: to redeem suffering and to make visible the defeated people. What allows the narrating subject to recognize himself in the above examples? Much less through the incidents and the way they have been articulated intelligibly, progressing towards a clear conclusion, than through the present emotional mood. Melancholia is an affective state the etiology of which allows to acknowledge the subject who tells the story and what affects him: silences, snatches of words related to the past loss, lack of protection. Ricœur seems to have underestimated the implication of the *Stimmung* described by Heidegger, as it has already been emphasized by Michel Vanni:

30 *Ivi*, p. 187.

31 *Ivi*, p. 46.

32 *Ivi*, p. 47.

It is the schematization of actions through a narrative plot that constitutes an interpretable meaning. And yet, what is less likely to be narrated than an emotional mood? What is further away from any practical commitment?³³.

The character-narrator or narrative's object is not only someone facing ethical choices, events arousing deliberation, and an intelligence of storytelling but he is also the character who the one who undergoes a situation, who is affected by it, in a particular mood, without being able to go beyond it. Ricœur knows it, he who tackles the cases in crisis, as *The Man Without Quality* by Robert Musil. Such a crisis of identity, a schizophrenic crisis, for him would amount to loosing distinctive features constituting a character or the identity. The individual no longer knows what he is and is confronted with the mere question 'Who am I?' However, in the case of melancholia, in its ability to resume the past by the yardstick of a new event ipseity is lost. The patient with melancholia sticks to the permanence of the character or of the *idem*³⁴: to be a bereaved son, to be the deserted fiancée. In the writings we have chosen here, the characters don't question so much the 'who' of their identity as the 'who' of the lost other. The problem precisely lies in the fact that you can no longer care about yourself if you do not care of the loss of other people. There is nothing else to tell but that loss. You only need to try to capture it again beyond the traumatic amnesia, account for it, in such a slow tempo that it rather shows the desire to scrutinize every detail of one's fright in slow motion. Another problem: Ricœur reckons that the aim of the future main not be focused on the resolution of being-for-death as it can be discovered in *Sein und Zeit*, but in the ethical praxis oriented towards the living well. And yet, in our stories, if the patient with melancholia and his words are haunted by the other's being-for-death such horizons do not allow him to tell his story.

From the character's point of view, figuring out his situation is most often likely to spark of a conversion of affective disposition which seems to be Ricœur's idea. But sometimes such a conversion does not take place like in the melancholic narrative. There are several reasons to explain that: the unexpected arrival of several characters or of an event usually likely to influence the patient with melancholia towards a change of mood may have no impact since the story of the loss as the narrative monopoly. If the emotional mood contaminates the characters like the acts, objects and the events, it looks as if the patient with melancholia is identified with absence and couldn't possibly consider himself as a subject: either because he won't tell his story (Barthes), or because he only longs his own death (Plath), or because he focuses only on the moment of his loss (Lol).

The patient with melancholia's emotional disposition seems to be immutable as a 'bell jar' according to Plath's novel title. What is at stake is being-against-death. The ultimate reason is narcissistic: her being is only the absent other's being. Nevertheless, the patient with melancholia's temporal horizon is not his death as his future and its

33 M. VANNI, *Stimmung et identité narrative*, in «Vox poetica», 10 novembre 2005. See <http://www.vox-poetica.org/t/pas/vanni2.html>

34 See TATOSSIAN, *L'identité humaine selon Ricœur et le problème des psychoses*, «L'art du comprendre», 1, 1994, pp.99-106. This article is commented by P. CABESTAN, *Qui suis-je ? Identité-ipse, identité-idem et identité narrative*, in «Le Philosophoire», 43, vol. 1, Vrin, Paris 2015, pp. 151-160.

effective potentials but the other one's death and his non-existence potentials. In melancholia, the painful condition is such that the ego is disaffected. Its identity is only in his self-desertion resulting from his loyalty to the lost one, in his refusal to represent himself historically and critically speaking. But we do not find in these three narratives a story of therapeutic improvement. Everything happens as if telling what happened to me did not lead to telling who I have become.

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If Ricœur's narrative is a sort of totality offered to a scattered and chaotic lived experience, melancholia seems to attest a crushing defeat or a deviance from the narrative ability described by Ricœur. The composition of tenses, the gathering of slices of suffering within a narrative told in a finish time, with a beginning and an end, where the horizons can be drawn according to its vitality and its practical choices seem impossible. Such an impossible can be told. If choosing to explain the plot consists in explaining one's weakening, one's passivity by the yardstick of one's recovery, melancholia is a refusal of storytelling. Identifying oneself with the other who is lost leads to a refusal of separation, to the refusal of time itself, of historicity hence of shaping the story through the impulse of *mythos*. You would have to consent to death to be able to tell your story. She or he who tells the story introduces absence and accepts it, and moving himself to the threshold of his vitality, distinct from deadly loyalty.

Finally, against such a link to death or against death, despite death, narrating cannot do nothing but attest it. Narrating without a story, a body without any pain, a past without any history, a subject without 'I', such is the melancholic existence. This leads us to wonder how efficient it is to question the therapeutic conversational effect of the story. How can you pass from an attested suffering which can't be expressed in the first person singular to writing about a misfortune which took place, if you don't wish to revitalize yourself? At last, at the end of this reflection, I can only sketch out such practical questions concerning a patient with melancholia's ability to pull himself up to talking about himself again. Then we should wonder, what storytelling can bring to an individual absent to himself who refuse to possess himself again. How can be relaunched the desire to tell your own story in order to appear to yourself, distinct from the other and from misfortune? How can you relaunch the story of yourself by overcoming the temptation of backwash and loss? The effective and efficient cure would undoubtedly be the one which after answering such questions through experience, trial and error or reflection, succeeds in sparking of the desire not to fix the meaning of death, but the meaning of one's story, despite senseless death.