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CONTEMPORARY SUBJECTIVITY AND DEPRESSION

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Abstract:

The present work intends to rethink our theoretical tools in the context of the new forms of subjectivity. It discusses in particular depression, such as it appears in the contemporary world, and reflects about possible contributions by Freud and Winnicott for its understanding and treatment.

Key-words: new forms of subject construction, depression, Freud, Winnicott

Introduction

Contemporary society has undergone several changes, which reach the existing forms of subjectivity construction. Starting with such changes I want to bring together the question of depression and the new subjectivities, as well as the question of creativity.

Depression was established today as a fundamental issue for those who work with so-called 'diseases of the soul'. This can be observed in our clinical practice, in the most recent publications in the fields of medicine and psychoanalysis, and in daily social interchange. Its study involves several factors, both social and relative to psychic constitution. These are the elements that I have tried to analyze in this piece, articulating the recognition of a specific style of being depressive in contemporary subjectivity with the question of the possibility of phantasyzing, of holding ideals that do not become rigid, of overcoming apathy and of being creative.

The News Forms of Subjectivity

Thinking first of all in social terms, I shall consider, in this article, the extreme individualism of contemporary society, in which individuals use the world in connection with their interests, as the matrix of depression. After all, in order that our creative capacity becomes a fact of experience, we need to relate to other people. That means that we constitute ourselves with the other; once these processes face problems, our subjective constitution is also caught up in trouble.

In this part of the text I will give pride of place to Ehrenberg's contributions to the theme of depression.[1] This French sociologist investigates intensively the changes in the description of depressive situations in the second half of the twentieth century. He shows that, since the 1970s, depression – which he calls a 'pathology of freedom', and is an expression of the lack of tension and of inner strength to answer to the several demands with which individuals are confronted – becomes the most widespread mental health problem of Western society. He asks why and how depression came to be our main intimate unhappiness. If that is true, to which extent does it reveal the mutations of individuality, in the turn from the twentieth to the twenty-first century?

Ehrenberg's intention is to combine a cultural history with a technical history of psychiatry. He aims to show how the alteration of the psychiatric understanding of depression is linked to a change in the collective experience of people who, at first, used to express themselves either by disciplinary subjugation or by conflict, and have to come to grips with the question of responsibility and action. Therefore, one of the hypotheses raised in the book

is that depression instructs us about our present experience, since it is the pathology of a society in which the norm is no longer founded upon guilt and discipline, but upon responsibility and initiative. The difficulty of defining a subject substitutes for the subject of conflict, typical of neurosis. At most that can be defined as the insufficient subject of depression.

Analyzing the history of psychiatry in the last decades, Ehrenberg states that neurotic depression becomes a dysthymic disorder (whose problematic is characterized by a perturbation of humour, a difficulty to take initiative and a decrease in psychomotor rhythm). Apathy takes the place of moral pain. That is actually the target of anti-depressives and socially matches the new problems the person has to face up to in relation to action.

In this regard the author establishes a counterpoint between the Freudian model of melancholy and the dysthymic subject of our days. He states that Freud's melancholic person expresses himself noisily in self-accusation, since, in this model, the feeling of guilt is the key problem of the development of civilization, as much as the depressed person is unable to get rid of the problematic of loss. In turn the dysthymic person feels shame for behaving like that, and hides her condition.

This transformation of the model of understanding would be the effect of a transition from disciplinary society – in which the disciplined individual was conformist and has moderate ambitions, cherishing collective models of conduct – to postmodern society, in which the individual is seduced by the idea that everything is within his reach, insofar as he knows his most authentic desire. The message is that everything depends exclusively on the creativity and will of each one.

If, in the Freudian model, to become an adult corresponded to the 'anguish of become oneself', in the dysthymic psychiatric model the 'fatigue of being oneself' is overwhelming.[2] Instead of anguish, as derived from the confrontation with things forbidden, we find depressive emptiness. The anguish of being who we are, typical of the emancipated man of the nineteenth century, who had to cope with the overcoming of banned things, becomes tiredness, depression, of being who we are: of a being who lives through the question of what he can do and not the question of what is allowed to be done. 'This is the reason why insufficiency stands to the contemporary person as conflict stood for the person of the first half to the twentieth century'.[3]

Contemporary man may sometimes be tired of his sovereignty, which includes an ideal of autonomy of individual action, if he does not have the adequate internal mechanisms to cope with it. In this new context, if individuals do not achieve that which they once believed they might achieve, a possible reaction, as already mentioned, is depressive fatigue. This exhausts, empties and makes the individual incapable to act, being a pathology of responsibility, a disease of insufficiency.

Theoretical Tools to Cope with the Depression of the New Forms of Subjectivity

As my intention is to bring together depression and the question of creativity, I shall first now dwell on the field of Freudian metapsychology and then on Winnicott's works.

Reading through the Freudian body of work, it is possible to think of the creative attitude – which is here considered as a counterpoint to depression – as the capacity to craft a link to new objects of cathexis. But is this link to new objects enough to define a creative attitude? Would it not be necessary to lend new meaning to this new object? This seems to be so insofar as merely changing the object of cathexis does not suffice to state that a creative action was enacted. One can thus say that I understand here as creative attitude the change of object of cathexis that implies also an action in the world, creation of meaning and subjective change.

The patients who come to us today, bringing, among other traits, physical symptoms (despite the worship of gym academies), feelings of shame and of 'insufficiency' force us to rethink our theoretical tools. Accordingly, I gather that we must deal with them through positive categories rather than to deem them as those who do not fit here or there; as, for instance, being those who are neither neurotic nor psychotic. What are they, after all? Or rather, what characterizes them?

Taking as a reference Freud's work, the issue of identification in narcissism may appear as a fruitful way to think this problems and pathologies anew.[4] Melancholic patients, contrary to hysterical identification in which aspects of the lost object are retained, would become the very other. In this case the object is treated as one's own ego or, in other words, as an identification in which the object is incorporated as a surrogate for a (partial) object cathexis. In Freud's words: 'Thereby the shadow of the object falls upon the ego, and this can, henceforth, be judged by a special agent, as if it were an object, the abandoned object.'[5]

But the melancholic subjects of our time, according to this Freudian reading, are not characterized by the ambivalence towards the object, as Freud supposed. Instead, they seem to hold tight to invariant certainties. Therefore to think about ambivalences allowed for by repression, which is crucial in the Freudian model of hysteria, for instance, does not appear to be the best way to try a metapsychological understanding of such persons. Likewise these are not patients of whom it might be said that, as psychotics, they have not internalized the issue of castration.

If since Freud, though, with his reference to 'the baby, his Majesty',[6] we understand that subjectivity is an invention, in which the parents will then begin to exist, we must ask how such subjective constitution is carried out today. How have been parents speaking of their babies?

Carrying forward this line of thought, one thing is to invent babies full of attributes ('he shall be a hero,' 'she will a princess,' 'he has this or that from his grandfather,' etc.). Something else, however, seems to be going on with those patients: the fact that their parents have been more sparing in the production of attributes and cathexis, as if they could not speak of their children. As a consequence, one may say that such persons show incapacity to create delusions about themselves.

The ideal ego of such patients appears to be fixated. We are dealing here with a sort of phantasmatic model. The melancholic person typical of present day society, more than projecting being or desiring the other, would thus be he himself the other. If it is true that the mind has the power to create novelty, of transformation, for something both positive and negative, here this capacity seems always to refer to sameness.

An alternative route may, nevertheless, be taken. I think that Winnicott is in particular an author who, in many passages of his work, helps us to grasp such patients. I will therefore dwell on his contributions from now on, resuming arguments which I have developed elsewhere.[7]

It is interesting to recall at this stage that depression, as defined at the beginning of this text, is revealing of the present experience of the person in the face of a tension between an eagerness to be oneself and the difficulty of doing so. It is characterized, as suggested by Ehrenberg and discussed above, not so much by guilt as by a feeling of insufficiency. This is an apathetic rather than passionate subject, contrary to the melancholic person that was present in Freud's model.

Winnicott starts from the conception that there is initially an undifferentiated intersubjective relationship – in the case in point, between mother and baby. Only then can we can think of both agents (or subjects) as separated; who, therefore, are not constituted as absolutely heterogeneous realities. In other words, with this author I want to emphasize that the comprehension of the psychic takes lace, first of all, in a process field.

Winnicott stresses the importance of the experience of continuity of maternal care (with a given rhythm) in the build-up of the individual. In this regard we do not find in his work, for instance, a cultural conception that implies either a repression of the representative of incestuous drives or a struggle against the death drive. By the way, he puts forward what we nay consider a positive vision of the relationship between subject and culture. Rooted in a vital force that comes out in motility, culture, for Winnicott, is an interactive process, in steady mutation, rather than something to be ascribed

to the subject. It is not something rigid that we have to accept, but instead something we can use for our satisfaction.[8]

His notion of 'feeling of existence' is also important to think about such depressive subjects at present. We find, in his work, two versions of this: 1) 'feeling of existence' or 'feeling real', which refers to the openness to creation. Feeling real is what allows us to move from one place to another, without thinking we are going to disintegrate (and we know, by the way, how much depressive persons are incapable of such dislocation – both in terms of locale and of the meaning of the facts of life). However, this feeling only exists if the baby is acknowledged by the mother; 2) 'sense of reality', which refers to the end of a process that culminates in the world of external objects, in the feeling that the world is real. This feeling is a sign of health, since therein the individual is integrated and lives within his own body.

Considering Winnicott's references to depression we see that, beyond 'normal' depression, a sort of price we must pay for the integration of the ego, he relates the depression of the subject to the role of the depressive mother that is absent due to fear of the baby's impulses (primary agression/unforgiven love). In this case the mother would have left, thus, the baby adrift, in an ocean of possibilities of meaning. Thereby the baby will become numb or restless in order to show that it is alive. This will entail that it will not be able to develop its creative potential. I think that this Winnicottian explanation can greatly help us to understand what happens to depressive patients.

What Winnicott's thought presents as relevant, as well, when we consider the characteristics of depressive people today, is the link we can

establish between depression and life's lack of meaning. In this regard the opposite of depression comes about when creativity is 'part of each one's experience', since 'life is worth living' then. To what he adds: 'In order to be creative, a person has to exist, and have a feeling of existence, not in the form of a conscious perception, but as a basic position from which it operates.'[9]

'Feeling real' and the 'sense of reality', entailed by the environmental trust that allows the baby to 'believe in', is what lends meaning to life and keeps emptiness at bay. Drawing on Winnicott's work we see that, if the individual has reached such feelings and meanings, this happens due to his having taken possession of primary creativity and spontaneity. In contrast, in depression we discover the sense of unreality and, consequently, the possibility of lending meaning to life is compromised. The inborn tendency towards maturation and integration, from which the baby can actually come to exist and reach the feeling of being real and inhabiting a real world, was not reached.

In Winnicott too, the experience of creative omnipotence in the 'transitional space' is crucial for the existence of a non-depressive subject. This omnipotence is distinct from the pathological one (a sort fancy) or the omnipotence of subjective objects (which occurs in a moment of total dependency), since it contains an element of difference, and action in the world is possible.

We can moreover state that the resistance/presence of the mother is crucial for the psychic vicissitudes of the baby. After all, the mind as such comes about only through that relation, initially lived as undifferentiated. Reality, in turn, is not something that necessarily thwarts the individual, since

it can both enrich the creative potential and guarantee its limits. Reality can be used for our satisfaction. We do not create without it. Furthermore, inner and outer realities do not have clear-cut boundaries. Psychic constitution and social and historical coordinates are not abstractly separate entities. They are mutually built in the relationship. It is worth point out that, according to Winnicott, culture is clearly present, from the very beginning, in the psychic sphere. As well as being, of course, itself also constituted and transformed by the beings which weave it.

In his works guilt finds room only in those cases in which no opportunity for reparation was available. Hence it does not consist in an inherent feeling for the human species in its relation with culture. Winnicott refers, rather than to guilt, to responsibility or to what he calls ‘concern’ – a sort of caring for the other. In the case of the depressive or the non-creative person this tendency to concern does not come to fruition.

I understand, therefore, that, taking into account the moment of emptiness through which we live now, in which we often experience an a priori lack of meaning, we need to give room to processes of existential creation. Otherwise we run the risk of getting depressed or of falling for fundamentalisms that rigidify our identities, as an answer to the void and to the lack of meaning.

In order that there is continuity of the feeling of existence, the support of the transitional object is, as aforementioned, necessary. It offers resistance to the impulses of the infant. It offers an ‘objective’ dimension of the ‘object’, since it is the first foresight of difference – since it includes a part that eludes the action of the baby’s delusion, contrary to the subjective objective, which is

pure illusion and refers to the subjective dimension of the object alone. Belonging to both worlds that object plays this role without, however, ceasing to offer a continuous transition between the moments of the baby. If there is no experience of the transitional object we can fall into depression. We understand, therefore, that it is through living omnipotence by means of transitional objects that we avoid the stillness about which Winnicott spoke.

By Way of Conclusion

In the face of a shifting society and of new forms of subjectivity that accordingly come about, the theoretical tools with which we intend to work to treat those patients – specifically those caught by depression – must be permanently revised.

Bearing this in mind I have, in this text, first reviewed some parts of Freudian theory which may allow for a better understanding of depression as it appears nowadays. After that I have dwelt on the possible contributions of Winnicott for such a theme and on the ideas I have tried to develop from them.

Efforts in this direction – which propose to rethink our theoretical tools *viz-à-viz* new forms of subjectivity and to openly face debate – can contribute to a continuous engagement of psychoanalysis with the clinical work with the new subjects who look for it, as well as it simultaneously reflects about the contemporary world.

NOTES

[1] Ehrenberg, A., *La fatigue d'etre-soi – depression et societé*. Paris, Odile Jacob, 1998.

[2] The psychiatric notion of dysthymia, according to Ehrenberg (*op. cit.*, p. 42), resumes Janet's vocabulary, in which psycasthenia would be linked to a 'lowering of psychological tension'. For the latter author, neurasthenia was a 'weakening of the nerves, a weakening of the nervous function'. Ehrenberg stresses also that, still in Janet, 'the tiredness of the spirit' is what characterizes the flourishing of troubles such as neurasthenia. For him, fatigue would be the cause of the 'diseases of the will', since psycasthenia would be linked to a deficiency of 'psychic synthesis', bringing automatisms about.

[3] Ehrenberg, *op. cit.*, p. 235.

[4] This argument is developed in Pinheiro, T., 'Algumas considerações sobre o narcisismo, as instâncias ideais e a melancolia', *Cadernos de psicanálise*, vol. 12, no. 15, 1995; 'Num tempo sem ilusão', *Anais do Fórum Brasileiro de Psicanálise*, set., 1997; and 'Trauma e melancolia', *Percurso*, no. 10, 1993.

[5] Freud, S., 'Luto e melancolia' (1917), in *Obras completas*, vol. XIV. Rio de Janeiro, Imago, 1974, p. 281.

[6] Freud, S., 'Sobre o narcisismo: uma introdução' (1914), in *Obras completas*, vol. XIV. Rio de Janeiro, Imago, 1974, p. 108.

[7] See Maciel, M. R., 'Depressão e criatividade no indivíduo contemporâneo', *Cadernos de Psicanálise*, no. 15, 2002; e *Depressão e criatividade na contemporaneidade: um estudo a partir de Freud e Winnicott*. PhD Thesis, IMS/UERJ, 2003.

[8] See, in this respect, the contribution of Phillips, A., *Winnicott*. Cambridge, MA, Harvard University Press, 1988.

[9] Winnicott, D., 'Vivendo de modo criativo', in *Tudo começa em casa*. São Paulo, Martins Fontes, 1999, p. 23.