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Coleridge, Medical Research and Metaphysical Imagination

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IN THE PERUSAL of philosophical works' Coleridge wrote, 'I have been greatly benefited by a resolve, which... I have been accustomed to word thus: "until you understand a writer's ignorance, presume yourself ignorant of his understanding.'" Coleridge understands, for example, the ignorance of a 'religious fanatic', who writes of 'supernatural *experiences*', the natural causes of which he can 'satisfactorily explain to my own reason'. But reading Plato's *Timaeus*, by contrast, he is 'baffled'. 'Whatever I comprehend,' he says, 'impresses me with a reverential sense of the author's genius; but there is a considerable portion of the work, to which I can attach no consistent meaning.' And so, he concludes: 'I CONSIDER MYSELF IGNORANT OF HIS UNDERSTANDING'.¹

Now this 'adage or maxim' is, I think, especially pertinent to any attempt to understand Coleridge's own medical and metaphysical writings—not least when it is undertaken by someone who has been rash enough to accept an invitation to speak on the subject, without the prior advantage of that deep and disciplined study of some particular aspect of his multitudinous writings which characterises the true Coleridge scholar. As entirely an amateur in that now highly-cultivated field, therefore, I often find myself echoing what Coleridge said of Plato's *Timaeus*: 'I consider myself ignorant of his understanding.'

But there are, I suspect, different reasons for my ignorance first of his medical writings and then of his metaphysical writings. What Coleridge writes about medicine, and about science generally, was written just before both of these fields were decisively transformed by new discoveries and theories in experimental and epidemiological research on the one hand; and just to take the most obvious example, by the theory of natural selection on the other. There can be little doubt that, in his lifetime, few if any laymen in Britain were as well-informed as Coleridge about the latest scientific developments in medicine, chemistry and biology. In that respect, even if mathematics was his weak point, he has a good claim to be regarded as the last Renaissance man. But new and more narrowly focused men were about to render redundant much, although not all, that he wrote on these subjects. In 1832 for example, Coleridge theorised about the transmission of epidemic diseases (such as cholera,² which he briefly suspected he had contracted, and even wrote some doggerel about:³ but it was not until 1848, fourteen years after Coleridge's death, that John Snow worked out that cholera was spread by the London water supply. And as far as evolutionary biology was concerned, of course, the Darwin Coleridge knew was not Charles but his grandfather Erasmus.

The reason for my ignorance of Coleridge's understanding in the case of his medical writings then, is that living in the 21st century, I am, like most

¹ *Biographia Literaria* II: 232-233)

² *Table Talk*, ed. C. Woodring (1990) in *Collected Works* XIV, I: 282-284)

³ *Poetical Works* I, 2, 1129-1131)

people today, largely ignorant of late 18th and early 19th century medical and scientific theories. In that respect, assisted by medical historians, my ignorance may be remediable; and I may then be able to say that that I understand Coleridge's ignorance—of what he could hardly be expected to have understood! But if I can 'satisfactorily explain to my own reason' this aspect of Coleridge's ignorance, there is still much, even in his medical writings, that I think we can learn from. And that is equally true of his metaphysical writings. In their case too, my ignorance of his understanding may be remediable with the assistance of historians, in this case historians of both the ancient Platonic and Neo-Platonic philosophers in whose writings Coleridge was steeped from his schooldays, and of the Kantian and post-Kantian philosophers he came to read later. But in the case of his metaphysical writings, the help of historians is not sufficient to remedy my ignorance of his understanding. There is, fundamentally, a different and more difficult reason. This is that to overcome my ignorance, I need, not so much to know more *about*, as to think more deeply *with* Coleridge—in other words, to use my imagination, in the sense that someone to whose or another's predicament I am inattentive may say to me "Use your imagination!"

Now that, of course, can be difficult; and in trying to read Coleridge's metaphysical writings, and finding myself confronted with his 'polar logic', and his various pentads and heptads and octads, protheses and mesotheses, as well as theses, antitheses and syntheses, I must confess that my mind has often begun to grow numb, and my eyelids heavy. Were it not for two things, indeed, I might well have been tempted to give up. One is the encouragement to keep on using my imagination that I have been given by the insights of some especially helpful interpreters of Coleridge, mostly of an older generation: in particular Kathleen Coburn, Owen Barfield and Dorothy Emmet. These life-savers have enabled me, just, to keep my head above water, and to hope that what, below the water, my toe touches is not submerged flotsam, but an outlying rock and the beginning of land. And with their help, the other thing that has prevented me from giving up, is that same 'reverential sense of the author's genius' that begins to dawn, when I begin, if not to comprehend, then at least to apprehend—not to grasp, but to reach out, or up, towards grasping—his meaning.⁴

With these preliminaries then, let me now try to say something more, first about Coleridge's medical researches and then about his metaphysical imagination.

Let me begin with a letter Coleridge wrote on the 29th of March 1832 to his 'very dear Friend', the surgeon Joseph Henry Green.⁵ Coleridge had known many medical men in his career both as a patient and as a philosopher, and since 1816 he had lived in the Highgate home and under the medical care of the surgeon James Gillman. Gillman stabilised and subsequently managed,

⁴ *Opus Maximum* 221

⁵ *Collected Letters*, VI, 894-896

more or less, Coleridge's addiction to opium; and in return, during the first five years of his residence in Highgate, Coleridge drafted medical lectures and reviews intended to be, but never actually, delivered or published by Gillman, probably because of the preoccupations of his busy medical practice. After Coleridge's death these texts surfaced as his *Theory of Life, An Essay on Scrofula*, and a *Review of Two Books on Uterine Disorders*.⁶ But for the rest of his life, Coleridge's closest intellectual collaboration was not with Gillman but with Green, who became his amanuensis and eventually his literary executor, while also pursuing a successful medical career, becoming Professor of Anatomy at the Royal College of Surgeons and later its President. As for Gillman, Coleridge provided drafts and suggestions for Green's lectures on anatomy and surgery,⁷ but these were now more metaphysical than medical in content. Like Coleridge, although a generation later, Green had studied philosophy in Germany, and their common interest in the medical, scientific and philosophical developments of the time drew them together for long hours of study and discussion in Coleridge's Highgate room, which Green visited at least once and sometimes more often each week.

When Coleridge wrote to Green on the 29th of March 1832, which was a Thursday, the surgeon-philosopher's last visit had been on the previous Sunday, and the first paragraph informs him of what happened next. 'On Monday', Coleridge wrote, 'I had a sad trial of intestinal pain and restlessness; but', he hastily, perhaps too hastily, adds, 'thro' God's Mercy, without any craving for the Poison, which for more than 30 years has been the guilt, debasement, and misery of my Existence.' Coleridge here obviously is referring to his subsequently well-known and exhaustively discussed addiction to opium, which he goes on to describe as having 'produced a disruption of my mental continuity of productive action', blaming himself severely for this 'continued act of thirty years' Self-poisoning thro' cowardice of pain, & without other motive' but 'unmanly and unchristian fear'.

Now what Coleridge writes even in these first few lines already raises some interesting questions. Was he being honest with Green about his lack of 'craving'? Possibly, possibly not. And how far had his addiction actually disrupted his 'mental continuity of productive action'? At his worst times, before he moved to Highgate, certainly: but few writers would be dissatisfied to have left behind such a seminal body of highly productive intellectual labour; and although he complained later in his letter to Green of his 'felt and doubtless by you perceived decay & languor of intellectual energy', and sighed that he hoped to 'live to see you next Sunday', his death was yet over two years away, and after it, Green was to write:

how often during the last years of his life have I found him languid, listless, with "drooping gait" & heavy eye, benumbed under the

⁶ *SWF* I 481-557; I: 454-479; II: 873-892

⁷ *SWF* II, 1086-1093; II: 1387-1416; II: 1419-1453

pressure of some undefinable ill-at-ease that defied description, till some question arose that roused the dormant intellectual powers, his bodily ails were then forgotten, his infirmities thrown off, & during the time the excitement lasted the mind lived for itself & exhibited itself in that never to be forgotten eloquence which the fascinated auditor could “not chuse but hear”. (SWF II: 1525-6)

And there's another question here too. How justified was Coleridge in blaming himself for his use of opium, a drug whose addictive nature was not well understood in his youth and throughout his lifetime was commonly prescribed by doctors, in the absence of much else that was effective in many conditions? As I've already suggested, Coleridge had the bad luck to suffer his illnesses just before experimental and public health medicine began to build up the evidence base which was to make both the cure and the prevention of disease infinitely more effective than ever before. In a kind of false dawn of that transformation, with the air alive with ideas about electricity and magnetism, some of the speculative medical theories that then abounded, actually encouraged Coleridge's use of opium.

How this came to pass is a tangled story, but it has been unravelled very skillfully by Neil Vickers in his admirable monograph entitled *Coleridge and the Doctors* (Oxford 2004). Before coming back to the rest of Coleridge's 1832 letter to Green, let me try to summarise (and in the Coleridge connection try not to plagiarise) the story Vickers tells, which is mainly concerned with an earlier period in Coleridge's life, the years 1795 to 1801, when Coleridge, in his twenties, was mostly not in London but in the West Country or the Lakes, and when the two most significant doctors in his life were not Gillman and Green, but Thomas Beddoes and Erasmus Darwin, with whose medical writings, and in the case of his friend Beddoes and his collaborator Humphry Davy, with their laboratory experiments, Coleridge was very well-informed.

As Vickers helpfully explains it then, in the late 18th century there were two main schools of thought about medicine. The more conservative humoralists, although no longer holding to the old Galenic idea of the four humours, emphasised the role of body fluids and the circulatory system, and believed that the body was its own best physician, give or take a bit of blood-letting. The more radical school of neuropathologists, by contrast, reducing diseases to a few basic classes, emphasised the role of the brain and nerves (an emphasis remotely related to ideas about the soul) in health and disease. Using concepts such as ‘sensibility’ and ‘irritation’ to refer to how the body sensed and responded to external and internal changes, they argued that illness might be treated by stimulants or narcotics, terms which then implied not just drugs, as today, but also whatever stimulated or calmed down the sick body— hot or cold temperature, different foods, exercise or rest, or even the passions of the mind.

Now a key figure in neuropathology was the Scottish physician John Brown, whose ‘Brunonian system’ of medicine enjoyed much popularity.

Brown held that life depended on ‘excitability’, a fixed amount of which everyone had from birth, stored in the nerves and muscles. Excitability was expended in the activities of everyday life until it was eventually used up at death, although along the way, some of it could be recovered in sleep. Disease was the consequence of too much (sthenic) or too little (asthenic) stimulation of the ‘exciting powers’, and correspondingly, cure depended on avoiding or taking external stimulants, the most useful of which were wine and opium.

In relation to opium, or laudanum when it was mixed with wine, Brown was simply endorsing more enthusiastically what was common medical practice. Humoralists believed that opium worked through the circulatory system, neuropathologists through the nervous system, and there was much theoretical debate about whether it was a stimulant or a narcotic. But there was general agreement that in appropriate doses, and if not taken for too long, it could be beneficial in the relief of pain. Coleridge’s own addiction to opium, with which he was first dosed for childhood illnesses, thus can be regarded as iatrogenic—incidentally rather like my own grandfather’s addiction to tobacco: in the 1920s, having contracted work-related silicosis he was advised by his GP to take up cigarettes to clear his chest: happily he soon switched to a pipe and luckily survived in good health until he was 82.

Following thus far the story as Vickers tells it in *Coleridge and the Doctors*, the answer to my earlier question about how far Coleridge was justified in blaming himself for his addiction to opium, might seem to be that he was not: he was just a patient unlucky enough to be ill advised by his doctors. But there is another layer to Vickers’ story, which suggests that there is more to it than that: Coleridge was not just a passive patient, but a patient who actively wished to understand himself through his illnesses.

While Darwin and Beddoes were both influenced by Brown, Vickers explains, each of them interpreted the Brunonian system in a different way. Darwin’s interpretations were the more speculative and materialist: past sensations steadily accumulate as semi-autonomous ‘internal stimuli’ which wander around the body and under cover of sleep attack it in vulnerable places. Beddoes was more practical, experimenting with temperature and gases as possible stimulants, and developing a ‘mentalist’, or psychological approach to illness. Coleridge, voraciously reading their work and conversing with them, was deeply impressed by both of these often confusing and contradictory medical philosophies. Since childhood he had suffered on and off from rheumatic fever, and from time to time developed a remarkable variety of often unexplained serious skin complaints and severe neuralgic pains. He also suffered the disagreeable effects and disagreeable withdrawal effects of the opium used to treat his various ills. But the new medical theories he learnt about from Darwin and Beddoes now enabled him to diagnose himself, as actually suffering at different times from gout (of the stomach as it was called), scrofula, and even epilepsy, and as I have already mentioned, cholera.

These two interpretations of the Brunonian system however, Vickers

points out, were in many respects contradictory to one another; and Coleridge, in two minds about them, as about so much else, was not totally convinced by either. Sometimes his ‘nightmairs’ and ‘pains of sleep’ were attributed to ‘gout of the stomach’ in terms of Darwin’s materialist explanation. But at other times (or even at the same time) Beddoes’ mentalist theories were being warmly entertained by him. Sometime around 1803, Vickers argues, Coleridge acknowledged the harmful contribution of opium to his stomach and bowel troubles, and the mentalist interpretation ‘won out’; and this, he suggests, is perhaps reflected in his confession, in the penultimate line of *The Pains of Sleep*, that: ‘To be beloved is all I need’.⁸

Returning now from Vickers’ story about the young Coleridge to his 1832 letter to Green, it might be suggested that Coleridge’s blaming of himself for his use of opium reflected his still mentalist or, in his own coinage, ‘psycho-somatic’, understanding of his addiction. Because Coleridge, as J. S. Mill observed, was always asking, ‘What does it mean?’—about his illnesses as about everything else—the possibility that the sufferings he had so long sought to understand had no deeper meaning than that ‘in the whole system of things there is nothing but Gut and Body’—a view with which he characterised ‘a great many Physicians’—that was less tolerable to him than the thought of his being a guilty agent of his own downfall, but one who might ultimately be forgiven. Yet if we read the letter a little further, we find him telling Green this:

Since Monday I have been tranquil; but still, placing the palm of my hand with it’s lower edge on the navel, I feel with no intermission a death-grasp, sometimes relaxed, sometimes tightened, but always present: and I am convinced, that if Medical Ethics permitted the production of a Euthanasia, & a Physician, convinced that at my time of Life there was no rational hope of revalescence to any useful purpose, should administer a score drops of the purest Hydro-cyanic Acid, & I were immediately after opened (as is my earnest wish) the state of the mesenteric region would solve the problem.

(CL VI: 895)

Now there are two comments which might be made on this, the first perhaps incidental, the second more relevant to the materialist versus mentalist views of illness which Vickers discusses. The incidental comment concerns Coleridge’s reference to ‘a Euthanasia’. As far as I know, this is one of the few uses of the word in this sense, as opposed to its literal meaning of a good death or dying well in the traditional devotional sense, before much later in the 19th century. It had been used in this sense at the beginning of the 17th century by Francis Bacon, who considered it ‘the office of a physician not only to restore health, but to mitigate pain and dolours; and not only when such mitigation may

⁸ *Poetical Works*, I, 2: 755

conduce to recovery, but when it may serve to make a fair and easy passage',⁹ and given Coleridge's frequent references to Bacon, whom he called the 'British Plato', he may have been familiar with this reference. But Coleridge seems to be going further than Bacon, and using the word in a way much closer to how it is understood today—medically assisted death when there is 'no rational hope of revalescence to any useful purpose'. He adds, of course, 'if Medical Ethics permitted', but at the time when he wrote this, although Hume had defended, and Kant condemned suicide in philosophical terms, euthanasia, like most other aspects of medical ethics, was not normally discussed in public by doctors, although it may well have been discussed privately among themselves. Had Coleridge ever been privy to such private discussions with or among his medical friends? It is certainly intriguing, given his strong disapproval of suicide, to which he himself *in extremis* had been tempted, that he should at least toy with the possibility that euthanasia might be permitted by medical ethics, and that he should write in these terms to one of the two doctors who, should he ever fall into an irrecoverable but not yet terminal coma, would consult one another privately at his bedside.

If his self-blame regarding opium reflects mentalist views of his illness, his confidence that if he 'were immediately after opened', the state of his internal abdominal organs would 'solve the problem' of his long-standing stomach and bowel troubles, suggests that he also continued to entertain the possibility that his ailments might have a somatic rather than psycho-somatic origin. So it may simply be, as Vickers concludes, 'that Coleridge was ultimately too divided a thinker to be able to make up his mind definitively about the comparative merits of mentalism and materialism' (*Coleridge and the Doctors*, 163). But that, we might add, perhaps only showed Coleridge's wisdom, since the relationship of mind and body in illness and health is probably much more complex and individualised than the early 19th century either-or of mentalism versus materialism allowed.

As it happened, the post-mortem examination which Coleridge hoped would 'solve the problem' was less than conclusive. It suggested, Green later wrote, that 'organic changes' in his heart and lungs had probably 'commenced early in life'; and it was likely, he went on, rather speculatively, that

the want of care & of sufficient & wholesome food in his boyhood... had brought on stomach complaints, from which he was never afterwards free, & which terminating in morbid alterations of the stomach & liver contributed to undermine the powers of a constitution originally weak and prone to disease.

On Coleridge's addiction, Green added, this 'hopeless invalid' who

first adopted the use of opium purely as medicinal, found too late that

⁹ *The Advancement of Learning*, ed. B. Vickers (Oxford 1996), 212

his sufferings were aggravated by the treacherous drug, that he had resorted to as a remedy, & which doubtless increased the maladies the effects of which it temporarily mitigated...Would that his feelings might have been spared by knowing how little of the evil belonged to the moral being, how much of the infirmities of the bodily nature which is its appointed instrument.

Too well schooled by Coleridge however to leave matters with this materialist explanation, Green immediately added that

if we are constrained to admit that the bodily life manifested its influence on the circumstances and conditions, under which the moral Will was exerted; yet it ought to be stated that the interaction of mind & body in Coleridge was far rather exhibited as the counterstriving of two opposite polar forces, of which the mind was the positive & predominant & ever seemed to assert its supremacy by seeking to detach itself from the clogs of the material & perishable nature, that acting as the negative force tended to weigh it down.¹⁰

Coleridge ought to have been pleased by these philosophical (in both senses of the word) reflections on the rather inconclusive post-mortem examination of his body. And perhaps a little chastened? Although that examination was his 'earnest wish', he might have remembered that another word for it is an 'autopsy', which literally means 'seeing with one's own eyes'. To Coleridge, who so often declaimed against 'the tyranny of the eye', that should have been sufficient to deny the possibility that an autopsy could solve the ultimate problem—or mystery—with which his metaphysical imagination was concerned—a problem or mystery to which the only final answer, if there is one, is also post-mortem: but, again if there is one, in a different dimension.

One final comment however needs to be made here about Coleridge's medical researches. Coleridge knew so much about the medicine of his day that he sometimes sounds like a physician. But for all his medical knowledge there is something that the good physician possesses and that Coleridge lacked; and that, when it comes to the physician's clinical judgement, is not just his sound scientific knowledge, but also his accumulated experience of cases—'having seen a lot of this kind of thing before'. Coleridge no doubt had read of other cases, but the only one of which he had substantial experience was his own. Lacking the physician's accumulated experience of many cases, he leapt to a great variety of self-diagnoses about which a good physician would have been much more cautious, recognising that clinical judgement is probabilistic and ultimately fallible. Coleridge was no doubt correct in his criticism of purely empirical physicians who had no time for scientific theory. But in his lifetime, the scientific theories medicine needs still lacked their necessary evidence base. When that arrived, medicine was to become much more

¹⁰ *JWF* II 1522-55

effective, often so effective indeed, that the individual patient could become lost in its ongoing progress: ‘the operation was successful; unfortunately the patient died.’ Coleridge’s interest in the individual case, especially, as Neil Vickers suggests in his most recent paper,¹¹ the psychological case, interestingly therefore looks forward to the 21st century, when medicine is reminding itself of its need to take more seriously the patient’s point of view—what the illness means to the patient—the perspective of the ‘I am’, as well as that of the ‘it is’, both of which Coleridge always sought to hold together with his ‘esemplastic’ metaphysical imagination.

For Coleridge, what was unaccounted for in the concern with the ‘it is’ of the prevalent ‘mechanistic’ world view of his time, was the perspective of the ‘I am’, not just as a transient individual epiphenomenon of the material, but as a fundamental aspect of reality. As Dorothy Emmet puts it, Coleridge

struggled to include both nature and the creative self within the same view of reality, and did this by postulating a kinship between the dynamic powers in human nature and powers not yet conscious, but operative in all natural systems... Spiritual power in Nature akin to the shaping spirit of Imagination.¹²

This view of reality is reflected in what Coleridge writes later in his March 1832 letter to Green: ‘My principle has ever been, that Reason is *subjective* Revelation, Revelation *objective* Reason’. He believed that his religious philosophy was true, not ‘because the Bible told him so’, but because it was what the human reason, when ‘impregnated’ by the human imagination, led him to understand; and when he understood it most deeply to rejoice in. In a notebook entry of early 1801 (CNI 919), he quotes Wordsworth’s lines about the ‘deep power of Joy’ with which ‘We see into the heart of things’— or as Emmet puts it, enter

‘into a deep *rapport* with the world beyond us, seeing it with such loving sympathy, that we make, as Coleridge says, ‘the external internal, the internal external.’¹³

For Coleridge, this state was one of participation in Reason, not as an abstract idea, but as a living reality, a dynamic power, in and through, but ultimately also beyond all things—in theological terms, not pantheism, but panentheism.

Coleridge’s metaphysics here are perhaps at their most challenging for us today. Part of the difficulty is modern unfamiliarity and lack of sympathy with the Platonic, Neo-Platonic and Christian Platonic ways of thinking with which Coleridge was so familiar and sympathetic. These assume a way of relating to ultimate reality closer to the way one relates to a person than to a thing, or (again using Coleridge’s terms) to a Thou than to an It. But this whole way of

¹¹ N. Vickers ‘Coleridge, Moritz and the ‘psychological’ case history’, *Romanticism*, Vol 13, Number 3, 2007: 271-280

¹² D. Emmet ‘Coleridge and Philosophy’ in *Writers and the Background: S.T. Coleridge* (London, 1971) 219

¹³ D Emmet *Outward Forms, Inner Springs* (London 1998) 95

thinking had been undermined in the 17th and 18th centuries by theological distancing of an objectified God,—which Coleridge was to castigate as ‘anthropomorphism’ (CN I 919), and its defence by Deistic natural theology as ‘tricksy sophistry’ (AR 254)—and also by an increasingly productive curiosity about the machinery of the world which the God of Deism had wound up before departing. All of this made it easier for empiricist and rationalist philosophers, while not all necessarily rejecting religion, to gradually jettison traditional metaphysics as they sought new and firmer foundations for knowledge, until Kant finally silenced the older way of thinking as the province not of knowledge but of faith (whatever Kant thought that was). Knowledge was thereafter to be confined to the ‘it is’; and Western society entered what Heidegger called ‘The Age of the World Picture’¹⁴ in which the world is ‘conceived and grasped as a picture’ which includes us, the viewers of the picture, only as we are represented in the picture, from the outside as it were, and in which the unrepresentable perspective of the ‘I am’, the view from the inside, is firmly dismissed as merely subjective.

The ‘it is’ view of reality however is not necessarily holding up as well in post-modernity as it did in the 19th and 20th century heyday of modernity. Even then perhaps, things were not necessarily what they seemed; for example in the scientific rejection of the kind of teleology or purposiveness in nature about which Coleridge speculated in his *Theory of Life*: ‘Teleology’, it was said, ‘is a lady without whom no biologist can live; yet he is ashamed to show himself in public with her.’¹⁵ And as the perceptive contemporary historian of science, Robert J Richards remarks, the language that Charles Darwin himself used to speak of nature reflects the teleological ethos of that Romantic biology to which Coleridge was so close:

nature ameliorates the struggle for existence and endows it with a redemptive purpose... ‘in the end the purpose of nature will be fulfilled, the transformation of the lowly and debased into higher beings.’

(R. J. Richards, *The Romantic Conception of Life* (Chicago 2002) 538)

With more recent scientific developments in mind, moreover, C.U.M. Smith, for example, ends his 1999 essay on the *Theory of Life* by remarking on the relevance of Coleridge’s efforts to ‘unify the interior with the exterior, the “I am” with the “it is”’, to the currently ‘increasing interest in the problem that “consciousness,” or “mind” poses to the essentially Cartesian world-view of natural science’.¹⁶ And Dorothy Emmet makes much the same point when she writes, *apropos* of Coleridge’s fascination with early 19th century neurophysiology, that it ‘is when we come to *how* ideas are derived from... neuro-physiological events that the trouble begins for psychologists and mental

¹⁴ M. Heidegger ‘The Age of the World Picture’ in *Science and the Quest for Reality*, ed. A Tauber (London, 1997), 70-88

¹⁵ O. Barfield, *What Coleridge Thought* (London 1972) 209

¹⁶ C.U.M. Smith ‘Coleridge’s “Theory of Life”’, *Journal of the History of Biology* 32: 31-50)

philosophers then and now.¹⁷ The trouble, the problem—or perhaps the mystery? As the young Coleridge observed in a notebook entry of February or March 1801:

Materialists unwilling to admit the mysterious of our nature make it all mysterious—nothing mysterious in nerves, eyes, &c: but that nerves think &c!!
(CN I 919)

If Coleridge were alive today, I suspect, he probably would have been highly interested in our current unresolved debates about the nature of consciousness. But whether he would have been able to resolve them, intellectually, by rational argument is more doubtful. At the end of his *Theory of Life* he declares that ‘Life itself is not a *Thing*... but an *Act* and *Process*’. (*SWF* I: 557) But how can you describe an act or process for the purpose of resolving questions about its nature except by reducing it to thing-like qualities? That perhaps is why Coleridge was never able entirely satisfactorily to articulate what he thought about Life, and perhaps too why there will never be an entirely satisfactory answer to the question ‘what is consciousness?’ Maybe the only way in which that question can be answered is not in thoughts being discursively articulated, but in thought thinking, in the imagination imagining.

Now perhaps that is not a very satisfactory conclusion. But I don’t think I am alone in finding it as difficult to reach a conclusion about Coleridge’s ideas as he himself was about so many matters. And perhaps he would have agreed to leave it at that for the time being, for as he wrote in one of his notebooks:

I do not like that presumptuous Philosophy which in its rage of explanations allows no xyz, no symbol representative of the vast Terra incognita of Knowledge, for the Facts and Agencies of mind and matter reserved for future Explorers / while the ultimate grounds of all must remain inexplorable or Man cease to be progressive. Our ignorance with all the intermediates of obscurity is the *condition* of our ever-increasing Knowledge.
(CN III 3825)

¹⁷ D Emmet, ‘Coleridge and Philosophy’: 199