Berlioz and the Pathological Fantastic: Melancholy, Monomania, and Romantic Autobiography

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Idées fixes: Uncanny Returns

How can I ever hope to give you the faintest idea of the effect of those long-drawn swelling and dying notes upon me. I had never imagined anything approaching it. The melody was marvelous—quite unlike anything I had ever heard. It was itself the deep, tender sorrow of the most fervent love. As it rose in simple phrases . . . a rapture which words cannot describe took possession of me—the pain of boundless longing seized my heart like a spasm.¹

In his 1814 story, “Automata,” E. T. A. Hoffmann described an unusual love-sickness afflicting the young and impressionable artist Ferdinand. The malaise is born during a dream-vision—a “half-conscious state” brought on by alcohol and fatigue—during which Ferdinand hears a melody of such exquisite effect that it transfixes him with “boundless longing.” The melody is sung by a mysterious woman, whose “spirit voice” awakens the innermost sounds sleeping in his heart, articulating a long-sought ideal:

I recognized, with unspeakable rapture, that she was the beloved of my soul, whose image had been enshrined in my heart since childhood. Though an adverse fate had torn her from me for a time, I had found her again now; but my deep and fervent love for her melted into that wonderful melody of sorrow, and our words and our looks grew into exquisite swelling tones of music, flowing together into a river of fire.²

I would like to express sincere thanks to Neal Zaslaw, James Webster, Julian Rushton, and David Rosen, as well as to the editors of this journal, for their invaluable assistance with this project.


²Ibid., p. 86.
Ferdinand is engulfed by an uncontrollable passion for the dream-woman—an amorous obsession that, ossifying into an idée fixe, compels him to “give up everybody and everything but the most eager search for the very slightest trace of [his] unknown love.” By an uncanny coincidence, every time he glimpses the lady, Hoffmann’s young lover hears the “long-drawn swelling and dying notes” of her bewitching melody; beloved woman and mysterious music are inextricably linked as a malignant museo-erotic fetish that begins to exert a hostile influence on his “whole existence.” Eventually—having lost his beloved forever—he gives way to a “distracted condition of the mind,” fleeing to a distant town and writing only that he might never return.

Several years later, in Paris, Mme de Duras described an amorous illness of similar cast—an obsessive love manifesting itself through the relentless grip of an idée fixe. Her 1825 novel, Édouard, tells the tale of a solitary youth plagued by melancholic reveries and restless dissatisfaction. As a young man, Édouard travels to Paris, where he falls hopelessly in love with Natalie Nevers, the daughter of an old family friend and a lady of high rank. She is the woman he has dimly imagined and unknowingly sought since childhood; indeed, she combines the fictional and even celestial perfections of an ideal beloved: “I found in Mme de Nevers the beauty and modesty of Milton’s Eve, the tenderness of Juliette, and the devot-
ceness of Emma.” Within days, Édouard’s passion becomes overwhelming, and, absorbed in the “imaginary joys” of amorous fantasy, he retreats into solipsistic reverie: “Surrendering myself to my sole thought, absorbed by one fantasy alone, I lived once more in a world of my own creation. . . . I saw Mme de Nevers, I heard her voice, her glance made me tremble, I breathed in the perfume of her beautiful hair. . . . Incapable of any study or other affair, I was sickened by this occupation.” Imaginary pleasure soon gives way to torturous mental fixation; Édouard’s love for the unattainable Mme de Nevers devolves into “a real misery” (un véritable malheur) and, suffering hallucinations and palpitations, he describes the delirium of an idée fixe: “I fell soon into a state hovering between despair and madness; consumed by an idée fixe, I saw Madame de Nevers ceaselessly; she pursued me during my sleep, I rushed forth to seize her in my arms, but an abyss opened suddenly between us.”

Hounded even in sleep by images of his beloved, Édouard flees to the country in hopes of finding relief in the pastoral landscape. But on his rambling walks, he is visited by “hollow and terrible phantoms” (ombres vaines et terribles) and by inescapable thoughts of his Natalie, which, plunging him deeper into dis-

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3Ibid., p. 87. Hoffmann introduces the term “idée fixe” in the first section of the tale to describe a variety of uncanny and supernatural obsessions. The sisters Adelgunda and Augusta, for instance, fixate on the specter of the White Lady, an apparition haunting the garden of their family home. Of Adelgunda, Hoffmann writes: “There was, of course, no lack of doctors, or of plans of treatment for ridding the poor soul of the idée fixe, as people were pleased to term the apparition which she said she saw” (p. 75). The fixation, in the case of both sisters, arises from a “disordered imagination” and culminates in insanity. Among other types of idée fixe, Hoffmann describes a “musical” haunting—a man fixated on an invisible keyboardist whose “compositions of the most extraordinary kind” are to be heard every night, although the player himself never materializes (p. 78). These fixations foreshadow Ferdinand’s own obsession with the musical lady, which Hoffmann aligns clearly with the earlier idées fixes, although he does not use the term again.

4Ibid., pp. 100–01.
orientation and despair, spark suicidal impulses: “I have no more future,” he proclaims, “and I look for no repose but that of death.”

A scant five years later, the love-illness troubling Édouard, and Ferdinand before him, afflicted the jeune musicien of Berlioz’s *Symphonie fantastique* (1830) in one of the nineteenth century’s most famous tales of “fixed” passion. Berlioz’s story resonates immediately with both Hoffmann and Duras, echoing fragments of both narratives, and detailing the now-familiar tortures of an amorous idée fixe. Most striking is the resemblance between Hoffmann’s and Berlioz’s musical fetish; Hoffmann prefigures the “double” idée fixe—the yoking of amorous and aural fixation—so often identified as a key innovation of the *Symphonie fantastique*. Parallels between Berlioz and Duras are equally transparent; indeed, Édouard is a work the composer is likely to have known, and one that foreshadows many of the key elements of his own fantastic narrative.

Berlioz’s protagonist, like Duras’s hero, falls in love with an ideal beloved who embodies the perfections of a dream creature. But amorous fantasy escalates into the consuming obsession of an idée fixe that pursues the jeune musicien both sleeping and waking, tormenting him even on a pastoral country retreat. As in Duras, love leans toward pathology, and descriptions of the jeune musicien’s amorous attachment are increasingly permeated with the rhetoric of disease. A diffuse maladie morale linked with the melancholy and restlessness of Chateaubriand’s vague des passions quickly escalates into a more serious problem characterized by hallucinations, delusional reveries, and “black presentiments.”

Wild alternations of “groundless joy,” “frenzied passion,” fury, jealousy, and tears culminate in a state of suicidal desperation. Like Édouard, the jeune musicien is lured inexorably inward, toward a realm of disordered imagination from which there is no retreat. Indeed, when Berlioz introduces the familiar idée fixe, in part 1 of the *Fantastique*’s program, we can already anticipate his hero’s ill fate:

Reveries—Passions
The author imagines that a young musician, afflicted with that moral disease that a well-known writer calls the vague des passions, sees for the first time a woman who embodies all the charms of the ideal being he has imagined in his dreams, and he falls desperately in love with her. Through an odd whim, whenever the beloved appears before the mind’s eye of the artist it is linked with a musical thought whose character, passionate but at the same time noble and shy, he finds similar to the one he attributes to the beloved.

This melodic image and the model it reflects pursue him incessantly like a double idée fixe. That is the reason for the constant appearance, in every moment of the symphony, of the melody that begins the first Allegro. The passage from this state of melancholy reverie, interrupted by a few fits of groundless joy, to one of frenzied passion, with its movements of fury, of jealousy, its return of tenderness, its tears, its religious consolations—this is the subject of the first movement.

Clearly, Berlioz was not the first to document the mysterious malady signaled by an amorous fixation, nor was “idée fixe” itself a “new term in the 1830s,” as Hugh Macdonald has recently suggested. Rather, Berlioz’s love-illness boasts qui précède le développement des passions, lorsque nos facultés, jeunes, actives, entières, mais renfermées, ne se sont exercées que sur elles-mêmes, sans but et sans objet (a state of the soul which . . . has not yet been sufficiently studied, namely, that which precedes the development of our passions when our faculties are young, active, and whole, but closed in and exercised only on themselves, without aim or object).

8*Je n’ai plus d’avenir, et je ne vois de repos que dans la mort* [ibid., p. 120].

9As Elizabeth Teichmann points out in her study, *La Fortune d’Hoffmann en France* [Paris: Minard and Droz, 1961], “Automata” was not among the Hoffmann tales published in French translation during the 1830s. It is doubtful, therefore, that Berlioz had read the tale himself, although he may have heard of it through some other avenue. That he knew Duras’s novel is much more likely, for he was an avid reader well versed in the prose and poetry of his Parisian contemporaries.

10Chateaubriand describes the vague des passions in his *Génie du christianisme* (II, 3, chap. 9, 1802) as “un état de l’âme qui . . . n’a pas encore été bien observé; c’est celui
a rich literary pedigree and a considerably longer history than has thus far been imagined. Alongside the tales of erotic fixation by Hoffmann and Duras, we could place Louis Lanfranchi’s novel, Voyage à Paris, ou Esquisses des hommes et des choses dans cette capitale [Voyage to Paris, or Sketches of the People and Things in that Capital [Paris, 1830]]. As Peter Bloom has also noted, Lanfranchi’s chapter titled “Episode de la vie d’un voyageur” features a young man with another “double” obsession, this time a visual-erotic fixation: he searches through Paris for a beautiful woman whose imaginary image appears in his mind “like an idée fixe” whenever he sees a rose.13 Even the “musical idée fixe” had precedents, notwithstanding Macdonald’s claim that Berlioz “coined” the idea, well before Hoffmann imagined a musico-erotic fetish, the Italian composer Gaetano Brunetti had incorporated a malignant “fixed idea” into his programmatic Symphony No. 33, titled “Il maniàtico.”14

Far from new, then, Berlioz’s amorous obsession resonates with a host of earlier fictional fetishes.15 Although I do not suggest that he knew all of the idées fixes cited here, it is clear that his symphony participated in an existing tradition of literary “fixations”—obsessions that reached well beyond general romantic attachment into the realm of clinical disorder. By 1825, in the popular Physiologie du goût, the idée fixe was figured as a recognizable and treatable pathology remedied—so Brillat-Savarin claimed—by a dose of “amber chocolate.”16 As this fanciful “cure” suggests, the history of Berlioz’s fixation lay not only in the realm of literature but in the scientific sphere, at a curious intersection between medicine and aesthetics. Fiction begins to overlap with psychiatric theory and literature with “real life” as we trace the origins of the idée fixe; indeed, Berlioz drew on his own obsessive temperament as a model for the jeune musicien.

The first known draft of Berlioz’s symphonic program, contained in a letter from the composer to Humbert Ferrand, is prefaced by a provocative autobiographical claim: “Now, my friend, here is how I have woven my novel [mon roman], or rather my history [mon histoire], whose hero you will have no difficulty recognizing.”17 Berlioz was referring, of course, to the link between his hero’s torturous infatuation and his own difficult love life—a history of unrequited amour, which manifested itself first as a hopeless childhood crush and later, more intensely, during his famous pursuit of the Irish actress, Harriet Smithson. The rapport between art and life in the Symphonie fantastique is by no means simple—Berlioz himself suggested an overlap between novelistic and autobiographical modes—but the composer made an unambiguous point of contact between himself and his jeune musicien in a letter to Stephen de La Madelaine [early February 1830], in which he described his escalating infatuation with Smithson in precisely the

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13Reviews in both Le Figaro [11/12 April 1830] and the Journal des Débats [22 Feb. 1830] bear witness to another narrative of “fixed” passion—a tale entitled Idée Fixe by the anonymous author of La Fille d’un roi. Although the novel seems not to have survived, we learn from these reviews that it revolves around the sufferings of M. Léopold—“a soul entirely occupied and exalted by a profound and deep passion” for the “celestial” Noëma. As with many similar tales, the hero’s obsessive amour leads to “desperation” and “the sad resignation of suicide.” [Quotes are taken from the Figaro review.]
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18The autobiographical status of the Fantastique is a complex question to which I shall return in the last section of this article.
pathological terms defining his hero’s malady: “I was going to come and see you today, but the frightful state of nervous exaltation which I have been struggling against for the past few days is worse this morning and I am incapable of carrying on a conversation of any reasonableness. An idée fixe is killing me . . . all my muscles twitch like a dying man’s.” 19 Berlioz, it seems, was suffering from the same affliction he ascribed to his symphonic protagonist—a malignant idée fixe triggering convulsive muscular tremors and precipitating a state of nervous malfunction. No longer an ailment confined to the imaginary realm, mental fixation emerges here as a real illness with a set of concrete medical symptoms—an affliction that draws Berlioz’s “novel” closer to a “history,” and suggests that pathology itself mediated a key intersection between the composer and his programmatic alter ego. Berlioz’s self-description grounds fictional accounts of mental fixation in quasi-scientific rhetoric, situating the idée fixe as a diagnosable medical phenomenon and proposing a complex relationship between physical and fantastic disease.

In fact, the malady plaguing both Berlioz and his symphonic hero had been familiar to doctors and romance readers alike since the first decade of the nineteenth century, and well theorized in early psychiatric texts. Berlioz’s self-descriptions, scattered throughout his personal correspondence during the gestation period of the Symphonie fantastique, borrow liberally from an evolving vocabulary of scientific language to describe the mental “aberration” that plays such a central role in his symphonic narrative. As we explore the intersection between science and fantasy at the heart of his fantastic tale, we begin to map “fiction” onto “real life” and to uncover the medical underpinnings of the composer’s program. His letters over the course of 1829 and early 1830 are suffused with references to the physical debilitation, psychological disturbances, and imaginative excess occasioned by his idée fixe. Together, they read as a series of meticulous self-diagnoses tracing the unfolding narrative of his erotic fixation in emotional and physiological detail. As we investigate Berlioz’s own pathology, the analogous condition afflicting his symphonic alter-ego comes into sharper focus. Disease itself—as theorized in early-nineteenth-century France—provides a vital context in which to consider the mechanisms of self-representation at work in the Fantastique. Berlioz’s idée fixe leads us inexorably outward, toward a web of literary, philosophical, and psychiatric discourses integral to the aesthetic construction of the Fantastique, while drawing us simultaneously inward toward the fundamental and intimate processes of autobiographical construction at the heart of the composer’s fantastic self-telling.

The Trope of Pathology in the “Fantastic” Letters

The evolution of the Symphonie fantastique stretched over more than a year, during which Berlioz’s correspondence is peppered with references to a planned instrumental composition of “immense” proportions.20 Despite frequent references to the work, Berlioz was unable to begin composition, paralyzed by melancholic anxiety, hallucinations, and even convulsions brought on (in part) by an unrequited passion for Harriet Smithson. Indeed, the symphony was inextricably intertwined with Berlioz’s amorous obsession; he claimed repeatedly that the work would draw him nearer to his beloved, allowing him to satisfy the relentless craving of his idée fixe. His sufferings built to a climax in the winter of 1830, but they had begun considerably earlier, the result of a seri-

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19CG, I, 153. I am by no means the first to note Berlioz’s reference to his own idée fixe (see, for instance, David Cairns’s recent Berlioz, vol. 1: The Making of an Artist 1803–1832 [Berkeley and Los Angeles: University of California Press, 1999], p. 357), but the full medical and literary significance of the term has, to my knowledge, been brought to bear on either Berlioz’s biography or his first symphony.

20David Cairns provides invaluable commentary on the creative emergence of the Fantastic Symphony in his review of Berlioz’s letters over the period 1829–30; see his Making of an Artist, pp. 355–61. Here, I take the same epistolary journey, although I am primarily interested in documenting the evolution of Berlioz’s self-diagnosed idée fixe and examining links between pathology and creative impulse that permeate his self-accounts during this period.
Oh, if only I did not suffer so much! . . . So many musical ideas are seething within me[. . . .] There are new things, many new things to be done, I feel it with an intense energy, and I shall do it, have no doubt, if I live. Oh, must my entire destiny be engulfed by this overpowering passion? . . . If on the other hand it turned out well, everything I've suffered would enhance my musical ideas. I would work non-stop . . . my powers would be tripled, a whole new world of music would spring fully armed from my brain or rather from my heart.21

In the months that followed, Berlioz’s obsession with Harriet intensified; his letters document a series of convoluted communications with friends and acquaintances of the actress, through whom he hoped to reach the object of his infatuation. Via the English impresario, Turner—who chaperoned Smithson and her mother on their European travels—Berlioz relayed a series of love letters to Harriet, but they failed to elicit a response. Even a note in English proved unsuccessful and, after weeks of fruitless pursuit, Berlioz seemed reconciled with his amorous failure, declaring “everything over” in a miserable letter to Albert du Boys. But only days later, he renewed his efforts, hatching a desperate plot to communicate with Harriet through the maître de la maison at her Parisian residence. The results were disastrous: Harriet was both annoyed and frightened and, in reply to Berlioz’s pleas, insisted brusquely that the composer’s advances were unwanted, that she “absolutely could not share his sentiments,” and indeed, that “nothing was more impossible.”23

Il n’y a rien de plus impossible: the phrase reverberates through Berlioz’s correspondence in the following months as the melancholic leitmotif of his idée fixe, yet even in the face of Harriet’s explicit rejection, he continued to refer to her as his darling, to speak of her love, and to anticipate their union.

Letters of this period seldom refer to Harriet by name; instead, Berlioz called her Ophélie, a reference to the Shakespearean guise in which he first encountered her. For Berlioz, who had never exchanged a word with Harriet, the tragic heroine of Hamlet was more immediate than the actress herself. In the composer’s imagination, Harriet hovered between the fictional and the actual, her theatrical personas accruing substance and agency in his letters. At times, Berlioz perceived her as a conflation of imaginary characters: in an outburst to Ferdinand Hiller, he wrote, “Oh Juliet, Ophelia, Belvidera, Jane Shore, names which Hell repeats unceasingly.”24

Harriet’s rejections were incapable of weakening Berlioz’s passion, for, in his mind, she was not a flesh-and-blood woman but the symbol of an ephemeral ideal—an imaginary perfection.

21CG, I, 111. Translated by Cairns in The Making of an Artist, p. 355. Ellipses without brackets are Berlioz’s; ellipses within brackets indicate omitted text in the quotations throughout this article. Berlioz’s fixation on Smithson, which became intertwined with a Shakespearean obsession, had begun some time before. He first encountered both actress and English playwright in September of 1827, when Harriet appeared as Ophelia in a production of Hamlet at the Odéon Theater. Berlioz recalls the overwhelming emotional and psychological effect of the experience in his Mémoires, couching his description in unmistakably pathological terms: “A feeling of intense, overpowering sadness came over me, accompanied by a nervous condition like a sickness, of which only a great writer on physiology could give any adequate idea. I lost my power of sleep and with it all my former animation, all taste for my favorite studies, all ability to work. I wandered aimlessly about the Paris streets and the neighboring plains” [trans. Cairns in The Memoirs of Hector Berlioz [London: Gollancz, 1969], pp. 95–96].

22CG, I, 117 [2 March 1829]. Berlioz’s love letters do not survive, but his Mémoires suggest that they were numerous; indeed, Harriet finally instructed the maids at her Amsterdam hotel to stop delivering the composer’s amorous pleas.

23CG, I, 117. Berlioz’s letter to Du Boys describes a series of events stretching over several weeks, from the failure of his English letter to Harriet to his ill-fated interactions with her Parisian landlord and subsequent despair.

24CG, I, 156 [3 March 1830]. All are, of course, roles in which Smithson appeared on the Parisian stage at the height of her fame.
that, like the poetic vision of the symphony itself, was as yet agonizingly beyond his reach. Indeed, Berlioz’s _idée fixe_ was intimately tied to his evolving creative process; the obsession motivated him toward “immense” musical thought and concentrated his compositional power. In his letters, disease itself is figured as a generative force and a central impetus for the _Fantastique_: Berlioz tells Ferrand that “this passion will kill me,” although, only a few letters earlier, he had assured his friend that “Ophelia’s love has increased my powers a hundredfold.”

The _Symphony_’s composition, it seems, was not merely generated by Berlioz’s fixation, but promised to perpetuate it. Again, to Ferrand, the composer wrote: “When I have written an immense instrumental composition, on which I am meditating, I will achieve a brilliant success in _her_ eyes.”

While goading him onwards, Berlioz’s fixation proved increasingly destructive to his emotional and psychological health. In the 2 March letter to Albert du Boys, he was already reporting a condition of intense misery and alienation from the “physical and intellectual” worlds. Here we read of a sensation of utter isolation in which, bereft of his rational faculties, he is abandoned to the imaginative realm of “memory” and unable to order his thoughts:

It is as though I am at the centre of a circle whose circumference is continuously enlarging; the physical and intellectual world appear placed on this unceasingly expanding circumference, and I remain alone with my memory, and a sense of isolation which is always intensifying. In the morning when I wake from the nothingness wherein I am plunged during sleep, my spirit—which was so easily accustomed to the ideas of happiness—awakes smiling, this brief illusion is soon replaced by the atrocious idea of reality which overwhelms me with all its weight and freezes my entire being with a mortal shudder. I have great trouble gathering my thoughts. [. . .] I have been forced to recommence this letter many times in order to arrive at the end.

By June, Berlioz’s condition had worsened considerably. Suffering from physical weakness and depression, he consulted a doctor, who diagnosed a nervous disorder brought on by emotional strain:

My life is so painful to me that I cannot help but regard death as a deliverance. In the past days, I have gone out very little, I could not abide it; my strength disappears with an alarming rapidity. A doctor, whom I consulted the day before yesterday, attributed the symptoms to fatigue of the nervous system caused by an excess of emotion. He could also have added, by a sorrow that is destroying me.

The baths and solitary rest prescribed by Berlioz’s physician provided only temporary relief. Ten days later, he complained of “anguish” and “terrible despair” sparked by Harriet’s departure for London, linking the return of his physical suffering to a familiar sense of isolation, now coupled with a near-convulsive impulse:

Now she’s left! . . . London! . . . Enormous success! . . . While I am alone . . . wandering through the streets at night, with a poignant misery which obsesses me like a red-hot iron on my chest. I feel like rolling on the ground to try to alleviate it! . . . Going out into society doesn’t help; I keep myself busy all

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25CG, I, 126 (3 June 1829) and I, 114 (18 Feb. 1829) respectively.
26CG, I, 126.
27CG, I, 117. Susan Ironfield examines Berlioz’s lifelong tendency toward melancholy and _mal de l’isolement_ in “Creative Developments of the ‘Mal de l’Isolément’ in
28CG, I, 127 (14 June 1829); to Edouard Rocher.
February 1830 found the composer in a “frightful state of nervous exaltation” accompanied by convulsive muscle tremors. The cause of his misery was the obsessive passion that Berlioz now identified specifically as an *idée fixe* (see p. 215)—a diagnosis that located his illness squarely within the realm of psychiatric discourse and, as we shall see, referred to a specific category of known mental disorders.30

Plans for the *Symphonie fantastique* continued to progress, despite Berlioz’s distress. As early as 6 February, he informed Ferrand that “the whole thing is in my head,” although he had not been able to write it down. The symphony would trace the course of Berlioz’s “infernal passion”—not simply his infatuation with Harriet Smithson, but the obsessive illness that had resulted. Nervous overstimulation, trembling, and a painful sensitivity of all the faculties began to torment the composer: “I listen to the beating of my heart, its pulsations shake me like the pounding pistons of a steam engine. Every muscle in my body quivers with pain. . . . Futile! . . . Horrible!” At times he seemed to lapse into a semi-delirious state, he wrote of “clouds charged with lightning” that “rumbled” in his head.31 A longer and more detailed letter to his father followed several weeks later, in which Berlioz interrogated not only the immediate symptoms of his illness but also its preconditions. As he implied in a later letter to Rocher, Berlioz was reluctant to reveal to his father that Harriet was the focus of his “cruel *maladie morale*” and omitted mention of the actress in the diagnosis of his affliction that he sent to Papa.32

Here Berlioz suggested that anxiety and emotional excess were fundamental aspects of his character—they “come from the way [he is] made”—and have tormented him since early youth. His tendency toward melancholy, he explained, was fueled by an imagination so vivid that he experienced “extraordinary impressions” akin to opium hallucinations. Berlioz’s fantastic interior realm (*ce monde fantastique*), according to this letter, had only grown in breadth and power as he aged, exerting increasing influence over his rational faculties. Indeed, he described his fantasy world as a darkly pathological place marked by disorientation and excess: it had become “a real malady” (*une véritable maladie*). Illusory images and magnified passions now drove him into a convulsive state close to hysteria; he almost “shouts and rolls on the ground.” Only music could harness and control his wayward fantasy, and yet even the enormous symphony in gestation was unable to draw his mind away from destructive imaginings:

I wish I could also find a remedy to calm the feverish excitement which so often torments me; but I shall never find it, it comes from the way I am made. In addition, the habit I have got into of constantly observing myself means that no sensation escapes me, and reflection doubles it—I see myself in a mirror. Often I experience the most extraordinary impressions, of which nothing can give an idea; nervous exaltation is no doubt the cause, but the effect is like opium intoxication.

Well, this imaginary world (*ce monde fantastique*) is still part of me, and has grown by the addition of all the new impressions that I experience as my life goes on; it’s become a real malady (*c’est devenu une véritable maladie*). Sometimes I can scarcely endure this mental or physical pain (I can’t separate the two), especially on fine summer days when I’m in an open space like the Tuileries Garden, alone. Oh then [as M. Azais rightly says] I could well believe there is a violent “expansive force” within me.33 I see that wide horizon and the sun, and I suffer so much, so

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31CG, I, 153 [early Feb. 1830].
32CG, I, 152 [6 Feb. 1830].
33Pierre-Hyacinthe Azais [1766–1845]: a philosopher best known for his treatise *Des compensations dans les destinées humaines* [also known as the *Traité des compensations*] [Paris: Firmin Didot, Garney and Leblanc, 1809] in which he proposed that all experience could be understood in terms of an interaction between expansive and compressive forces.
much, that if I did not take a grip of myself I should shout and roll on the ground. I have found only one way of completely satisfying this immense appetite for emotion, and that is music. Without it I am certain I could not go on living.\textsuperscript{34}

Reports of anguished hallucination followed: Berlioz told Hiller that he “saw Ophelia” shedding tears and “heard her tragic voice,” going on to describe a series of odd imaginings in which Beethoven “looked at him severely” and Weber “whispered in [his] ear like a familiar spirit.” Suddenly breaking off, he acknowledged that his behavior was bordering on madness: “All this is crazy . . . completely crazy, for a man who plays dominoes in the Café de Régence or for a member of the Institut. . . . No, I want to live . . . once more.” The letter dissolves into near-incoherence as Berlioz returns again to his \textit{idée fixe}: “I’m beside myself, quite incapable of saying anything . . . reasonable. . . . Today it is a year since I saw HER for the last time. . . . Unhappy woman, how I loved you! \textit{I love you}, and I shudder as I write the words.” A desperate attempt to locate his obsession in the past tense fails, the fixation quickly reasserting itself in the present. As the letter draws to a close, Berlioz seems to sink into despondency, unable to master his ravaging imagination: “I am a miserably unhappy man, a being almost isolated from the world, an animal burdened with an imagination that he cannot endure, devoured by a boundless love which is rewarded only by indifference and contempt.”\textsuperscript{35}

Desperate for a reprieve from his pathological fantasies, Berlioz suddenly received it: slanderous reports of Harriet’s moral character reached the composer in March 1830, temporarily weakening the grip of his \textit{idée fixe} and allowing him to refocus his ravaging imagination: “I am a miserably unhappy man, a being almost isolated from the world, an animal burdened with an imagination that he cannot endure, devoured by a boundless love which is rewarded only by indifference and contempt.”\textsuperscript{35}

Contextualization and partial elucidation of both Berlioz’s obsessive illness and its reconfiguration in the program of the \textit{Fantastique} is to be found—I argue—in the realm of medicine and, more specifically, in the writings of early-nineteenth-century psychiatrists, whose new and sensational diagnoses of madness had far-reaching effects in both scientific and artistic circles. The writings of the early \textit{médecins-aliénistes} [doctors of mental medicine] point toward a specific diagnosis of the maladies afflicting the composer and his musical hero, providing a richly theorized backdrop for the debilitating and potentially fatal \textit{idée fixe}. As we shall see, the link between Berlioz’s famous fixation and early French psychiatric theory has already been noted, though not explored at length, in recent scholarship within the field of medical history.

\section*{Early Psychiatry and the Formulation of a “Monomania” Diagnosis}

The late eighteenth and early nineteenth centuries saw a burgeoning interest in psychological health in French medical thought, as physicians linked to the circle of the \textit{Idéologues} began to expand the definition of medicine to

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\textsuperscript{34}\textit{CG}, I, 155 [19 Feb. 1830]; translation adapted from David Cairns, \textit{The Making of an Artist}, pp. 357–58.
\textsuperscript{36}Cairns, \textit{The Making of an Artist}, p. 361.

\end{footnotesize}
include study of both le moral and le physique.37 Recent studies of the emerging psychiatric profession in early-nineteenth-century France and elsewhere—work by Jan Goldstein, Ian R. Dowbiggin, and Elizabeth A. Williams—inform us that a new “medicine of the imagination” was rendering mental functions and even the mechanisms of sentiment accessible to rational examination, and bringing insanity to the forefront of medical attention.38 Pioneering work by P.-J.-G. Cabanis and Phillipe Pinel at the turn of the century proposed a complex symbiosis between “internal impressions” of the imagination and physical sensations transmitted via the nervous system, laying the theoretical foundation for the first generation of psychiatrists.39 Mental disorders (maladies morales) began to be described and defined with a newly precise body of language; references to hysterie, hallucination, and idees fixes permeated medical and legal texts and soon filtered into popular discourse. Through the early 1800s, psychiatry evolved as an autonomous and increasingly important medical field, and the new médecin-aliéniste as a powerful figure both in the scientific and public realms.40

Foremost among doctor-psychiatrists of the new school was Jean-Etienne-Dominique Esquirol, a student of the revered Pinel, who devoted his long career almost exclusively to the study, definition, and systematic classification of madness, becoming the principal médecin-aliéniste of the first half of the century. Among Esquirol’s chief contributions was the theorization of a new mental malady called “monomania,” which he first identified around 1810 and later defined and classified in an 1819 paper published in the Dictionnaire des sciences médicales.41 Here, as Goldstein explicates in her chapter on “Monomania,” Esquirol situated monomanie as a circumscribed type of mania involving a “partial delirium” or localized “disorder of the understanding.” Classing it as a disorder of the nervous system, he identified monomania’s primary symptom as the pathological fixation on a single idea—an idée fixe.42

37These are terms that, as Jan Goldstein points out in her invaluable study, Console and Classify: The French Psychiatric Profession in the Nineteenth Century (Cambridge: Cambridge University Press, 1987), were first paired in Pierre-Jean-George Cabanis’s 1802 treatise, Rapports du physique et du moral de l’homme. Cabanis and members of his intellectual circle were termed Idéologues for their interest in idéologie—the “science of ideas”—which encouraged a merger of medical discourse and philosophical method (see pp. 90–91 for further clarification). Goldstein explores not only the philosophization of medical practice that began during Cabanis’s career, but its evolution into “an all-embracing science of man” (p. 49), which, extending the sensationalist psychology of the Enlightenment, interrogated both physical and mental functions (see pp. 49–55).

38“Medicine of the imagination” was a broad designation that applied both to speculative practices including mesmerism and to the newly rigorous and “scientific” field of French psychiatry, see Goldstein, Console and Classify, pp. 54; 78–79. During the early nineteenth century, similar developments in “imaginative” medicine were underway in Germany and England, although French physicians played a central role in establishing the new science. In addition to Goldstein, the following sources have proven useful in my own work: Elizabeth Williams, The Physical and the Moral: Anthropology, Physiology, and Philosophical Medicine in France 1750–1850 (Cambridge: Cambridge University Press, 1994), and Ian Dowbiggin, Inheriting Madness: Professionalization and Psychiatric Knowledge in Nineteenth-Century France (Berkeley and Los Angeles: University of California Press, 1991).

39As Goldstein points out, Pinel’s 1801 Traité médico-philosophique sur l’aliénation mentale, ou la manie—the first comprehensive treatise on insanity—elaborated on Cabanis’s notion of “internal impressions” or “instincts” that, in conjunction with reason, constituted the newly important realm of “le moral” (Console and Classify, see pp. 50; 71).

40For a discussion of “hallucination”—a new term in the early nineteenth century—and “hysteric,” see Goldstein, Console and Classify, pp. 263; 370, 323–31 and Williams, Physical and the Moral, pp. 252–53; see also Goldstein Console and Classify, p. 99, n. 126 for the etymology of “aliénation mentale,” a term that led to the later designation “médecin-aliéniste.” I am most concerned here, of course, with the medical implications of the term “idée fixe,” which I explore in greater detail over the following several pages.

41Goldstein, Console and Classify, pp. 155–56. See also her full chapter on monomania (pp. 152–96)—the most comprehensive study of the subject available, and one that must serve as a starting point in any exploration of Esquirol’s disease. This section relies significantly on her historical narrative, while the following sets out new evidence garnered from mid-century musical and literary sources.

42Esquirol, “Monomania,” Dictionnaire des sciences médicales, vol. 34 (1819), pp. 117–22, quoted in Goldstein, Console and Classify, pp. 156–57. The terms monomanie and idée fixe were coined well before 1818. “Monomania” appears in Esquirol’s early writings, ca. 1810, idée fixe dates from the same period in both Esquirol and in Gall and Spurzheim’s commentary on Esquirol, contained in their treatise on phrenology, Anatomie et physiologie du système nerveux en général et du cerveau en particulier (Paris: F. Schoell, 1812) [see Goldstein, Console and Classify, p. 153, n. 6, p. 155, n. 21].
Monomaniacs were consumed by one thought, idea, or plan of action, a state of mental fixation producing an “energetic” effect while also causing “nervous exaltation,” “illusions,” fervish thought patterns and—in advanced cases—hallucinations, convulsions, and disturbing dreams. Sufferers might also experience melancholic symptoms, the frustration of their desires leading to depression, despair, and sorrowful withdrawal.43

According to Esquirol’s later treatise on insanity—Des maladies mentales: considérées sous les rapports médical, hygiénique et médico-légal (1838)—monomaniacs were those who “appear[ed] to enjoy the use of their reason, and whose affective functions alone seem[ed] to be in the wrong.”44 In all areas outside of their fixation, they reasoned logically; indeed, Esquirol suggested that the minds most susceptible to idées fixes were those endowed with marked intelligence, sensitivity, and vivid imagination. Such persons were given to ambitious or “exaggerated” projects and fantastic imaginings, often allowing setbacks and frustrations to drive them to mental instability:

Sanguine and nervous-sanguine temperaments, and persons endowed with a brilliant, warm and vivid imagination; minds of a meditative and exclusive cast, which seem to be susceptible only of a series of thoughts and emotions; individuals who, through self-love, vanity, pride, and ambition, abandon themselves to their reflections, to exaggerated projects and unwarrantable pretensions, are especially disposed to monomania.45

Esquirol’s 1838 treatise warrants closer attention, for it was here that he synthesized his earlier writing and research on monomania and described certain subclassifications of mental fixation in greater detail. Drawing on a series of case studies, he detailed the symptoms and effects of theomania, incendiary monomania, monomania from drunkenness, and—most important to our investigation—erotic monomania.46 Erotic fixation (or erotomania) was a species of obsession characterized by an “over-abundance of passion” (un amour excessif) in which “the affections take on the character of monomania; that is to say, they are fixed and concentrated upon a single object.”47 Esquirol distinguished erotomania from the languor and “soft revery” (douce rêverie) of youthful love, which he designated simply as melancholy, although—like Berlioz—he recognized early bouts of amorous depression as frequent forerunners of more serious nervous disorder. Despite its romantic nature, erotomania was not to be confused with the shameful and humiliating condition of nymphomania for it intensified “the ardent affections of the heart” (les affections vives du coeur) without invoking unchaste desires: “The erotomaniac neither desires, nor dreams even, of the favors to which he might aspire from the object of his insane tenderness; his love sometimes having for its object, things inanimates.”48

Esquirol reported that some men were seized with monomaniacal passion for mythical characters, imaginary creatures, or women they had par ambition, s’abandonnent à des pensées, à des projets exagérés, à des prétentions outrées sont, plus que les autres, disposés à la monomanie” (ibid., p. 29). See also Goldstein’s discussion of monomanie ambitieuse, Console and Classify, pp. 160–61.

46Not all of these subtypes of monomania were new to Esquirol’s diagnosis, but they were presented in 1838 with fresh evidence. Goldstein draws our attention to the “specific forms of monomania,” including erotomania (Console and Classify, p. 171), although she does not explore monomanie érotique in any detail.

47 “[Dans la manie érotique], les affections ont le caractère de la monomanie, c’est-à-dire qu’elles sont fixes et concentrées sur un seul objet” (Esquirol, Des maladies mentales, p. 47).

48 “L’erotomaniaque ne desire, ne songe pas mème aux faveurs qu’il pourrait prétendre de l’objet de sa folle tendresse, quelquefois même son amour a pour objet des êtres inanimés” (ibid., p. 33).
never met but to whom they assigned all manner of physical and moral perfections. These unfortunates were consumed by fixated devotion and “pursued both night and day by the same thoughts and affections,” although their sentiments were directed toward an unattainable object:

While contemplating its often imaginary perfections, they are thrown into ecstasies. Despairing in its absence, the look of this class of patients is dejected; their complexion becomes pale; their features change, sleep and appetite are lost: these unfortunates are restless, thoughtful, greatly depressed in mind, agitated, irritable and passionate, etc. [. . .] their augmented muscular activity is convulsive in its character.49

Animated, “expansive,” and often frenetically lively, erotomaniacs were “ordinarily exceedingly loquacious, and always speaking of their love.” They lived in a constant state of emotional unrest resulting in nervous pains, fever, convulsion, and often “irrational conversation” (conversation desordonnée); Esquirol described their tortured passions, noting that “fear, hope, jealousy, joy, fury, seem unitedly to concur, or in turn, to render more cruel the torment of these wretched beings,” who were “capable of the most extraordinary, difficult, painful and strange actions.”50 Personalities particularly susceptible to erotomania—those with an intense emotional capacity—suffered an exaggeration of their natural passions, which, in serious cases, led to delirium and suicidal despondency.

As Goldstein has noted, Esquirol’s monomania diagnosis created a significant stir in medical circles, catapulting both the doctor and his system of classifications for aliénation mentale to the forefront of the psychiatric field. Teachers of médecine mentale in Paris focused heavily on the concept of monomania, and a spate of supporting research began to appear in the early 1820s. By 1826 monomania “was the single most frequent diagnosis made of patients entering Charenton,” becoming a virtual epidemic that dominated medical debate and captured the imagination of the public at large.51 In Parisian salons, mental illness and psychiatric theory were fashionable concerns, and references to monomaniacal fixation began to surface in journalism, fiction, and even visual culture (notably, in the series of “monomaniac” portraits painted by Géricault in the early 1820s); see plate 1.52 When, in 1830, Berlioz assigned his symphonic hero the symptoms of monomania—a melancholic-frenetic delirium characterized by an idée fixe—he was not describing a vague or imaginary nervous disorder, but a maladie morale that would have been easily identified by many of those in the concertgoing public. As Martina van Zuylen has also noted, the composer’s reported symptoms bear a clear resemblance [both rhetorical and substantive] to Esquirol’s general delineation of monomania and—I argue—to the more specific diagnosis of the erotomaniac. Indeed, it could well be that Berlioz was constructing

49“En contemplation devant ses perfections souvent imaginaires; désespérés par l’absence, le regard de ces malades est abattu, leur teint devient pâle, leurs traits s’altèrent, le sommeil et l’appétit se perdent: ces malheureux sont inquiets, rêveurs, désespérés, agités, irritables, colères, etc. [. . .] leur activité musculaire augmentée, a quelque chose de convulsif” [ibid., pp. 33–34].

50“Ces malades sont ordinairement d’une loquacité intarissable, parlant toujours de leur amour [. . .] L’espoir, la jalousie, la joie, la fureur, etc., semblent concourir toutes à-la-fois ou tour-à-tour pour rendre plus cruel le tourment de ces infortunés . . . ils sont capables des actions les plus extraordinaires, les plus difficiles, les plus pénibles, les plus bizarres” [ibid., p. 34].
Obvious links between the erotomania diagnosis and Berlioz’s illness are underscored by a case study published in Esquirol’s 1838 treatise. Following his general definition of erotic fixation, the doctor recounted the tale of a young man “of a nervous temperament and melancholy character” (d’un tempérament nerveux, d’un caractère mélancolique) who moves to Paris in the hopes of advancing his career. While in the capital, he “goes to the theatre, and conceives a passion for one of the most beautiful actresses of [the Théâtre] Feydeau, and believes that his sentiments are reciprocated. From this period he makes every possible attempt to reach the object of his passion.”

The young man talks constantly of his beloved, imagines their blissful union, and devotes himself fully to the pursuit of his idée fixe. He waits for the actress at her dressing room, goes to her lodgings, and attends her performances assiduously: “Whenever Mad . . . appears upon the stage, M. . . attends the theatre, places himself on the fourth tier of seats opposite the stage, and when this actress appears, waves a white handkerchief to attract her attention.” The actress rebuffs his advances, refuses to acknowledge his letters and visits, and expresses her annoyance with his constant attentions. Nevertheless, the young man insists that she loves him, that her rough treatment is only a ruse to deceive others, and that they will soon be united. Eventually, he begins to experience delusions, believing that he hears the voice of his beloved and imagining that she is in the house. Esquirol reported that his obsession intensified over time, becoming an all-consuming and dangerous fixation despite the fact that he reasoned logically on all other subjects.


his own erotic disorder and that of his “fantastic” protagonist according to the detailed descriptions of manic fixation saturating scientific and journalistic writing of the period. Once a medical student himself, and the son of a doctor, Berlioz would have been better equipped than many of his contemporaries to follow developments in the psychiatric field, and was likely to have been aware of the popular debate surrounding Esquirol’s new disease.

Goldstein notes, in passing, Berlioz’s use of the term idée fixe in the Symphonie fantastique [Console and Classify, p. 155, n. 21], as does Stephen Meyer who, in a footnote to his discussion of monomania among Marschner’s operatic villains, identifies the Symphonie fantastique as “the most famous musical expression” of “fixed delusion” [see “Marschner’s Villains, Monomania, and the Fantasy of Deviance,” Cambridge Opera Journal 12/2 [2000], 115, n. 15]. More recently, Martina van Zuylen, in the introduction to her study Monomania: The Flight from Everyday Life in Literature and Art [Ithaca: Cornell University Press, 2005] notes that Berlioz “was the first artist to make music and monomania coincide,” drawing our attention both to his idée fixe and his tendency toward dark depression (pp. 9–10). These references, though brief, point toward the broad medical implications of Berlioz’s symphonic program and suggest that a more detailed exploration is warranted.

“Chaque fois que Mad . . . joue, M. . . se rend au spectacle, se place au quatrième vis-à-vis la scène, et lorsque l’actrice paraît, il secoue un mouchoir blanc pour se faire remarquer” [ibid., pp. 37–38].

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Here we find a striking parallel to Berlioz’s illness—so much so, that one wonders whether erotomania for Parisian actresses was a common malady. As with Esquirol’s young patient, Berlioz developed an idée fixe for a lady of the theater to whom he had not even been introduced, attended her performances compulsively, lavished her with unwanted attention, and believed stubbornly that he would be united with the object of his devotions. His passion was directed toward a fictional and therefore unattainable character: it was suffused with the quality of rapturous worship rather than lusty amour for a woman of the flesh. As Berlioz’s idée fixe escalated, he demonstrated the wildly “expansive” energy and tortured passions that Esquirol described, as well as the delusional, convulsive, and finally suicidal symptoms associated with manic fixation. It is hardly necessary to enumerate the connections between Berlioz’s pathology and Esquirol’s disease: we are left with little doubt that, in the composer’s case, “erotic monomania” would have been the psychiatric diagnosis of his own time.

Painting, writing, and music were often prescribed as therapeutic activities for monomaniacs. Such intellectual-emotional remedies fell into the broad category of “moral treatments,” which were distinguished from purely physical cures including baths, purging and bleeding.56 When Berlioz consulted a doctor, as he described in letters to Rocher and Ferrand, the medecin diagnosed a nervous disorder and prescribed physical remedies including purifying baths and quiet rest. But Berlioz’s symphonic alter ego in the Fantastique does not mention undergoing such pragmatic treatments; rather, in the wake of his “melancholy reverie” and “frenzied passions,” he describes “religious consolations” [consolations religieuses], which are preceded by tears and a “return to tenderness.”57 Although this language does not strike a particular chord with the modern reader, some sectors of Berlioz’s audience may have recognized “religious consolations” as a standard type of remède morale administered to the insane. In Goldstein’s chapter entitled “Religious Roots and Rivals,” she examines “the moral treatment as religious consolation,” tracing an intertwining of medical and spiritual cures in psychiatric discourse of the period. She shows that many religious orders active in hospitals advocated a special branch of douce remède known as consolation religieuse—“a gentle moral intervention in which “sweet,” tender, and courteous treatment encouraged lunatics to “return to themselves.”58 The consolation method proved considerably successful and was employed by medical as well as spiritual practitioners in Paris through the first half of the century. Berlioz’s reference to tenderness and consolations religieuses may have been an acknowledgment of such moral remedies as popular treatments in insanity cases. The melancholy monomaniac of his symphonic program would have been a prime candidate for religious therapy, although, as his narrative progresses, the hero’s disorder threatens to degenerate into a more dangerous, less manageable condition—a subtype of manic fixation in which passionate brooding was replaced by violent and involuntary action.59

Certainly, not all the manifestations of monomania were as pathetically appealing as erotomania; an 1825 pamphlet published by

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56Goldstein, Console and Classify, pp. 197–225; the above quotations are taken from pp. 200–02. Goldstein points to a substantial body of literature on “religious consolation,” notably Xavier Tissot’s Manuel de l’hospitaíer (1829), which was well known to doctors and clergy alike.
59Barzun suggests that, since Berlioz considered himself an atheist during his early years in Paris, the religioso section of the Fantastique’s first movement, and parallel reference to consolations religieuses in the revised program, “should be a further warning against literalism in discussing the relation between art and life”; see Berlioz and the Romantic Century (Boston: Little, Brown and Company, 1950, 3rd edn. New York: Columbia University Press, 1969), I, 163, n. 27. I propose, however, that Berlioz was not depicting his own religious sentiment but referencing a remède morale that would have been standard treatment for an erotic monomaniac; such a reading incorporates the religioso section as a logical part of the symphony’s psychiatric narrative.
Esquirol’s student Etienne-Jean Georget identified a sinister species of fixation called monomanie-homicide (homicidal monomania), which, characterized by a sudden “lesion of the will,” drove otherwise sane persons to commit murderous crimes.60 Although Georget argued that homicidal fixation might happen spontaneously and without prior symptoms, other doctors held that murderous monomania was preceded by a set of telltale signs: strange “internal sensations,” “extreme misery,” “an idée fixe” or “an illusion, a hallucination, or a process of false reasoning” (une illusion, une hallucination, un raisonnement faux).61 Oddly, according to Georget, homicidal monomaniacs were often “compelled to kill the persons they loved the most”: his case studies (some borrowed from Pinel) record children killing their siblings, mothers their children, and husbands their wives.62 Such murderers, he argued, were neither monsters nor criminals but sufferers from a terrible mental affliction—unfortunates who could neither prevent nor explain their actions.

As Goldstein informs us, monomanie homicide began to feature regularly as a defense in criminal trials through the mid-1820s, sparking widespread debate surrounding the legal, medical, and social ramifications of the disease.63 Crowds gathered to witness court proceedings, consuming each new tale of “fixed” murder with greater relish and rendering homicidal monomania a profoundly fashionable disorder whose wide publicity (according to Esquirol) encouraged a spate of “imitative” murders: “A woman cuts off the head of a child whom she scarcely knew, and is brought to trial for it. The trial is very extensively published, and produces, from the effects of imitation, many cases of homicidal monomania without delirium.”64 Self-perpetuating and increasingly rampant, homicidal madness held the public in a state of horrified and titillated suspense as they waited for the next monomaniac to strike.

There is little surprise, then, that Berlioz created a hero whose fixated passions evolve into gruesomely murderous imaginings; his symphonic narrative capitalizes unashamedly on popular fascination with criminal madness. The grisly plot twist in the final two sections of Berlioz’s program suggests that his protagonist not only suffers from erotomania, but is teetering dangerously on the edge of homicidal monomania. Succumbing to suicidal despair, the jeune musicien poisons himself with opium, and—in a nightmarish hallucination—dreams that he has killed his beloved and is on trial for murder. All this resonates unmistakably with the theories of Esquirol, who later noted that monomaniacs who had committed murder “confessed to me that ideas of homicide tormented them during their delirium, particularly at the commencement of their disorder.”65

Both Berlioz and his “fantastic” alter-ego manifest many of the symptoms cited by Esquirol as

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60E.-J.- Georget, Examen médical des procès criminels des nommés Léger, Feldtmann, Lecouffe, Jean-Pierre et Papavoine, dans lesquels l’aliénation mentale a été alléguée comme moyen de défense, suivi de quelques considérations médico-légales sur la liberté morale [A medical examination of the criminal trials of Léger, Feldtmann, Lecouffe, Jean-Pierre and Papavoine, in which mental illness was proposed as a means of defense, followed by some medico-legal considerations surrounding moral liberty] (Paris: Migneret, 1825). I rely here both on my own reading of Georget’s pamphlet and on Goldstein’s detailed commentary, in which she explores the wider medical and legal implications of Georget’s “lesion of the will” and describes the case studies laid out in the first section of his pamphlet: these include the famous murderer Papavoine, “an apparently impeccable fellow whom he had suddenly stabbed two young children to death in the Bois de Vincennes” (p. 164) and Léger, “the winegrower who withdrew . . . into a secluded grotto where, overcome by cannibalistic urges, he murdered a young girl and drank her blood” (p. 165; see pp. 162–84).

61Esquirol, Des maladies mentales, pp. 94–96; see also Goldstein’s commentary on Brière de Boismont, Console and Classify, p. 174.

62Durant ses accès, [le monomane] se sentant poussé à tuer même les personnes qu’il affectionnait le plus” [Georget, Examen médicale, p. 94].

63See, in particular, Goldstein, Console and Classify, pp. 165–66, where she details Henriette Cornier’s sensational 1826 trial—the first in which Georget’s monomanie-homicide diagnosis was invoked as a legal defense.

64“Un femme coupe la tête à un enfant qu’elle connaissait à peine, est traduite en jugement; ce procès a beaucoup de retentissement, et produit par imitation un grand nombre de monomanies homicides sans délire” [Esquirol, Des maladies mentales, pp. 101-02].

65“Les hommes . . . m’ont avowé que les idées d’homicide les avaient tourmentés pendant leur délire, particulièrement au début de leur maladie” (ibid., p. 104).
preconditions for a violent “lesion of the will”: gloomy melancholy, disturbing hallucinations (both visual and aural), and extreme misery. But the murderous episode described in the program of the Fantastique does not have a clear autobiographical correlative; Berlioz made no mention of violent impulses toward Harriet Smithson in his letters (although he may well have dosed himself with opium during the period of his idée fixe). He constructed his own illness within the law-abiding bounds of the erotomaniac, hinting tantalizingly at criminal monomania only in the context of his symphonic “retelling.” The Fantastique narrative was thus a cleverly gauged mixture of fact and fiction—a tale that recorded Berlioz’s own melancholic sufferings while allowing his jeune musicien to explore the sensational category of homicidal madness. Still, Berlioz seems to have been unwilling to cast his alter ego as an outright murderer. The hero of the Symphonie fantastique kills only in the context of delirious imaginings, never translating his violent impulses into waking action.

It is worth noting, however, that Berlioz was not without dangerous inclinations and, according to his Mémoires, came remarkably close to committing a “monomaniacal” crime of his own. Having abandoned his pursuit of Harriet Smithson in the spring of 1830, the composer quickly transferred his erotomaniacal obsession to the young pianist Camille Moke. Rapturous references to “Ariel” replaced his earlier adoration of “Ophélie,” and Berlioz proposed marriage to Moke almost immediately.66 Her mother grudgingly agreed to the union, only to retract her assent during Berlioz’s tenure in Italy, informing him that the girl had become engaged to the piano-builder, Camille Pleyel. Already melancholy over his separation from the new “beloved,” Berlioz was catapulted into a state of feverish rage: “Something within me seemed suddenly to give way. Two tears of rage started from my eyes. In that instant I knew my course: it was to go at once to Paris and there kill without compunction two guilty women and one innocent man. As for subsequently killing myself, after a coup on this scale it was of course the very least I could do.”67 Packing two loaded pistols and vials of laudanum and strychnine, he set out from Rome on his murderous mission “in the grip of a passion” and in a stagecoach headed for the Italian border:

A tempest of rage and grief swept over me, more violent than any that I had yet experienced. I raged like the sea and, clutching the seat with both hands, made a convulsive movement as if to cast myself headlong, at the same time letting out a wild “Ha!” of such hoarseness and ferocity that the unfortunate driver, as he sprang back, must have definitely decided that his passenger was some demon.68

Berlioz did not commit the intended crimes, yet he describes himself as having experienced something like the murderous delirium referenced in his Programme and theorized by both Georget and Esquirol. The tale of his wild flight from Rome is conflated, in Berlioz’s memoirs, with references to the Symphonie fantastique. The composer describes putting aside ongoing revision of the work in order to embark on his tempestuous journey, leaving only a note on how the piece was to be completed. Of course, since the Programme was conceived (at least in its first form) well before Berlioz’s Italian “incident,” it cannot be read as a response to his sudden murderous impulse. Rather, it seems that the narrative of the Fantastique had begun to acquire generative force, mapping the homicidal imaginings of Berlioz’s symphonic alter ego onto the composer himself in a dangerous collapse between actual and imagined identities.

The program of the Symphonie fantastique “diagnoses” aspects of Berlioz’s psyche, exploring—in nineteenth-century psychiatric terms—his overt and latent monomaniacal behaviors.

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66 Though there are clear differences between Berlioz’s infatuation with Harriet and his relationship with Camille, the element of idealization and fictionalization remain constant; clearly, the composer had not rid himself of his tendency toward obsessive fixation, despite claims to Ferrand that he was “en train de guérison” [on the road to a cure].

67 The Memoirs of Hector Berlioz, trans. David Cairns, p. 152. Although Berlioz’s recollection of the incident is permeated with humor, it seems fair to suppose that, during the incident itself, he was absolutely in earnest.

68 Ibid., p. 156.
It is not only a record of the composer’s own psychological travails but also a sensational “mad story” that targets a public with an increasing appetite for tales of psychological disturbance. Indeed, the Fantastique program, as we shall see, was only one among many contemporary novels, plays, and poems exploring the phenomenon of “localized insanity” and the wider implications, both moral and aesthetic, of manic fixation. In the wake of Hoffmann’s “Automate” and Duras’s Édouard—whose amorous obsessions have already been explored—other tales featuring erotic, political, or morbid idées fixes began to appear. These works, like Berlioz’s symphonic narrative, reflected a growing interest in the fantastic internal terrain theorized in emerging psychiatric discourse, and a keen awareness of the growing link between aberrant imagination and the profile of the Romantic artist.

Of Monomaniacal Heroes and Fixated Artists: The Symphonie Fantastique in Context

When I am dead,
Reflect betimes and mourn my dreadful doom;
Let thy angelic orisons be said,
Above thy sire’s—the monomaniac’s tomb.

By the time Berlioz interpolated a monomaniacal idée fixe into the literary program of his symphony, the term had long since been absorbed into literary discourse (although even in a fictional context, it retained clear medical connotations). As early as 1813, Benjamin Constant referred to an idée fixe as a “sentiment habituel” in his Cours de Politique Constitutionnelle; by 1816 the term had gained greater currency, featuring prominently in the private journals of statesman-philosopher Pierre Main de Biran, who described his own obsessions as idées fixes as well as noting incidences of mental fixation among his friends and colleagues.

In an entry musing on the nature of obsession, he wrote: “The solitary man who nourishes an unhealthy passion, or some idée fixe relative to the exterior world, may be said to devour himself.” Biran’s tendency to link pathological obsession with introverted and emotionally sensitive characters is reflected in contemporary works of fiction, which increasingly figured monomaniacs not as criminals or madmen, but as passionate and imaginative heroes. “Fixated” protagonists proliferated through the 1820s and 30s, as novelists and playwrights borrowed the scientific terminology associated with medical discourse to explore the aesthetic and dramatic potential of pathology. Quasi-humorous tales of monomania, including Charles Honoré Rémy’s Bonard dans la lune, ou La monomanie astronomique (February 1830) were followed by tales featuring more serious fixations, notably Eugène Sue’s Atar-Gall, Honoré de Balzac’s Gobseck, Charles Nodier’s La fée aux miettes, and Victor Hugo’s Notre-Dame de Paris.

71 L’homme solitaire qui nourrit une passion malheureuse ou telle idée fixe relative au monde extérieur, peut être dit se dévorer lui-même [Biran, Journal intime, ed. H. Gouhier [Neuchâtel: Edition de la Baconnière, 1954], II, 209]. Biran’s diaries from 1816 onward contain numerous references to idées fixes; some are trivial fetishes, while others escalate “to the point of near madness”; see, for example, I, pp. 186, 109.

72 A complete list of the fictional works featuring monomaniacal fixations published in the 1830s is too extensive to give in full; in addition to those mentioned above, it includes Musset’s Lorenzaccio, Saint-Beuve’s Volupté, Scribe’s Une monomanie, Nodier’s Jean-François les Bas Bleus, Hugo’s Dernier jour d’un condamné, Vigny’s Chatterton, Stendhal’s Vie de Henri Brulard, Barbey d’Aurevilly’s Memorandum, Charles Duveyrier’s Le monomane, and many works by Balzac, who had a voracious interest in the new psychiatric medicine [see, for instance, his La peau de chagrin [1831], Eugénie Grandet [1834], Le lys dans la vallée [1836], Histoire de la grandeur et de la décadence de César Birotteau [1837]]. The visual arts, too, demonstrated familiarity with Esquirol’s disease, highlighting a newly aestheticized attitude toward madness; Géricault’s portraits of monomaniacs (1821–24) are finely drawn depictions of obsessive sufferers, whose fixated gazes strike us as both compelling and remarkably genteel. I have noted Goldstein’s discussion of Géricault [see n. 52 above]; she also makes reference to Duveyrier’s play [in connection with medico-legal concerns in the 1820s] and directs our attention to Balzac’s interest in psychiatric discourse; see Console and Classify, pp. 152; 153, n. 7; 182–83. On Balzac and medical theory, see also Madeline Fargeaud, Balzac et “La recherche de l’absolu” [Paris: Hachette, 1968], pp. 138–45. There is no broader literary study, to my knowledge, that draws together the
These works established monomania as a quintessentially Romantic illness—an affliction not only of the hero, but of the creative and eccentric genius. In Balzac’s novel *La peau de chagrin* (1831), Raphael’s insistence on solitude and peculiar rituals of etiquette is rumored to be monomania and linked to the intense intellectual absorption demonstrated by writers and philosophers. An old professor who comes to visit assumes that Raphael is hard at work on a poem, or “something very important.” The professor associates obsessive fixation with the impassioned reveries of great thinkers, claiming that “when he is engaged in intellectual absorption, a genius forgets everything else.” Eugene Scribe’s play, *Une monomanie*, given at the Théâtre du gymnase dramatique the following year (August 1832), emphasizes, and even parodies, the link between psychological disturbance and creative genius. In order to prove himself an artist of substance, the impressionable hero Émile must not only suffer from melancholy and ennui, he must develop an *idée fixe* and, succumbing to delirium, drown himself. Émile writes his own obituary, sends his final verses (“Mes adieux à la vie”) to a fellow writer, and throws himself in the river. He is rescued, but his status as an artist—a creator of “pathological temperament”—is ensured, and his work is snatched up by eager publishers. When Émile’s uncle demands an explanation for the young man’s attempted suicide, his nephew replies only: “What can I say? I have but one excuse! One

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above collection of works based on their “monomaniacal” content. However, we can turn to Marina van Zuylen’s recent *Monomania: The Flight from Everyday Life in Literature and Art* (cf. n. 53 above) for an enlightening chapter on Nodier’s monomaniacal writings in which she considers both his essay “Monomanie réflective” (to which I shall return) and his tale *Jean-François les Bas Bleus*. Zuylen devotes the majority of her study to later literary *idées fixes* in works by Flaubert and Baudelaire as well as in contemporary fiction by Elias Canetti, Nina Bouraoui, and Jean-Michele Ribettes.

77“Au milieu de ses travaux intellectuels, une homme de génie oublie tout” [Paris: Editions Gallimard, 1974], p. 260. Of course, the true cause of Raphael’s distress is the sinister “shagreen skin,” which shrinks with each wish he makes, and will eventually claim his soul in fulfillment of the Faustian bargain made at the beginning of Balzac’s fantastic tale.

74“Que voulez-vous! Je n’ai qu’une excuse! Une justification: c’était plus fort que moi, c’était une idée fixe, une monomanie” [Eugène Scribe, *Œuvres complètes*, vol. 10 [Paris: P. H. Krabbe, 1854], p. 167]. Overnight, Émile becomes an attractive and desirable man in the eyes of both Henriette Maugiron and her aunt, Mademoiselle Palmyre Maugiron, who regard the young stranger rescued from the river as a man of appealingly “pathological” personality; Henriette remarks delightfully that he has “an exquisite sensibility, a profound melancholy, and a bitter disgust for life” (p. 171).

75“Pugnani [sic] était, comme on le voit, un fou d’une intelligence peu commune; sa folie même en a fait un homme célèbre: il est vrai que, dans son cerveau, elle était bien voisine du génie, et que génie et folie sont deux choses que l’on confond trop souvent” [Renault, *Les hommes célèbres* [Paris: Renault, 1835/6], p. 180].

articulated than in the well-known writings on inspiration by De Quincey and Coleridge. Here the genius was figured as a dreamer whose art evolved from the fantastic visions generated by a mind reaching beyond the rational language of the sensible world. Although the artist was meant to control his imaginative flights, creative dreaming could slip all too easily into involuntary mental wandering or lead to overindulgence in reverie; indeed, a fascination with the imagery produced during hallucination propelled Coleridge and others toward opium addiction (what the French would have termed a

“monomania for opium”), resulting in works shaped by the visions of deranged fantasy.

French doctors, including Esquirol, commented on the tendency for geniuses (especially artists) to court sensational excess, noting that such “errors of regimen” could easily escalate into fixation and madness. As Zuylen observes, Charles Nodier was also aware of the danger posed by overindulgence of the imagi-

76Esquirol theorized substance addiction, specifically alcoholism, as a species of monomania (“monomania from drunkenness”). Berlioz himself recognized such a disease, describing Harriet’s overindulgence in alcohol as a “monomania or illness” (monomanie ou malade) in a letter to his sister Nanci of 26 July 1845 (see CG, III, 981). An addiction to opium would almost certainly have been explained in similar terms.

77Esquirol, Des maladies mentales, pp. 41–42.
native faculties.78 In an essay entitled “Réveries Psychologiques de la Monomanie Réflective” (1841), Nodier posited a new species of fixation—“reflective monomania”—characterized by an obsessive exercise of the fantasy. Great men, he claimed, were those endowed with vivid imaginations, but they often became pathologically absorbed in their own dream worlds. Although they were capable of heroic acts, such persons were equally disposed toward madness; Nodier compares the “reflective monomaniac” to “a medal struck with a single blow of the press, which offers on one side the immortal figure of a great man, and on the reverse, the infirm head of a maniac.”79

Musicians, along with poets and painters, were linked pervasively to the extravagances and monomanias of genius both in works of fiction and scientific writing. Through the 1830s and 40s, journals including the Revue et Gazette musicale, Le Ménestrel, and La France musicale published numerous essays detailing the “Monomanies des compositeurs”—the fetishes, superstitions, and localized insanities of well-known composers. Here, as elsewhere, inspiration and the mechanisms of imagination were linked to dream-visions produced by wine or tobacco, and to the fixations of the solipsistic creator.80 By the 1830s, artistic monomania had become a virtual epidemic; in an essay in the Revue et Gazette musicale titled “Les monomanies artistiques,” Henri Blanchard dubbed the young composers and poets of the day “une foule de monomanes” (a crowd of monomaniacs), whose obsessive afflictions had taken on a distinctly theatrical flavor. He assessed their melancholies and idées fixes as “peu naturel,” noting that they overlapped suspiciously with the extravagant madnesses of fictional characters and suggested calculated self-construction.81

Blanchard acknowledged the compelling link between genius and mania, but was no longer able to separate genuine creative illnesses from their fictional or semi-fictional counterparts. His doubts about the status of monomania as a containable scientific category raise larger issues surrounding the complex slippage between nature and artifice marking descriptions of obsessive pathologies from Esquirol to Berlioz and Scribe. Appropriated by novelists almost immediately on its inception, the monomania thesis occupied an ambiguous relationship with fiction, borrowing the rhetoric of Romantic narratives while simultaneously situating itself as a scientific discourse. In his assessment of artistic manias, Blanchard suggested that life was imitating art, but there is reason to believe that

78See Zuylen’s chapter “The Cult of the Unreal: Nodier and Romantic Monomania,” pp. 41–61. In both her discussion of Nodier’s essay and his tale Jean-François les bas-bleues, Zuylen interprets monomania as “the padding that protects against an unwanted condition” (p. 72)—that of the “inevitable boredom and insipidity of the habitual” (p. 70). It is an escapist disease that allows sufferers to construct and control “a visionary and redemptive form of existence” (p. 73, see pp. 68–73). Though Nodier certainly figures “reflective monomania” as a mode of mental escape, I suggest that he, like Renault, also underscores its status as a signal of genius. In Jean-François les bas-bleues, the hero’s monomania for scholarly study—his utter absorption in scientific and occult matters—is what renders him brilliant. Of course, his idée fixe is also (as Nodier observes) the source of his madness—genius exists only as the flip side of insanity.


80The following articles appeared in the Revue et Gazette musicale: “Monomanies de compositeurs,” [anon.] [3 Jan. 1836], and Henri Blanchard, “Les monomanies artistiques” (3 May 1840). Two separate essays, both titled “Monomanie de Quelques Compositeurs,” appeared in Le Ménestrel [17 Jan. 1836 and 7 July 1839], as well as several pieces featuring a newly invented type of monomaniac—the “mélomane”—defined in the Dictionnaire de L’Académie française (1832–35) as “Celui, celle qui aime la musique à l’excès, avec passion” (One who loves music to excess, with passion). Publications exploring the figure of the “mélomane” included “Tablettes d’un Mélomane” (10 August 1835) and “Du Mélomane Autrichien” (14 June 1835), as well as a Romance entitled “Le mélomane moderne: Bêtise en 3 ou 4 Couplets” by Ruotte, which tells the story of a man “crazy” for modern music and especially for the loud, new-fangled instruments of the orchestra. [One wonders, of course, whether the author had Berlioz in mind?] La France musicale ran a series of articles through the early 1840s titled Caprices, manies, excencrités d’artistes, detailing the odd quirks and fixations of well-known composers. Outside of France, obvious spin-offs on the French articles appeared, including one by Piazza, titled “Monomanie di alcuni maestri di musica [Abitudini di Haydn, Gluck, Sarti, Zingarelli, Salieri, Paër, Paisiello],” Gazzetta musicale di Milano (21 Feb. 1847), 57–58.

81Compare n. 80 above. Blanchard was a prominent music critic and a colleague of Berlioz.
science, too, took its cue from the realm of novels and poetry. Both Esquirol’s writings on monomania and Berlioz’s autobiographical accounts of the disease were permeated by self-staging theatrical language and by the conscious construction of a performative pathology. Of course, hyperbolic sentiment had long been the stuff of drama and obsessive lovers a mainstay of popular eighteenth-century novels—one need only think of Werther. Esquirol acknowledged such fictional monomaniacs, identifying Nina and Lucretia as sufferers from erotic monomania. He went on to draw wider connections between fiction and pathology, suggesting that those who “exalt the imagination by reading romances and have received a voluptuous and effeminate education” (qui s’exaltent par la lecture des romans, qui on reçu une éducation molle et efféminée) were more likely to fall prey to erotomaniacal fixations. Literary narratives become central to Esquirol’s diagnoses as both catalysts and models—not only are his erotomaniacs often described as “artistic” persons of highly charged, melancholic, and sensitive passions, but his case studies take on a remarkably novelistic tone, echoing the plots and rhetoric of popular fiction.

In one study he tells the tale of “a young lady of Lyons” who falls in love with a local man to whom she is promised in marriage. Having initially agreed to the union, the girl’s father retracts his assent and suggests a new suitor. His daughter is plunged into erotomaniacal despair; she “says nothing, confines herself to her bed” and “refuses all nourishment.” Separated from the object of her affections, her condition quickly deteriorates: “She repulses all the advice, prayers, and consolations of her parents and friends. After five days, vainly employed in endeavors to overcome her resolution, they decide to recall her lover; but it is now too late. She succumbs, and dies in his arms on the sixth day.” Esquirol provides no physiological explanation for the girl’s demise, nor does he examine her case with the clinical detachment applied to other patients. She literally “dies for love,” succumbing to a melancholic and compellingly pathetic illness as did so many sentimental heroines in the dramatic realm. Here Esquirol allows medicine to stray into the realm of literature, facilitating an aestheticization of disease that resulted in the “pathological heroes” of popular fiction. Mingling anatomy with aesthetics, he encouraged the psuedo-scientific discourse that led to a “medical” profile of the Romantic artist—an amalgam of clinical and novelistic attributes that, as Blanchard noted, quickly ossified into cliché.

When we read Berlioz’s detailed account of the mental and physical suffering occasioned by his idée fixe, we have little doubt that the composer believed himself afflicted with a genuine psychological disturbance—a “real” misery with recognizable medical symptoms. And yet, in his self-accounting, quasi-scientific description mingled with passages of overtly literary character—a stylistic duality familiar from Esquirol’s case studies. Reports of the composer’s painful condition were often couched in consciously theatrical language, for instance, in the letter to Ferdinand Hiller [3 March 1830]:

Can you tell me what it is, this capacity for emotion, this force of suffering that is wearing me out? Ask your angel, the seraph who has opened for you the gates of paradise [Hiller’s love interest, the pianist Camille Moke]. . . . Let’s not complain . . . Wait a moment, my fire’s going out . . . Oh, my friend, do you know? To light it, I used the manuscript of my “Élégie en prose”! . . . Tears, nothing but tears! I see Ophelia shedding them, I hear her tragic voice, the rays from her glorious eyes burn me up. Oh my friend, I am indeed wretched—inexpressibly!85

82Sentimental fiction [and by extension, sentimental drama and opera] was itself a literary mode permeated by theatrical displays of “sensibility,” which, in extreme cases, like that of Nina, gave way to gentle and melancholic madness.
83Esquirol, Des maladies mentales, p. 48.
84“Mademoiselle repousse tous les conseils, toutes les prières, toutes les consolations de ses parents, de ses amis. Après cinq jours vainement employés à vaincre sa résolution, on se décide à rappeler son amant; il n’était plus temps; elle succombe et meurt dans ses bras le sixième jour” [ibid., p. 41]. For a similar case study, see pp. 42ff.
85CG, I, 156.
Here illness becomes sensationally performative, with Berlioz borrowing the rhetoric and extravagant typography of sentimental drama and even recording his own hyperbolic “staging.” As in Esquirol, factual and fictional illness begin to mingle, and we can no longer separate Berlioz from his self-constructed dramatic persona. It was, after all, a delusional overlap between art and life that gave rise to the composer’s painful affliction in the first place. Berlioz’s erotomaniacal fixation was sparked by his first viewings of Shakespeare, which, as Esquirol warned, excited his senses to a dangerous degree and fueled a pathological merger of imaginary and actual realities:

After the madness and the melancholy of *Hamlet*, after the pangs of despised love, the heartbreak and bitter irony, the continual brooding on death, the slings and arrows of outrageous fortune, after Denmark’s dark clouds and icy wind, to steep myself in the fiery sun and balmy nights of Italy, to witness the drama of that immense love, swift as thought, burning as lava, radiantly pure as an angel’s glance, imperious, irresistible, the raging hatreds, the wild, ecstatic kisses, the desperate strife of love and death contending for mastery—it was too much. By the third act, hardly able to breathe—as though an iron hand gripped me by the heart—I knew that I was lost.”

The “melancholy madness” of *Hamlet* and “immense love” of *Romeo and Juliet*, which Berlioz so rapturously described, became models for his own erotomaniacal pursuit of “Ophelia” and marked the beginning of what he later termed “the supreme drama of my life.” Berlioz, quite literally, became the monomaniacal hero of his own play—pathology both imitated and produced art.

The notion that illness played a central role in Berlioz’s conception of the Artist and his understanding of creative process are made explicit in a letter to Ferrand (October 1830), in which he sympathized with his friend’s melancholic sufferings: “I expect you’re eating your heart out because of miseries that affect you only in your imagination. There are so many that beset us at close quarters [. . .] Why! O why! [. . .] I understand it better than you think; it’s your way of life, your poetry, your Chateaubriandism.” Imaginative pathology, according to Berlioz, was integral to the poetic impulse and emotional excess a signal of artistic sensibility. Like both Esquirol and Renault, he suggested a complex intermeshing of delusion and creative fantasy. In the detailed letter to his father (19 February 1830) describing his own “fantastic illness,” Berlioz noted a tendency toward compulsive self-scrutiny; he “constantly observes himself” as though seeing himself “in a mirror,” drawn into disorienting meditations on the oddities and minute machinations of his own mind. Berlioz’s description of solipsistic absorption resonates with similar accounts of creative fixation in Renault and Balzac, who noted neurotic self-awareness as a hallmark of the artistic mind. As Frederick Burwick has argued, French and English writing of the period increasingly reconfigured inspiration in terms of illness, describing it in psychiatric terms borrowed from the new *médecine mentale*. In his study *Poetic Madness and the Romantic Imagination*, Burwick pinpoints the shift in aesthetic and medical philosophy that facilitated a collapse between poetry and pathology in the early decades of the century: “The major change that had taken place in the concept of the *furor poeticus* was that it could no longer be described simply as a moment of inspiration. From this time forward, it must bear the burden of psychiatric scrutiny. No longer miraculous, it was now definitely pathological.”

88CG, I, 182. Berlioz makes a similar connection between creativity and psychological aberration in his three-part biography of Beethoven (*Le Correspondant*, 1829); here, he underscores the role of “caprices” and “bizarreries” in the genius’s temperament, describing a great composer riddled with miseries and oddities and isolated from the world—“un homme à part, un homme différent des autres hommes par son génie, par son caractère, par le mystère de sa vie.”

Berlioz’s self-construction as a monomaniac, in both his correspondence and his symphonic program, responded to a wider discourse of “creative aberration” permeating medical and literary culture. The obsessive focus signaled by an idée fixe underscored his artistic potential, testifying to his medical status as an original genius and aligning him with the most compelling and “inspired” novelistic heroes of his day. In effect, Berlioz created the ideal Romantic persona coveted by Scribe’s Émile—a character residing midway between fact and fiction, whose very pathology was the proof of his creative power. Berlioz’s “poetry” became synonymous with his “way of life”—his imaginary and actual “miseries” intertwined, so that we are unable to discern where self-revelation ended and self-invention began.

Pathology and the Poetics of Romantic Self-writing

This leaves the final question: is the drama of the Fantastique autobiographical?90

Given the overlapping layers of self-portraiture at work in Berlioz’s Fantastique program and in the voluminous correspondence written during the symphony’s gestation, it is hardly surprising that the autobiographical status of the Fantastique has proven to be a thorny issue. As early as the first draft of the program, Berlioz foregrounded the generic ambiguity of his narrative; it was both “novel” and “history,” and he, as hero, was a figure teetering between the fictional and the actual.91 Later, in his memoirs, Berlioz would describe the Fantastique and its sequel, the monodrama Lélio, in less ambiguous terms as records of lived experience: here he identifies himself as the jeune musicien (Lélio in the Retour à la vie), Harriet Smithson as the heroine, and his own tortured passion as the subject of the “strange and doleful drama” that unfolds across the two works. Recalling their first performance as a musical pair, Berlioz described the autobiographical underpinnings of the symphony and its sequel:

The program consisted of my Fantastic Symphony followed by its sequel Lélio, or The Return to Life the monodrama that forms the second part of the “Episode in the Life of an Artist.” The subject of this musical drama, as is known, was none other than my love for Miss Smithson and the anguish and “bad dreams” it had brought me... The title of the symphony and the headings of the various movements somewhat astonished her, but it never so much as occurred to her that the heroine of this strange and doleful drama might be herself.92

Although he characterized the Fantastique as a work of self-description, Berlioz’s “life drama” intersected self-consciously with the fictional idioms of Chateaubriand, Hoffmann, Duras, and others, to produce a complex aesthetic account that resists easy correlations between literary characters and their living counterparts. Scholars have long struggled to reconcile competing journalistic, fantastic, novelistic, and self-referential impulses in Berlioz’s program. Some read it as a direct response to personal experience, others describe an artistic distillation of “real life” or a “quasi-autobiography,” while others, pointing to an obvious slippage between “truth” and “fiction” in the composer’s narrative, deny it autobiographical status altogether.93 Conflicting perceptions of

91See p. 214 for full quotation.
literary modality in Berlioz’s symphonic drama gesture toward a larger dispute surrounding the nature of self-writing and the fundamental definition of Romantic autobiography. Such issues are far from resolved and become increasingly pressing as we struggle to interpret new layers of medical signification in Berlioz’s program—links between literal and literary illness that render the composer’s relationship with his pathological “other” both subtle and difficult.

It is undeniable that Berlioz departed from the historical facts of his life in the drama of the Fantastique, incorporating dreamed events and fantasized encounters, yet his mingling of physical and imaginary selves does not disqualify the program as an autobiography. On the contrary, Romantic authors understood self-writing as a generically mixed medium—a composite of factual and fictional (external and internal) experience rather than a journalistic mode limited to literal recounting. Eugene Stelzig, in a recent study of Romantic autobiography, traces the slippery aesthetic evolution of modern self-writing at the end of the eighteenth century, pointing to an overlap between historiographical and novelistic impulses in seminal works of self-portraiture including Rousseau’s Confessions and Goethe’s Dichtung und Wahrheit:

In their [Romantic autobiographers’] retrospective life-narratives and self-accounts, imagination comes to the help of memory, or—to use a favorite word of Rousseau’s—supplements it. Their pasts are stylized, poeticized, even fantasized. So in the autòs of Romantic self-writing, poetry facilitates telling the truth of the bios. [. . .] life takes on the coloring of fiction.\(^{94}\)


Stelzig emphasizes the importance of poetic and even fantastic gestures to Romantic autobiographers, whose narratives often explore ephemeral emotional and psychological experience. For Berlioz and many of his artistic contemporaries, the realm of imagination was more “real” than the external world; their autobiographical accounts privileged an internal self—a sense of identity defined by unverifiable experiences of fantasy and dream.

The barrage of memoirs, journaux intimes, and personal accounts published in France and elsewhere in the decades surrounding the Fantastique mix “poetry” and “truth” in various degrees, giving voice to new notions of personal autonomy and to what Karl Weintraub calls a “fascination with individual specificity.”\(^{95}\) Berlioz’s fragmentary self-portrait, permeated with a fantastic aesthetic and marked by intense and even psychiatric scrutiny of emotional experience, resonates most closely with the Romantic confession, a particularly French species of autobiography popularized by Rousseau and exploited by prominent artists and writers through the nineteenth century: Jules Janin, Alfred de Musset, Frédéric Soulié, Arnould Frémy, Georges Sand, and others.\(^{96}\) Confessions by these authors emphasized, perhaps more intensely than other mediums of self-writing, a self-conscious overlap between self-representation and self-construction, interrogating inner, often moral or imagined selves. As Susan Levin notes in her recent study of Romantic confession, illness, obsession, and psychological trauma were key themes in such works, which, rather than relating retrospective chronologies, “confessed” to circumscribed, usually youthful episodes involving painful or

\(^{95}\)Weintraub locates the emergence of a “specifically modern form of self-conception” at the end of the eighteenth century, citing this change in personal awareness as a key precondition for the rise and proliferation of Romantic autobiography; see The Value of the Individual: Self and Circumstance in Autobiography (Chicago: University of Chicago Press, 1978), p. xiv.

\(^{96}\)Jeffrey Langford notes the connection between Berlioz’s “autobiographical and self-confessional” mode and contemporary French and English self-writing of the period, although he does not explore such resonances in any detail; see The Cambridge Companion to Berlioz, ed. Peter Bloom (Cambridge: Cambridge University Press, 2000), p. 53.
shameful debauchery, madness, and even criminal behaviors.97

Drawing heavily on novelistic mechanisms as well as on the scientific rhetoric offered by a new médecine mentale, confessors projected themselves through invented alter egos, “revising the autobiographical convention in which the subject of the text is identical in name to the author in the text.”98 Musset spoke through the character of Octave, and Janin through Anatole, just as Berlioz adopted the persona of the jeune musicien [and later, Lélio]. Levin identifies the veiled relationship between author and protagonist in Romantic confessions as the key to a distinct autobiographical mode—a species of self-writing emphasizing “a certain deliteralizing process.” Confessions, she argues, detail lived events through fictional frameworks that [like the screen dividing a confessional booth] provided the illusion of privacy in order to facilitate heartfelt and unrestrained self-disclosure.99 Romantic confessors often insisted on the verity of their narratives while freely acknowledging the importance of fantasy in their self-unfoldings; when Berlioz identifies his Fantastic episode as both history and fiction, he echoes pointedly “mixed” descriptions of many confessional narratives. As we set Berlioz’s self-portrait alongside contemporary confessions, the autobiographical relationship between composer and alter ego begins to come into focus. We recognize the drama of the Fantastique as a specific species of self-narrative, and its central pathological trope as a characteristic feature of confessional constructions. No longer merely medical, or even fictional, psychiatric pathology emerges as a defining feature of “confessed” Romantic identity.

The published confessions chronologically closest to Berlioz’s own “episode” are those by Janin (1830) and Musset (1836), whose fragmentary self-portraits both echoed and anticipated the narrative of the Fantastique.100 Musset’s La confession d’un enfant du siècle relates the activities of three years dominated by “Octave’s” tempestuous love affair with Brigitte Pierson [a thinly disguised account of Musset’s own liaison with Georges Sand].101 Octave suffers from a youthful “maladie morale,” an emotional malaise that permeates his narrative as an integral constituent of identity: “Suffering lives in my brain,” he tells us, “it belongs to me.”102 Exhausted by a life of dissipation and apathy, he retreats to the town of his birth, where he meets and falls in love with an “ideal” woman; Brigitte is a “saint,” an “angel,” and even “la fée Mab”—a creature of almost supernatural stature. But Octave’s infatuation quickly escalates to the level of obsession, becoming “an inexorable love that devours and destroys me.” He conquers the ideal

97Susan Levin offers detailed readings of confessions by both French and English authors in The Romantic Art of Confession: De Quincey, Musset, Sand, Lamb, Hogg, Frémy, Soulié, Janin (Columbia, S.C.: Camden House, 1998). Levin’s introductory chapter, “Romantic Confessional Writing in Britain and France” (pp. 1–17) figures nineteenth-century confessional narratives as works that respond distantly to Augustine’s Confessions, but more immediately to Rousseau’s secular self-writings. Romantic confessors, she argues, rejected the notion of “comprehensive completeness” promised by Rousseau, claiming that total self-disclosure was an impossibility, and aiming for a more “plausible” project. They redefined the confessional idiom as a partial self-narrative meant only to communicate a fragment of the author’s life experience—an isolated episode often revolving around “unacceptable, even criminal” behaviors. [See especially, pp. 5–6.]
98Ibid., p. 7.
99Ibid., pp. 6–7, where Levin elaborates on the difficult relationship between “truth” and “fiction” in confessional narratives, noting that “on the one hand, Romantic confessions describe the personal experience of their authors in a recognizable manner; on the other hand, Romantic confessions distance and disguise these events.”
100Of course, Berlioz also knew De Quincey’s Confessions of an English Opium Eater [in Musset’s 1828 French translation], a work in which pathology, transgression, and delirium [as well as a pervasive tendency to fictionalize lived events] are key features of the author’s self-telling. For more on De Quincey’s confessional idiom, see Edmund Baxter, De Quincey’s Art of Autobiography [Edinburgh: Edinburgh University Press, 1990].
101On the romantic relationship between Musset and Sand and its resonances in La confession d’un enfant du siècle, see Levin, The Romantic Art of Confession, pp. 43–49, 50, where she also notes that Musset wanted to “immortalize himself and Sand” through the Confession. Though Levin does not dwell on Musset’s references to madness [which are, of course, central to my own reading of the text], she does observe that “the motifs of sickness, disease, death, and fever” permeate Musset’s confession, constructing a man who “we would now term schizophrenic” (pp. 46, 55).
102“La souffrance vit dans mon crâne; elle m’appartient,” La confession d’un enfant du siècle (Paris: Gallimard, 1973), p. 305. [Subsequent quotations are taken from the same edition.]
beloved, but is almost immediately tormented by suspicions of her infidelity. Gripped by jealous paranoia, Octave descends into a state of "horrible, frightening madness" that manifests itself first as suicidal despair and then as a murderous impulse. Standing over his beloved, he holds a knife to her bare chest: "Ah! God forgive me! While she sleeps why should I not kill her?" He loosens her blouse, and prepares to commit the bloody deed: "I directed the knife I held in my hand against Brigitte's bosom. I was no longer master of myself, and in my delirious condition I knew not what might have happened." The sight of a wooden cross around Brigitte's neck halts Octave in the final second, and, emerging from his delirium, he stops short of murder.

Janin's earlier confession (called simply, La confession) is similarly disturbing, foreshadowing the pathological and even criminal self-constructions of both Berlioz and Musset. Like Musset, Janin had a youthful and tempestuous love affair with Georges Sand, which, distanced and transmuted by the confessional idiom, became the framework for a more complex self-telling marked by madness, murder, and neurotic self-absorption. Through his alter ego, Anatole, Janin painted himself as a young man exhausted by ennui and afflicted with the vague dissatisfaction of youthful melancholy. In his confessional tale, he becomes engaged to a young girl—Anna—whose beauty and naïveté at first entrance him but who, over time, seems to undergo a malignant transformation. Anatole is increasingly estranged from his fiancée; he "suffers horribly" at their wedding ball, imagining his bride as an old and ugly woman. Dark fantasies begin to affect his rational faculties, and, alone with Anna after the celebrations, Anatole can no longer remember her name, perceiving her only as a "sweaty," "white," and repugnant figure. Quoting Hamlet, he cries, "Nous sommes tous au fond des misérables—Ils m'ont rendu fou." Faced with his wife's hideous form, and overcome by the "violent despair" of temporary derangement, Anatole succumbs to a moment of homicidal fury in which he strangles the girl:

He was alone . . . alone and in the grip of the most violent despair; he searched for a name that he could not utter, a name that should draw her from her sleep, this name that he had lost. "Anna!" he said finally, "listen to me, Anna! It's me, Anna!" and at the same time his two robust hands encircled the neck of the poor girl, with the fury of a drowning man who clutches at a reed. When he released his hands, the poor Anna let out a great cry, a cry of malaise and of death: thus did she respond to the call of her husband. Having murdered his new wife, Anatole faints and does not regain consciousness till morning. His crime is dismissed as an incidence of violent "apoplexy"—an act of uncontrollable and unconscious violence that the medical profession would undoubtedly have termed monomanie homicide.

The tales of youthful malaise, deranged love, and [imagined] murder related in self-writings by Musset and Janin overlap conspicuously both with one another and with the narrative of the Fantastique, encouraging us to locate Berlioz's

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103"Ce fatal amour, qui me dévore et qui me tue" (ibid., p. 178). "Une démence horrible, effrayante, s'empara de moi subitement, j'allais et venais, parlant au hasard, cherchant sur les meubles quelque instrument de mort. Je tombai enfin à genoux et je me frappai la tête sur le lit" (p. 294). "Ah! Dieu me préserve! pendant qu'elle dort, à quoi tient-il que je ne la tue?" (p. 303); "j'avais approché le couteau que je tenais de la poitrine de Brigitte. Je n'étais plus maître de moi, et je ne sais, dans mon délire, ce qui en serait arrivé" (pp. 306-07).

autobiographical program squarely within the aesthetic and rhetorical realm of Romantic confession. Indeed, the composer’s artistic contemporaries “confess” to pathological selves—identities marked by excessive imagination and delirious violence—that bear a remarkable resemblance to Berlioz’s own *jeune musicien*. Although neither Octave nor Anatole identify themselves explicitly as monomaniacs, their self-unfoldings are permeated by the rhetoric of psychiatric illness. Musset, like Janin, suffers not simply from melancholy, but from devouring obsession and psychosis. We are drawn into inner realms of fantasy and hallucination in their self-accounts that, deviating markedly from historical “facts,” document psychologically rather than physical selves.

In both confessions, as in the *Fantastique*, imagined experience is projected through fictional alter egos, yet the confessors testify to the fundamental “truthfulness” of their self-accounts. As Levin reminds us, Janin halts his story several times to assure us that the tale he tells is not a fabrication, that “he does not invent [the story], that he is not pursuing a fiction” (qu’il n’invente pas, qu’il n’est pas à la suite d’un fiction). Musset makes the same claim, writing, “I have now to recount what happened to my love and the change that took place in me. What reason can I give for it? None, except that as I tell the story I can say, ‘It is the truth’.” But Musset’s truth, like Berlioz’s, cannot be couched in literal recounting (nor would it have been prudent for either man to “confess” actual names and places). Instead, revelation of the emotional self demanded a mingling of the factual and the fantastic—a generic blurring that Musset acknowledged in a letter to Franz Liszt. His *Confession*, he wrote, is “not true enough to be a memoir by any means, but not false enough to be a novel” (pas assez vrais pour des mémoires à beaucoup près, et pas assez faux pour des romans). As with Berlioz’s *Fantastique* narrative, his self-account is essentially unclassifiable. History must negotiate with poetry in order to approach the greater totality of a rich and subtle self.

We cannot separate Berlioz’s historical and confessional selves (“autobiography” from “fiction”), any more than we can divorce Musset from Octave or Janin from Anatole, for to do so is to suggest that fantasy is less vital than material fact in the shaping of identity. Confessions by Berlioz’s contemporaries allowed referential and imagined personas to overlap, acknowledging the inevitable mingling of memory and imagination that produces a sum self. We witness the same strategy in the self-portrait of the *Fantastique*, which calls on fiction to articulate as well as generate psychological identity. Berlioz’s life both models and is modeled by his *jeune musicien* in a fluid interplay between written and writing selves (composer and personal) so that—in Paul de Man’s words—“they determine each other by mutual reflexive substitution.” “We assume,” continues de Man, “that life produces the autobiography as an act produces its consequences, but can we not suggest, with equal justice, that the autobiographical project may itself produce and determine the life?”

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107It is worth noting that Berlioz himself distinguishes between types of self-writing; in the *Memoirs*, he notes emphatically that “I do not have the least pretension to ‘appear before God, book in hand,’ declaring myself the ‘best of men,’ nor to write ‘confessions.’” I shall tell only what I wish to tell and the reader who refuses me his absolution must needs be harsh to the point of unorthodoxy, for I will admit none but venial sins” ([Memoirs, preface, trans. David Cairns, Berlioz’s quotations are taken from Rousseau’s *Confessions*, p. 29. Here, the composer discriminates (as did Musset) between the autobiographical modes of memoir and confession, the former comprising a selective and retrospective account of lived events, while the latter demanded unreserved and intimate disclosure of the moral and emotional self.

108“J’ai à raconter maintenant ce qui advint de mon amour et le changement qui se fit en moi. Quelle raison puis-je en donner? Aucune, sinon que je raconte, et que je puis dire: ‘C’est la vérité’” ([La confession d’un enfant du siècle, p. 187].

109This paragraph borrows from Levin’s observations on confessional “truth”; she notes both Janin’s and Musset’s claims to truthful and “complete” recounting (*The Romantic Art of Confession*, pp. 43, 126) and discusses Musset’s letter to Liszt in some detail ([pp. 42–43].

minded” the life each man coveted: that of the Romantic artist.

In the aberrant alter egos confessed by Berlioz and members of his artistic circle, we recognize the profile of the creative genius as it emerged in popular and medical discourse in the early decades of the nineteenth century—a solipsistic, delusional, and potentially dangerous persona whose artistic prowess was linked ever more clearly with pathology, and often with the fixations and violent emotions of the monomaniac. Confessional autobiographies both claim and confirm such a profile, allowing fictionalized psychiatric theory to transition into the “actuality” of confessed identity—a culminating stage in the process we have traced from Esquirol through Duras and Renault. Like Berlioz’s narrative, the self-portraits of Musset and Janin function as diagnoses of genius, constituting public and even scientific claims to the title “Artist.” Their confessions are prospective rather than retrospective—acts of literary self-empowerment that project artistic identity and potential. Particularly for Berlioz and Janin, the confession was a kind of “coming out” narrative—a psychological debut—for young men eager to establish a place in the artistic world and to advertise the richness of their internal landscapes. Responding quite literally to Victor Hugo’s claim that “a poet is a world locked inside a man” (Un poète est un monde enfermé dans un homme), they turned their inside worlds outward, “unlocking” dark and often disordered selves in order both to reveal and create the persona of the Romantic poet.

Returning to Barzun’s provocative question, and to issues surrounding Romantic self-representation that have resonated through much of this article, I must conclude that the narrative of the Fantastique is unambiguously autobiographical and that its central pathological trope responds to a quasi-scientific ideology of “creative aberration” integral to many artistic self-portraits of the period. Berlioz’s fantastic Episode, self-generating as much as self-reflective, struggled toward the Romantic artistic identity celebrated by Renault, Musset, Janin, and others, projecting and empowering a creative self as yet perceived only partially in dreams and imaginings. The composer leads us into the realm he wishes us to regard as his innermost self—a pathological monde fantastique “locked within”—to disclose the visions that constitute his aesthetic identity and the substance of his creative potentiality. As in the confessions of his contemporaries, he divulges a fantasy of perfection, a utopian inner vision of self and beloved that both motivates and tortures the external man. Berlioz’s convulsive struggle to realize and articulate identity—to mediate the discourse between external and imagined selves—underpins his symphonic program, which draws us into a fantastic realm of autobiographical construction. Borrowing self-consciously from the realm of literature, he allies (and in some sense justifies) his experimental “self-sounding,” with a written confession that, engrossed in intensely private examination, nevertheless responds keenly to external models of selfhood.

Berlioz’s idée fixe functions as both a creative and destructive force, and the signal of an illness central to his sense of identity. Through the narrative of the Fantastique, he becomes the melancholy and obsessive sufferer theorized by Esquirol, fictionalized in a host of nineteenth-century plays and novels, and recognized by the concertgoing public as a quintessentially “artistic” figure—the monomaniacal genius. Al-

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111 Le Légende des Siècles, XLVII.
112 Many other examples of “monomaniacal” self-portraiture exist amongst the self-writings of Romantic artists, who often described incidences of amorous or sinister fixation. George Sand, for instance, reported a youthful episode of pathological obsession in L’histoire de ma vie. Like Berlioz’s malady, Sand’s illness develops under the influence of Chateaubriand and Shakespeare, whose somber tales induce “morbid imaginings” while also sparking her own first poetic attempts. She meditates obsessively on suicide, barely resisting the compulsion to throw herself into the river: “The temptation was sometimes so alive, so sudden, so strange that I could certainly attest the fact that I had fallen prey to a kind of madness. It took the form of an obsession and from time to time bordered on monomania.” Sand’s dangerous fixation dogs her for weeks and culminates in an abortive suicide attempt; she is rescued by a friend and writes: “There seemed no point in his rebuking me for my sickness since it was involuntary and something I struggled against” [Story of My Life: The Autobiography of George Sand, A Group Translation, ed. Thelma Jurgrau [New York: State University of New York Press, 1991], pp. 792–94].
though Berlioz wrote to Ferrand that he was “on the path to recovery” as he finished the first draft of the symphony, he could not relinquish his fixation either permanently or entirely. A complete cure for the artist’s sufferings was unthinkable, as he later told Gabriel Vicaire, since such woes—and particularly the “excruciating pains of the heart”—were the hallmark of the Romantic creator.113 In the sequel to the Fantastique, the Retour à la vie, we witness a reprieve from death but not a release from Berlioz’s amorous obsession. The melodie is replete with echoes of “la voix adorée” and impassioned appeals to the elusive Juliette, Ophélie, and Miranda. There could be “no remedy, no palliative” for the emotional and psychological malaises afflicting a creative temperament, Berlioz insisted, for pathology itself was integral to artistic production: “And there, perhaps, is the reason why we prefer to suffer rather than recover.”114

The illness at the center of Berlioz’s first symphony illuminates the vital connections between art and mental infirmity, between popular pathology and Romantic identity, which motivate the composer’s confessional self-telling. Hovering between science and fiction, the idée fixe emerges as a pivotal cultural referent, drawing together the literal and the literary, cutting across psychiatric, imaginary, and philosophical discourses, and illuminating the “medical” strategies of autobiography that give shape both to the Romantic artist at large, and to Berlioz’s own fantastic self.

Abstract.
Both the literary program of Berlioz’s Symphonie fantastique and his personal letters dating from the year of the work’s composition are suffused with the rhetoric of illness, detailing a maladie morale characterized by melancholy, nervous “exultation,” black presentiments, and a malignant idée fixe. Often mistakenly identified as a term new to the 1830s, the idée fixe has a considerably longer history, dating from the first decade of the nineteenth century when it appeared in the writings of French psychiatrists Etienne Esquirol and Jean-Etienne Georget. Both Esquirol’s early writings on insanity and his seminal 1838 treatise identify mental “fixation” as the primary symptom of monomania, the most contentious and well-known mental disease of the period, and one with far-reaching implications not only for medicine but for Romantic literature, philosophy, and autobiography.

Examination of the disease’s early reception reveals that, well before Berlioz, the psychiatric terminology surrounding monomania had been absorbed into popular discourse. Malignant and humorous idées fixes appeared in cartoons, diaries, and newspaper articles from the 1810s onward, and in fictional works by Hoffmann, Duras, Scribe, Balzac, and others. Here, and in essays published in musical and literary journals of the period, monomania emerged as an increasingly aestheticized malady, and the idée fixe itself as a signal, not of mental debilitation, but of creative absorption and artistic inspiration. When Berlioz figured himself as a monomaniac, both in his personal writing and his symphonic program, he was responding to a discourse of “creative aberration” permeating Romantic literary and medical culture, and to a fashionable fascination with mental pathology.

Berlioz was by no means the only artist of the period to diagnose himself with the symptoms of mental fixation. Musset, Janin, and Georges Sand also described themselves in monomaniacal terms in autobiographical “confessions” permeated with references to hallucination, fixation, and emotional pathology. Indeed, we can draw clear parallels between the veiled self-referentiality of the Fantastique and the autobiographical strategies of the Romantic Confession. Berlioz’s “self-sounding” resonates with a host of other confessional autobiographies of the period and reflects the collapse between inspiration and insanity, between anatomy and aesthetics, underpinning early-nineteenth-century theories of genius.

Key words: Symphonie fantastique, idée fixe, psychiatry, confession, genius.