

A Brain is being Unbalanced: Structure, Science, and the Melancholic's Underworld

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Structure & Suffering

A passage from the letters of Strindberg may help in orienting a discussion of melancholia:

Life is so horribly ugly, we human beings so utterly evil, that if a writer were to portray *everything* he saw and heard no one could bear to read it. There are things which I remember having seen and heard in good, respectable and well-liked people, but which I have blotted out from my mind because I could not bring myself to speak of them and do not wish to remember them. Breeding and education are only masks to hide our bestiality, and virtue is a sham. The best we can hope for is to conceal our wretchedness. Life is so cynical that only a swine can be happy in it; and any man who sees beauty in life's ugliness *is* a swine. Life is a punishment. A hell. For some a purgatory, for none a paradise (Strindberg 1964).

These words are from a letter by the Swedish dramatist and melancholic, August Strindberg, to a friend in 1905. A week later, Strindberg wrote to his German translator the following:

I long for the light, have always done so, but have not found it... My whole life often seems to me to have been planned like a play, so that I might suffer and depict suffering (Strindberg 1964).

These words of Strindberg encapsulate some themes that I wish to explore here - the hell of melancholy, and its purgatorial counterpart - in a context in which melancholy, and its contemporary iteration, depression, has changed since the time of Strindberg. Whilst depression is common nowadays, almost to the point of ubiquity, it remains difficult terrain in which to find one's bearings. It is not for nothing that Freud took so long in theorising melancholia; anxiety, perversion or the displacement and metaphorisation of a conversion hysteria have a discernible (if 'misdirected') purpose which is singularly lacking in the pointless misery of melancholia.

Contemporary diagnostics has accumulated vast amounts of data on these phenomena, but explained little of their structure and function. Psychoanalytic accounts typically assign melancholia to the psychotic structure, and depression to the neurotic, respectively. Whilst this convention makes much sense, I think it insufficient. Firstly, if we are to speak of melancholic psychosis, then this itself requires further diagnostic clarification. Some melancholics are persecuted by the lost object in a manner coextensive with paranoia. Some descend into mania, acts of destruction and recklessness, but many do not. Some melancholics present with catatonic features, and a collapse of language. In short, melancholia can, in my view, be found across all clinical structures and sub-structures, and there are, therefore, as many melancholias as there are structures. There is also the question of whether melancholia constitutes a clinical structure in itself. The *sine qua non* criterion for a diagnosis of melancholia is a self-reflexive, subjective experience of suffering, destitution, misery. Like the other affects, this is conscious, a matter of the effects of melancholic phenomenology. And where we are dealing with consciousness, phenomenology and effects, we are situated elsewhere than at the level of the unconscious, of structure, and causes. In this view, melancholia is the subjective effect of any one of a number of structures, as one possibility of being against a given "transcendental horizon". (One should not, of course, be too dichotomous on this point; diagnostic structure does not simply generate phenomenology, but is *in* the phenomenology itself.)

It seems to me that whilst it is crucial to situate a subject's depression within a structure, we must also, in dealing with a disorder of emotion, attempt to determine where

the subject is going. To follow Strindberg's observation, this might be either hell or purgatory. Purgatory is, of course, a noted artifice, a construction designed to get Catholics out of the inferno. The question today is whether and how such a construction is available to the melancholic, even if he is psychotic, or whether there are some unique barriers to this in our milieu. Or, to put it differently, even neurotics can go to hell. Infernal suffering is, as conceived by Dante (among others), characterised by the subject being enclosed within a circularity of structure. In contrast, the artifice of purgatory at least allows the possibility not of being rid of suffering, but of ascension, even if this movement is as slow as it is painful.

Hell and purgatory are both consequences of sin for the subject. What kind of sin is melancholy? Lacan answered this question with an invocation of Dante (Lacan 1990 [1973]), saying that depression was a "moral failing", a weakness "in the duty to be Well-spoken, to find one's way in dealing with the unconscious". (We can contrast Lacan's emphasis on well-speaking with the contemporary fixation on "well-being".) The reference to Dante here is significant. In the *Inferno*, those guilty of sloth, or, *acedia*, to give it its Thomist name, are punished through immersion in bodily sludge. *Acedia* is not mere sadness, but a kind of torpor, or sloth. It derives from the Greek term *κηδία*, meaning "care" and "attention", and hence *a-keidia* could be understood as a sin at the level of the subject's relation to himself, his own thoughts and body. The mire of jouissance has overcome desire. In Dante's *Purgatorio*, the slothful make an attempt to repent through rushing, making up for lost time (Regnault 2009). If this weakness ends in psychosis, Lacan says, there is the risk of a fatal return of the real through mania. In contrast to this is the virtue of the *gay savoir*, which alleviates neither sin nor guilt, but finds a way to make do with both.

A Brief History of Melancholia

In his early study of ancient and medieval tropes on phantasy, the Italian philosopher Giorgio Agamben (1995) outlined some of the history of melancholia in Western thought. *Acedia* is no longer a sin against the spirit, as much as it is a sin

against the "capitalist work ethic" (Agamben 1995: 5). And whilst melancholy, or black bile, from the Greeks, was never a good thing as such, it has until relatively recently at least been an ambiguous thing. Christians have long associated *acedia* with monastic discipline, under harsh conditions. Aristotle noted that men of genius were often found to have this most wretched of temperaments. Melancholy was associated closely, in the Middle Ages, with love, and particularly with over-valuation on the loved object. (The remedies for this over-valuation consisted of elaborate rituals of debasement of the beloved for the besieged melancholic.) From Dürer to the Romantics, melancholy was associated with creativity, passion and profound contemplative wisdom. It is as if the mortal illness of melancholy contained within itself the basis of its own cure, and, as Agamben points out, 'the greatest disgrace is never to have had it' (1995: 7).

Freud (2001 [1917]), in "*Mourning and Melancholia*", stressed the ambivalence of melancholia, resulting in the subject's self-reproaches being veiled attacks against an incorporated lost object. We should, in my view, read Freud's "*Mourning and Melancholia*" alongside of two papers by Karl Abraham (1988 [1911], 1988 [1924]), in which he theorises the melancholic in essentially paranoid terms. In contrast to Freud, for whom the melancholic's self-reproaches are really attacks on a lost object incorporated into the ego, for Abraham, it is the object itself that does the attacking. The persecutory object descends upon the ego, and its relation to the subject is one of hate. Abraham always stresses the oral nature of the incorporation of the object. (This account of melancholia bears some resemblance to the "anaclitic" depression observed by René Spitz in orphanages.) There may not be a single depressive discourse, but many, keeping both Abraham and Freud in mind.

In any event, ancient, medieval and psychoanalytic views of melancholia retained a kernel of ambiguity (and ambivalence) in the conception of this disposition. If we adjust our perspective to more contemporary times, it seems that this kernel of ambiguity at the heart of melancholia is not altogether erased, but it is much more difficult to find. There are a number of reasons for this, each of which is worth noting if only to elaborate how the various entrances to purgatory have been systematically shut.

Shamelessness and Public Health

First, there is the proliferation of public health discourses that have shifted the domain of melancholy from the spiritual to the medical and psychiatric. The critique of the latter discourses has been well-documented by others before me, so I will not expand upon it here, other than to state that contemporary fantasies on depression correspond more or less directly to the bureaucratic regulative frameworks of public health, and the liberal individualism of contemporary economic arrangements. For example, consider the anti-stigma campaigns that exist for depression. At one level, such campaigns ask an audience to respect the rights of the depressive. But which rights are these, precisely? Nothing other than the right to be depressed or, as Jacques-Alain Miller (2007) puts it, the right to a *jouissance* unimpeded by the inhibitory, judgemental and increasingly panopticonic gaze of the Other. It is not sufficient to merely have one's depressive *jouissance* - which, after all, melancholics have had for a long time in any case - but to have it without moral judgement and ethical implication. Note how such anti-stigma campaigns are often, in subtle ways, re-stigmatising their objects. "You would not morally judge against a cancer patient, or a diabetic, so why a depressive?" The rights of the depressives are therefore affirmed and "respected", but only on the strict condition that the malady itself is conceived on reductionist medical lines. And it is not merely the bureaus of public health which promulgate this notion, but the depressives themselves, who are often scandalised by any notion that a depressive (or a diabetic, for that matter) might be implicated in his or her own suffering. It is an extraordinary situation, in which a "disorder" defined principally by subjective suffering is held to be without any kind of subject. Hence the popularity of intrinsically absurd, reductionist biological explanations, such as "chemical imbalances" in the brain, and the rise of empirically-dubious medications, replete with behavioural "techniques" of distraction, avoidance, and "positive thinking". A brain is being imbalanced - we can discern in this contemporary condition echoes of Freud's formula on the perverse fantasies of neurotics. Even the likes of Strindberg can do something with his melancholia, even if it is no more than depict his own suffering. The contemporary depressive is denied even that, as one cannot make use of a subjective

suffering if one has no subjective relation to it in the first place.

How then is melancholia to be treated? The various options therapies are almost as noxious as the condition itself. Antidepressant medications are increasingly popular, but their efficacy is highly equivocal, especially if one peruses research beyond that funded directly by pharmaceutical companies. This is to say nothing of their libido-sapping effects, and the fact that some antidepressants actually increase the risk of suicide in certain subjects. For severe, psychotic depression, electroconvulsive therapy (ECT) is an option of last resort, yet this too can have serious implications for a subject's cognitive functioning. Among the psy-treatments, Cognitive Behaviour Therapy (CBT) is the most common. It is a standardised attempt at inculcating subjects with techniques for panel beating "distorted" thoughts into their correct shape, with the underlying premise that virtue is equivalent to reason, which is itself equivalent to well-being. In short, it is a kind of Taylorism for the soul, and like the aforementioned treatments, of dubious value in helping subjects make use of their melancholia.

Now, as far as neurotic depression is concerned, a solution of sorts would seem to be to place desire in the spot occupied by depressive jouissance, to effect an articulation and symbolisation in place of misery. Dante himself suggests this idea when, confronted with his own love melancholy in the *Vita Nuova*, he ultimately affirms his task as being to create "those words that praise my lady". Poetry and gay science here stand in opposition to melancholy. Something roughly equivalent is conceivable for grief - investment in the lost, loved object comes gradually to be replaced by symbolisation and memorialisation.

Yet this path too, whilst not entirely blocked, is at least stymied by the contemporary supremacy of the image, and the concomitant regression of psychology to the Imaginary. To the extent that it has any subjective content remaining at all, depression has been situated at the narcissistic axis of "self-esteem", "confidence", "body image" and the like. The psychological treatments for depression at this level revolve around persuading the subject to hold a nicer, more rational opinion of the image he sees in the mirror, as if depressive self-recrimination were a matter of mere ignorance or

stupidity. All of this is in keeping with the Discourse of Capitalism as we understand it in psychoanalysis, which is, it should be recalled, identical to the Master's Discourse with the exception that the barred S replaces the S1 at the top-left side of the schema. The result is a lack of master signifiers, which are now mere units of value, and subjects themselves are reduced to the status of countable signifiers. "Making ashamed is an effort to reinstate the agency of the master signifier" (Miller 2007: 23). Both honour and desire are on the side of the nobility, at least inasmuch as there is an aristocratic affirmation of the symbolic against the sludge of the Imaginary. It is not for nothing that anti-stigma campaigns are reducible to a demand for shame-free jouissance.

The penchant for quantification is here, as everywhere in evidence. A multitude of smartphone apps exist in order for the subject to quantify his own depression (or anxiety, or sex life), and compare it against norms. This is alienation pushed to intensification, in a reversal of Freud's maxim, where I am, there must "it" be, where "it" is an "objective" registering which informs me of my own subjectivity. This alienation - barbarous in its aims, and conformist in its doctrine - is nowhere more in abundance than in contemporary psychological treatments of depression. As grotesque as the "chemical imbalance" hypothesis is, and as unpleasant as selective serotonin reuptake inhibitor (SSRI) side-effects can be, it is the psychological "therapies" which aim to indoctrinate the subject and mutilate his or her discourse to the point of non-recognition. The "cured" subject is then left with a symbolic with which he can do nothing (other than think positively, or rationally, which amount to the same thing in psychological discourse), and hence, with no means of Well-speaking. Subjects are managed and self-manage, not cured.

Differential Diagnosis, Differential Ontology, and Finding a Way Out

If melancholia is an effect of contingency and structure, then a differential diagnosis must account for a differential ontology. According to the psychosis-neurosis distinction, we have a corresponding distinction between void and lack. (Loss, of importance in melancholia, is possible in either structure.) Hence, one is left with the possibility of an hysterical melancholia, or obsessional melancholia, as Raul Moncayo (2008) puts it, but also, for instance, the

possibility of a paranoid psychotic grief. Each position implies different relations to the Other, to social bonds, and to language and desire. The melancholic in any given structure, must do or say something, if he or she wishes to overcome it, but for the psychotic melancholic, this must be a creation *ex nihilo*, as it were, something constructed on the basis of a void, as Justin Clemens (2013: 97) noted in his recent work. One gets a sense of this in Sartre's famous line that "hell is other people". This is a psychotic position *par excellence* - there is no Other with whom one can engage in this position, except for an intolerable gaze, which is of so much importance in Sartre's phenomenology. Consider, by way of contrast, the definition of hell given by Father Zosima in Dostoevsky's *The Brothers Karamazov*, namely, that hell is "the suffering of being unable to love". We are here far-removed from bodily sludge, or from Sartre's hell, to a more neurotic domain, since, after all, in love, the subject must occasionally condescend to desire.

There are, therefore, at least three broad ontological positions for the subject in melancholia. The neurotic is essentially divided, and characterised by lack, and must find his or her way to desire. In grief, the subject is left to face the real, imaginary and symbolic dimensions of loss, whilst in psychosis, melancholia emerges against the backdrop of void, and foreclosure. Transposing depression into neurosis results in it becoming a problem of desire, worked out differently in the obsessional, hysteric, and phobic. Nevertheless, this needs to be distinguished from a failure in mourning. Separation from the object is a lifelong process and universal.

The different inflections on melancholy in the different structures suggest different possibilities as to an exit. In brief, if the remedy to *acedia* is some sort of activity, we may find some clues as to which activities are necessary with recourse to one of the first, and major theorists of activity, namely, Aristotle. For Aristotle, there are three key activities: *theoria*, *poiesis* and *praxis*. Each suggests different ways of knowing, doing, and speaking, and each has important relations with melancholia. To revisit the melancholia of old - the uses to which melancholy could be put were to be found in the illness itself, and whether its subject was predisposed to creative activity, contemplation, or romantic or heroic love. As we have seen, these symbolic

ways of overcoming melancholy are not quite foreclosed, but are, at the very least, inhibited by contemporary discourses. One possible exception is in the conception of depression as a kind of paradoxical resistance, a tactical withdrawal. Nietzsche hints at this in *Twilight of the Idols* when he talks of the despair of the Russian soldier, in the midst of the Napoleonic campaigns, who throws himself into the snow, only to awaken some time later, bedraggled but alive.

The purpose of a bout of depression lacks the kind of internal logic of other pathologies. From a naïve phenomenological perspective, one can understand the benefits of fear, even if its manifestations are directed at the wrong object in certain phobias and anxiety disorders. A similar point could be made of sexuality and perversion, in which the latter is (supposedly) a mere misdirection of the former. Depression is not as straightforward, as it has no obvious benefits. This may be why Freud chose mourning as his point of comparison in his famous paper – it is not that mourning is so similar to melancholia, but merely, the most similar, and above all, mourning has a purpose, if only as withdrawal. Likewise, contemporary depression can be seen as a kind of refusal to be a mere countable signifier, a “human resource”, of value only in terms of “output”. As Darian Leader (2008) pointed out in his book on depression, one of the first examples of CBT was China’s cultural revolution, where depression was a kind of rebellion against positive, pro-government thinking. Similarly, depression of the hysterical variety can be understood as a refusal of mastery, whether the master be a political dictator, the “master” of a household, or the capitalist with imperatives of productivity. And where there is political (or economic, or hysterical) resistance, there can likewise be *praxis*. It is not as if depression itself is any kind of viable resistance against political, corporate, domestic or bureaucratic barbarism, but rather that it can show the space where such a viable *praxis* may be possible. Many will be familiar with the importance of group solidarity among psychotic subjects, for instance, and one can see that such solidarity among melancholics would bring the libido out from the ego and into the social sphere. And just as a certain *praxis* may be derived from the depths of melancholic despair, so can forms of *theoria* and *poesis* be other means of tracing a path to desire (in neurosis) or of assembling (or knotting) something positive (a *Sinthome*) in the place of a void.

There is a *jouissance* not merely in depressive "affect", but in depressive discourse itself, which constitutes a central component of the condition. Consider the immoderate, narcissistic self-reproaches of the melancholic. The subject uses every resource of memory and imagination available to conjure ever more horrible thoughts and fantasies, working themselves up to the point of misery. As with all forms of *jouissance*, these rituals have a strong narcissistic component, but with a different speaking, or a different activity, *jouissance* need not be purely masturbatory and pointless. Creative production, for instance, is a means of harnessing the very same psychical resources, and of generating a *jouissance* for the subject that is not limited solely to narcissism. This is not a matter of some pop philosophy notion of "art as therapy", but rather, of creation as a means to nomination. There are good and bad names, after all, and "depression" is a stifling nomination that severs the subject from the means of overcoming his or her condition. In the spirit of *gay savoir* or the practice of *savoir-faire* lies the possibility of a different, better nomination, of the sort that Lacan illustrated with his later work on consistence and suppletion.

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