

Moral pain and senility¹

Carlo Maggini

Department of Neuroscience, Section of Psychiatry, University of Parma, Parma, Italy

1. The term *moral pain*, used in the popular lexicon to indicate a condition which pertains to the anthropological dimension, has since decades been excluded from psychiatric terminology to be replaced by psychopathological categories such as sadness, melancholia and depressed mood, and by diagnostic nosographic ones such as depression or depressive disorder. Thus, for the psychiatrist who may be lacking in historical memory, the term *moral pain* has a vague and literary meaning, rather than a scientific one. For a long time, however, this term has been identified with a specific technical notion, which overcoming and transcendence have been fundamental in the historical and epistemological metamorphosis of psychiatry as a science. The concept of *moral pain* refers back to the cultural heritage of the writings of the 19th century which, by now buried in the libraries of psychiatric hospitals, still survive the pillaging of occasional visitors (1).

With the birth of psychiatry as a medical and naturalistic discipline, that is, at the beginning of the 19th century, the term *moral pain* had its reason for being in that, being opposed to *physical pain*, it marked the boundary between general medicine and psychiatry and between medicine of the body and medicine of the soul (of the psyche), thus laying the foundation of the identity of psychiatry.

The abandonment of the term *moral pain* was due both to the disengagement of psychiatry from medicine and neurology, which has progressively moved the models of mental illness away from the semeiotics of neurological sensitivity, as well as the more spiritual interpretation of the term *moral* which, like the word

soul, has become a category of the humanistic, ethnical-philosophical, sociological and religious disciplines, and more and more unrelated to the natural sciences.

As a consequence, the noun *pain* and the adjective *moral* ended by diverging, as did the semantic areas they defined, placed on the opposite sides of medicine and neurology, and philosophy and religion, becoming words that are estranged from psychiatry.

Once, psychiatry, delineated by its clinical field, developed conceptual psychopathological framework, and autonomous terminology, allowed for an abandonment of the term *moral pain* as a mere stigma of the birth of psychiatry itself.

2. However even today the term *moral pain* appears, albeit infrequently, in psychiatric literature as a synonym of human misery and of emotional-affective suffering, which lies beyond the borders of taxonomic systems and eludes their diagnostic schemes.

The term *moral pain* refers only in part to mild, sub-clinical or sub-threshold depressions, and is more applicable to emotional-affective states experienced in response to negative life events and turns of fate, or expressive of a particular *weltanschauung* which, although outside of the medical model, more and more frequently come to the attention of the general practitioner and the psychiatrist. This is due to the diffusion of psychiatric knowledge in the community, to the broadening of the relationship between the psychiatrist and the general practitioner and the extension of liaison-psychiatry (2).

In the space of *moral pain* (*human misery*) sub-clinical, acute or prolonged conditions of depression cer-

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tainly dwell, which have a biological basis, but also harbor a great variety of states, acute or chronic, of pain from loss, of loneliness, of abandonment, of frustration, of desperation, of boredom or disillusionment, of disappointment related to repeated failures or long-term suffering.

When faced with these kinds of affective suffering, the psychiatrist should never repudiate his or her role as a diagnostician in decoding them in symptoms or syndromes. In any event, the inability to decode them in a diagnostic or semeiological sense should not discourage him or her from venturing outside of Herculean Columns of nosography, putting trust in his or her own abilities of listening and of experiencing emotional resonance. In this way, without semeiological references and diagnostic guidelines the psychiatrist can obtain in-depth knowledge of the subjective experiences and life story of the subject he or she has to help.

During this voyage it will not be easy for the psychiatrist to resist the seductive chant of the sirens of his clinical education who will tempt him to change his course urging him once again to translate subjective experiences into symptoms and to search for a configuration of syndromes which fall into a diagnostic category and allow for some kind of pharmacological prescription.

During this voyage, if the psychiatrist does not have the hermeneutic framework of phenomenological psychiatry in mind, he or she may get lost. However, this knowledge requires philosophical sensitivity, which may be lacking in his or her cultural baggage. The "morale of the conquerors" which guides psychiatry calls forth a continuous expansion of the boundaries of the pathological so that moral suffering, like a lagoon that dries up and exposes more and more hidden ground, divulges new and larger fragments of itself to the medical model and to psychopharmacological intervention. All that is necessary to have an immediate image of the above is to compare DSM-III and DSM-IV (2).

Within the growing intromission of the cognitive and operative paradigm of depression in the gray area of moral suffering, which extends beyond the borders drawn by diagnostic and nosological system, hovers the rooted and misguided identification of sadness and depression, which in the past drew its life

force from psychodynamic speculation and psychopathologic and semeiological oversimplification which in recent years is supported by diagnostic and nosological systems.

3. In Woody Allen's movie *September* (1987), an aging but still vital starlet sees the inexorable signs of time on her face in the mirror and exclaims: "*It's terrible getting old! You look in the mirror and you realize that there is always something missing from your face: the future*".

It is only a momentary suspension of a continuing process which allows her the illusory concealment of the indisputable signs of senescence and control of the depressing anguish of the *road to the sunset*, an authentic moment in the comedy of repression and denial, which are precarious mechanisms of adaptation of the personality at this age.

The theme of the mirror reflecting one's own aged image also appears in Freud's text *Das Unheimlich* (1919) (3): he tells of his amazement when he observed, during a train ride, his own aged image reflected in the glass of a door which he momentarily did not recognize; a perturbing experience which is not only troubling and frightening, but also causes estrangement and dismay.

The traditional characterization of the aged, defenseless man faced with the conflictual load of a lifetime, with the loss of affection, of his role and of his personal identity conditioned by the negative biological effects of senescence seems to be more and more substituted by a second one, no less stereotypical, of the old man who feels eternally young and who, unable to resist the temptation of mundane events, leads an assertive existence based on an anachronistic planning for the future.

Between the consolatory extreme of idealism and denial and that of brutal disenchantment oscillates the literature on aging. As an example, we could refer to the narrative of Schnitzler in the *Casanova's Return to Venice* (2001) (4).

"*Casanova was in his fifty-third year. Though no longer driven by the lust of adventure that had spurred him in his youth, he was still hunted across the world, hunted now by a restlessness due to the approach of old age. His yearning for Venice, the city of his birth, grew so intense that, like a wounded bird slowly circling downwards*

in its death flight, he began to move in ever-narrowing circles."

This powerful and forceful narrative image opens the history of the decline which will guide the actions and thoughts of Casanova, the adventurer at sunset, from the moment we find him in a modest inn in Mantova to his humiliating return to Venice as a spy for the Council of Ten.

The novel deals with the themes of loneliness and of moral and physical decadence. Casanova suffers from impending old age and from the fact that he can no longer achieve the success that he had in his youth. He suffers because he is unable to accept the unavoidable natural phenomenon and because his way of life and of thinking about the past force him into a blind alley of loneliness and isolation. These are the causes of the bitterness which permeates his behavior regarding youth, and of the cynicism and lack of scruples in his actions to escape from the present.

Marcolina, with raw realism, ratifies the end of his last chances. Will the aging adventurer be able to possess her and feel that his sexual effusions are reciprocated, will he be able to experience, in the arms of Marcolina, the oniric illusion of the annulment of the present, deluding himself: "*Were not youth and age merely a fable; visions of men's fancy?*"

This lasts only an instant: the disgusted gaze of Marcolina, who with the light of day discovers that she has been duped and has made love to Casanova believing he was the young Lorenzo, violently brings him back to the reality of his misery:

"Between the curtain and the window-frame the dawn was making its way through in a narrow strip of light. Marcolina, in her white night dress and with hands crossed upon her bosom, was standing at the foot of the bed contemplating Casanova with unutterable horror. Her glance instantly recalled him to his senses.... What he read in Marcolina's countenance was not what he would a thousand times rather have read there; it was not thief, libertine, villain. He read only something which crushed him to earth more ignominiously than could any terms of abuse; he read the word which to him was the most dreadful of all words, since it passed a final judgment upon him - old man."

Even the victory in the duel with Lorenzo is a defeat: it is a symbolic suicide which is not liberating, but

rather a prelude to the torment of a future of loneliness.

The person who wanders alone and unknown along the dark streets of a hostile and deteriorated Venice and who wearily throws himself on the bed to sleep in a miserable inn, his first sleep in his fatherland after a quarter of a century, is the ghost of that superb and audacious adventurer who had been a protagonist of the 18th century.

4. Today's society urges us to stay young and attractive and to be involved in social life. Nevertheless, in *Death in Venice*, by Thomas Mann (5) the attempt to cancel the signs of time and improve one's own face with make up is destined to fail. The fate of Aschenbach, the fifty-year old protagonist, seems to suggest that youth and old age cannot coexist in harmony in the same body and that artifices used to simulate youth fail, depriving the elderly of what is most precious: dignity.

The essay *Über das Altern. Revolte und Resignation* by Amery (6) provides a cruel unmasking of the misery, the precariousness, and the decadence of aging. The essay is a cruel deconstruction, a demolition of illusions, consolations, certainties and desires. Images, cruel yet truthful, are those of the immobile and pale face and the fixed gaze of the old man which are the prelude to rigor mortis or that of the old man becoming permeable to the gaze of others. The world annihilates the individual who ages, making him invisible, and the gaze of others pass through him like a transparent substance and annihilates him, making him inexistent.

The old man, according to Amery, vegetates and makes a deceptive compromise with the inescapable nature of his condition, of which he became conscious when he became conscious of growing older. He who grows older becomes extraneous to his own body and at the same time more intimately tied to his own inert mass than ever. He who grows old lives with death; this coexistence is a scandalous pretense and an unequalled humiliation, which he accepts with humiliation.

Reading Amery, the consolations of Cicerone in *De Senectute* (7) seem futile, as if he speaks of a different concept of aging compared to ours. Today, with

the prolongation of life in hospitals, hospices and in the home, old age has really become something different, and the wisdom of the past does not seem to help us. We still know nothing about aging; it remains an unknown and unexplored country, a true *heart of darkness of life* (8).

With a certain serenity and realistic pessimism Freud expresses his thoughts on old age in a letter to Lou Salome (9) and describes his loss of the *taste for life*, and the feeling of being *covered with a bark of insensitivity*, almost a *becoming inorganic*.

In another letter he writes that he feels the *bad mood of old age and a total disillusionment, like a lunar landscape, like an interior frost*. And again, writing to Lou commenting in a garrulous fashion on her growing older *I don't agree with the eulogy on aging that you described in your dear letter: I am pleased that you adapt so much better than I do, but you are not yet so old and have much less worries than I do*.

For Freud, the only solution to a destiny, which reserves only the dissolution into the inorganic, is painful and virile acceptance, that is: dignity.

Jung's approach is different in that the withdrawal into oneself in old age is a natural tendency towards introversion, which is not necessarily a regression, but rather a sign of the tendency to *plant roots in the soul*, as opposed to the youthful tendency to *plant roots in the world* (10).

According to Jung, even in old age one can accomplish the process of self-knowledge, during which it is possible to achieve full development and wisdom, along with a return to the subconscious and to the most ancient symbolic imagery of mankind.

However, in a letter to Thomas Mann a few months before his death, Jung (10) wrote: *As far as my personal experience is concerned, it is a good thing that destiny is so compassionate as to put a limit on the duration of our lives*.

5. Humanity has always tried to get around the checkmate of old age transforming it from a symbol of weakness into its own remedy. This seemingly modern trick, according to Magris (11), was not unknown to the ancients.

In the third song of the Iliad (12), the old men of the city contemplate the battle from the high walls of

Troy, while Helen, the impassive object of the dispute indicates and describes the most famous warriors of the Greek army to them.

Threatened by the assault of the enemy and perturbed by the beauty of Helen, the old men defend themselves from the nearest threat, the presence of the woman, with garrulous gravity. Their venerable age protects and justifies them, giving them the right to just watch.

Exiled from the contents of love and war, the old men seek an infantile and egocentric refuge in the form. Their exclusion permits them to be gratified by the renunciation: they could never stretch their hands toward Helen or weapons. Old age means being free from having to prove ones own worth, capacities, and vitality to oneself and to others.

6. In the elderly, too often there is the tendency to equate any kind of moral pain with depression, which is considered the paradigmatic psychopathological condition and the mandatory nosological reference for any affective condition in this age, based on the identification: senescence, sadness and depression.

In old age, actually, the biological decline and *life taking the absolute course toward a diminution of what is possibile* as stated by Max Scheler (13), which cause a progressive annihilation of defenses, can activate a specific vulnerability to depression.

In old age, in fact, the inexorable breakdown of the certainties on which existence is based and within which context life unfolds, such as social rank, the home, and personal health, in the sense of *Mit-Dasein*, can precipitate a depressive state.

The misery, the precariousness, and the decay brought on by aging as Avery mercilessly unmasked in his writings could be precursors to depression.

How can it be denied, then, that depression is a possible outcome of the destiny of the old man, whose only prospective, again quoting Freud (9), is to dissolve himself in the inorganic?

Actually, the old man loses the power, not only over that which surrounds him, but also over himself and his own body, and is left to the care taking of those around him. His memory becomes blurred and the horizon of the future slowly disappears so that he lives in a kind of present without limits, an empty and de-

solate place breathed upon by the pestilential breath of death.

Nevertheless, in old age there are ways of experiencing which represent effective defenses against depression, such as self-protective withdrawal, the reduction in libidinal investment, the slowing of the perception of time, the retrieval of the inner world and subconscious fantasies, the narcissistic tendency to review life as a means to fill the existential void and to mitigate the fear of death and the involitional process.

Furthermore, the existence of social agencies in our *post modern age* (pursuit of interests and productivity even after retirement, economic resources, means of communication, keeping in good health or at least being reassured by the health system as far as hypochondriacal afflictions are concerned, etc.) tends to be overlooked. These factors encourage an involvement in life and are a means of support that slow the somatopsychic involution and delay the assumption of a role that is without any social recognition whatsoever, thus preventing the development of depressive conditions.

Consequently, the clinician may find himself faced with novel affective changes in the elderly which cannot be defined as depression, but rather the reaction of the subject *who, when faced with his shortcomings withdraws and isolates himself to keep his identity* (14).

This is a kind of refinement of the art of survival, thanks to a technique involving a strategic withdrawal when confronted with the new, which is more and more anonymous and uniform.

In the creative period before old age, Italo Svevo (15-17) described various sketches of old men so fixated on desire that they had a greater fear of not being able to love, than fear of not being loved. To them, on the one hand old age provides them with a strategy to stop or at least to postpone the risk that desire might disappear, and on the other an alibi for the renunciation of, or better yet, the lack of satisfaction, rising up against hopelessness. Svevo's old man can liberally cultivate the "savage idleness" of his amorality, which is nothing other than lucid and detached clairvoyance, and at the same time inextinguishable hedonistic nostalgia. According to Svevo, old age is life without a future and hence simply reduced to the present, to a

lucid and free interval, to an idleness without duties and meaning.

Senescence can in this way activate, through an intrapsychic confinement of the libido, effective defenses against depression, but nevertheless may trigger feelings of boredom.

Boredom, a sort of *hypo-depression*, of *painful anesthesia*, of *inner void tinged with indifference*, seems to present itself today as one of the most common psychopathologic dimensions of emotionality in the elderly (18).

Pathological boredom, a *vague and silent Stimmung*, is confined to the intersubjective dimension and is concealed by acting as its determinant in the persistence of a desire in an empty aspiration without object. In descriptions of old splenetic aristocrats, boredom was owed to the *satisfaction of the appetite* and also to the *anguish of not being able to enjoy the pleasures of life anymore*.

Boredom is a paradoxical state of *sluggish restlessness*, of painful tension and of undefined dissatisfaction, which is experienced in a state of indifference. It is the passive waiting for some kind of solution from the outside world, which collides with that impalpable veil which divides feeling and the perception of reality.

Unlike depression, in boredom self-esteem is intact and there are no feelings of inadequacy, incapacity or guilt. There is a disproportion between the experience of subjective and objective time, rather than a general slowing down, and a dissatisfaction regarding the inability to possess the objects of love or the lack thereof, rather than the incurable pain of losing them (19).

The slowing down of vitality in old men may prevent the onset of boredom, which is a rare feeling in a very old person. The joint process of somatic and psychic senescence causes, along with the *general narrowing of emotionality, of intellectual activity and memory*, a *global detachment from others and the world*. If vital and hedonistic dimensions remain in senescence, as may happen in the initial stages, the aged may inexorably fall into the painful present of boredom, an insidious and secret feeling which *bites without barking*, to quote Tardieu (20).

Nevertheless, boredom, due to the inherent objective lack of involvement of the subject, represents

a defense and a critical distancing from reality, which may start psychological growth, and remodeling of the relationship between internal and external worlds, which is an existential adaptation to the *empty nest syndrome*, and becomes an affective modulator and defense against depression.

Thus, it seems legitimate to consider boredom in old age not just a banal affective experience tied to monotony, repetitiveness, behavioral fixity and the *emptiness* of free time, but rather, paradoxically, an expression of the survival of the sense of vital possibilities in the biologic and socio-relational state of senescence. The old bored man, like the slothful Casanova (1843) in his retreat in old age to Dux, is an old man sick with desire, who can live only in *the absolute and timeless context of dreams. Once more, before the light of my life is spent, before my heart breaks, once more before I die, I should like to rejoice in the love of a woman*, wrote the poet Heinrich Heine (21).

In a brief digression on this topic, we turn to Ibsen who until his incipient old age held himself forth as a writer of Socratic rationality and affirmed the dominion of the individual over nature, rising above and rejecting the seductions of life and subordinating love to higher duties. In his old age, however, Ibsen is subject to the nostalgia of the Dionysian flow of life, and the distressing recall of the world and of neglected carnality. The characters of his last plays suffer from the regret of not having lived their lives, of having held back and of having sacrificed them for the sake of goals which were only apparently superior (art, work, morals) and which in reality neither justify nor give meaning to life but rather, suffocate it (11).

It is the builder Solness (22) who underscores the turning *point* in the work by the Norwegian author:

One day youth will come knocking on my door, and that will be the end of builder Solness he states of himself in the play by the same name. Youth and that anarchic demon of erotic desire that Solness feels coming is the very young and savage Hilde who knocks on Solness' door just as he utters these words.

The blond haired demon that Solness fears and desires is the obscure and profound energy of life, which breaks the dams, built on reason and morality used to control the chaotic flow of life.

With builder Solness' character Ibsen addresses the tragic game of instincts and that depth of the person in which tumult takes place beyond good and evil and independently of rational and moral volition (11).

Solness has an autobiographical origin. At the source of Hilde's character there is a real female individual, Emilie Bardach, an eighteen-year-old Viennese girl whom Ibsen met and spent time with in August and September of 1889 while staying in Tyrol at Gossensass, today known as Colle Inarco. Emilie's diary, as well as her letters, attest to the touching innocence of their passion and its intertwining of demonic restlessness, of defenseless torment and respectful regard. Ibsen is profoundly overcome with a passion he has never known before, yet never oversteps the limits of propriety (11).

Let us return to boredom however. The old bored man is one who has survived the decline of his own urges and in this sense represents a metamorphosis which, progressively affecting more and more of the population, could be defined as anthropological.

Boredom, a suffering *from the absence and from the flow of time*, translates the radical negation of the gap between the fulfillment of desire, and the demand for its immediate satisfaction. In he who suffers from boredom, it is no longer time itself which kills him shortening life, but rather, it is the subject who kills time to avoid the process of becoming. Due to a coalescence between the peculiarities of a personality who has desires toward unreachable objects and lacks a future, the boredom of the old man manifests its essence of being the negative image of desire, of white space and silence which includes death in life to exclude its threat. A death lived in life, the fulfillment of an obscure thirst for oblivion, an evil which attracts and swallows the pain of living and moral suffering.

7. In conclusion, the recognition of pathological boredom in old age requires a less than simple differentiation between minor depressive states and neurotic or character disturbances typical of senescence. This recognition must take into account the close connection between this type of experience and narcissistic and borderline types of personalities. Further, this recognition has both an informative and a clinical

and therapeutic value. Pathological boredom, which biological bases are now being delineated, (sensation seeking behavior and reward system), seems to have possible therapeutic solutions.

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Correspondence: Prof. Carlo Maggini
 Dept. of Neuroscience
 Section of Psychiatry
 University of Parma
 Parma, Italy
 carlo.maggini@unipr.it