

# On Depression and Subjectivity: A Lacanian Approach

Richard Antony Johnson

A thesis submitted in fulfilment of the requirements of Edinburgh  
Napier University, for the award of Masters by Research

Masters by Research in Psychology

January 2014

# Contents

Acknowledgements	iii
Abstract	iv
Introduction	6
Subjectivity: Cartesian legacy to Lacanian primacy	13
Genealogy of depression	22
Towards a psychoanalytical approach of depression	29
Beyond the Freudian principles	39
Lacan, mourning and desire	43
Mourning and psychotic foreclosure	53
Mourning and anxiety	58
Melancholia and Lacan	64
Melancholia and language	71
Conclusion	76
References	81

## Acknowledgements

A specific thanks goes to my academic supervisor Dr Calum Neill, for his sensitive support during the postgraduate research experience and for opening the door to the seductive world of Jacques Lacan. I may never be the same again.

I would like to thank my wife, Rowan, for her unconditional support and love throughout my time at university.

Finally I would like to express my gratitude to my children, Ava and Ruaridh who continually inspire and amaze me in the most ineffable ways.

## Abstract

The signifier of 'depression', substantiated by dominant therapeutic practices such as Cognitive Behavioural Therapy and constructed by mainstream psychological discourse, is ubiquitous. Yet within the omnipresent nature of such a social pandemic lies a paradox. Depression is both everywhere and nowhere. That is to say, the range of meaning conveyed by the term is so expansive that, in a sense, it is meaningless (Gueguen, 2008). Through engagement with Lacanian psychoanalytic theory, the aim of this research is to reconceptualise the current construction of depression by critically evaluating pervasive psychological approaches that perpetuate and shape current understanding of Mental Health diagnoses. In addition, the individual, rational and unified subject of the Cartesian tradition, arguably the crux of mainstream psychology, will also be critically considered. The initial argument contextualises Descartes' cogito within mainstream psychology. This elucidates an individual, unified and knowable self, or ego, that has a privileged central place within western ideology and philosophically underpins the defining, outlining and constructing of mental illness. It is argued that a Lacanian approach is vital, here, as it renders such an ego a 'false being' and 'the seat of illusions' (Lacan, 1953-1954, p. 62), which raises serious concerns with current understandings of depression. Thus, it could be postulated that approaches to mental health that neglect the unconscious appear doomed to fail. Such a critique opens up possibilities for a detailed traversing of the construction and mobilisation of subjectivity in relation to the depression experience. This theoretical research project is positioned within the sphere of critical psychology. In terms of an epistemological underpinning, the methodology employed broadly focuses on psychoanalytic theory and discursive approaches to enable a detailed exploration of subjectivity in relation to mental health diagnoses. Specifically, concepts from Lacanian psychoanalytic theory such as; the three registers (the real, the imaginary and the symbolic); the subject as a signifier; the unconscious as discourse; objet petit a and the relationship of the subject with jouissance are brought together with an extensive consideration of the conceptual co-ordinates

provided in Freud's (1917) paper *Mourning and Melancholia*. The thesis discusses the implications of a Lacanian response to Freud's paper, which takes into account the polysemous textures of Lacan's consideration of mourning in relation to loss and desire in Shakespeare's *Hamlet*, anxiety, psychotic foreclosure and melancholia in relation to language, impossibility and the ethical duty to be Well-spoken.

## Introduction

W.H. Auden defined the post-World War II epoch as an age of anxiety. Hassoun (1997) posits that the age of anxiety has, arguably, shifted to an age of depression, whereby depression has succeeded anxiety as our reigning discontent. It is a shift in focus that reveals a change in the mechanics of civilisation. With regards to mental illness, depression is the most common diagnosis in the UK and, as such, has *justifiably* been labelled the common cold of mental illness (Turnbull, 1991). Subsequently it seems to have reached epidemic proportions. This is highlighted by the prevalence of depression in the UK's general population being 10%, and in terms of a diagnosis that is severe enough to necessitate treatment, one in ten men and one in four women will receive a diagnosis of depression (National Depression Campaign, 1999). This is a considerable change from the 1950s, when production of the first antidepressant was postponed by the makers, Ciba-Geigy, because they did not think there were enough depressed people in the world to justify synthesising and distributing such a drug.

Although depression may be regarded as a contemporary phenomenon rising exponentially *sometime* after the 1950s onwards, the first tenacious approach to studying melancholia comes from psychoanalysis, specifically Freud's paper *Mourning and Melancholia* published in 1917 but written in 1915. Here, Freud states that in melancholia an unconscious narcissistic identification is formed with the lost object in which the freed libido is withdrawn back onto the ego and hence Freud's renowned encapsulation that in melancholia the 'shadow of the object has fallen upon the ego' (p. 249). While Freud's conceptualisation of the ego was complicated and went through various developments, one conceptualisation infers a conscious sense of self: '[I]n each individual there is a coherent organisation of mental processes; and this we call his ego. It is to this ego that consciousness is attached' (Freud, 1923, p. 17). This idea of self-knowing/consciousness seems to draw parallels, although it is not epistemologically congruent with, contemporary psychology's dominant therapeutic force of Cognitive Behavioural Therapy (CBT) and its philosophical

underpinnings of Descartes' *cogito* in which the key features include close attention to the cognitive processes through which people monitor and control their behaviour (McLeod, 2003), particularly with depression treatment. Indeed, western ideology appears to give such a simplistic view of the ego a privileged central position, particularly when defining and outlining treatment of mental illness. From this it would seem that a Lacanian approach is so vital and useful, with reference to the current conceptualisations of Cartesian subjectivity and the dominant ego, as it renders such an ego as a 'false being' (Lacan, 1953-1954, p. 62). This raises serious concerns with the current conceptualisations of mental illness in general, least of all depression. The shadow of the object may have fallen upon the ego but, since the ego is 'the seat of illusions' and a 'false being', approaches to mental health that neglect the unconscious appear doomed to fail.

Therefore, there appears to be theoretical space for other necessary explorations of depression and subjectivity. I argue that a Lacanian approach is beneficial in opening up a pertinent discussion on the topic. From Thomas Mann's very simple, yet provocative statement in 1936 'psychoanalysis is a form of melancholy knowledge' (Hassoun, 1997 p8), it seems that a psychoanalytic approach to depression would always be congruent with any endeavour to try and understand the discontents with which civilisation encounters.

Despite such concerns regarding the philosophical foundations supporting current mental illness diagnoses, depression is ubiquitous. Miller (2008) laconically describes the omnipresent nature of such a social phenomenon as reaching pandemic proportions and, he says, the word is spreading. However, it is precisely such ubiquity that creates a paradox. Depression, as constructed by the current medical literature, is both everywhere and nowhere. That is to say, the range of meaning conveyed by the signifier depression is so expansive that the term, in a way, means nothing (Gueguen, 2008). Rather than describing our state of mind as feeling disillusioned, sad, apathetical, melancholic or impotent, instead we are all depressed.

While depressive states have no doubt existed since classical antiquity; a person could be struck down by *Saturn's sickness* or encounter an excess of Hippocratic *black bile humor*, which some have considered being a formative moment of subjectivity (Hassoun, 1997), depression in a pathological sense, I argue, does not exist. Rather, depression, which is independent of subjectivity and its own discrete entity, appears to be the prevalent progeny emerging through the union of capitalism and neuroscience (cognitive and biological). An example of such an explanation appears to eloquently purport scientific advancement, which draws on a biological explanation referring to a chemical imbalance in the brain whilst trying to account for and describe various etiological, symptomatic and underlying biochemical processes of depression (Bullard, 2002). The experience of depression is abated of any intrinsic meaning due to the over-reliance of biochemical explanations of the disorder. Leader (2008) argues that depression is too vague a term that focuses on various surface behaviours and unconvincing biochemistry, in which the treatment of people in terms of biological deficits neglects the complexity of their unconscious mental life.

Furthermore, it seems that western ideology espouses a view of happiness for consumption (Gueguen, 2008) and the idea of returning the depressed person to appropriate levels of social regulation and usefulness (Leader, 2008). Such an outlook, arguably, implies a return to an individual, rational and unified subject of the Cartesian tradition who consists of a self-aware, reflexive agency (Parker, 1997). This is emphasised by the ever-growing positive psychology and the optimistic depiction of happiness as a personal possibility, which is achieved by an individual who maximises happy emotions through the employment of thought manipulation and further ties in and is rooted within a CBT philosophy (Binkley, 2011). This is to say that emotional states are understood to be governed by everyday thoughts, which can be controlled by wilful manipulation and further reinforces the idea of a rational, reflexive, self-knowing agent whose problems, through conditioning, can be resolved and, as such, has been described as a form of mental hygiene (Leader, 2008). C. Wright Mills offers a succinctly neat critique of such a western ideology, namely,

capitalist society and portrays the over-administered person as a 'cheerful robot' (1959, p 176).

In terms of a broad epistemological underpinning, psychoanalytic theory and discursive approaches may enable a detailed traversing of subjectivity in relation to mental health diagnoses. When extrapolated further, such an epistemological underpinning could be explored in more detail by utilising a Lacanian approach coupled with discourse theory, that is to say, and as Pavon Cuellar (2010) asserts, within certain psychological domains, it is an unquestionable fact that concepts within Lacanian psychoanalysis can be engaged with discourse analysis. This is because both are congruently concerned with the production of knowledge and the location, construction and regulation of the subject in relation to a linguistic domain (Malone and Roberts, 2010). However, it is imperative to recognise that Lacan, necessarily, does not outline a theory of discourse and, more importantly, does not offer any ample methodology to analysing discourse (Parker, 2005). As this is the case, and following the work of Pavon Cuellar (2010), one obligatory and useful method is to utilise certain concepts that Lacan positioned at the forefront of his differing approaches to discourse. The concepts specific to the work ensuing from this proposal are the three registers (the real, the imaginary and the symbolic); the subject as a signifier; the unconscious as discourse; *objet petit a* and the relationship of the subject with jouissance. It is also important to point out that utilising any Lacanian concepts to analyse discourse specifically, or used to underpin a critical theory of an area of research *to be analysed* does not constitute a general method applicable to any type of discourse (Parker, 2005). What it does do, however, is provide 'conceptual coordinates to orient particular methods adapted to fit different discourses' (Pavon Cuellar, 2010 p. xviii), thus allowing for a novel and innovative approach to discourse theory.

A particular emphasis on subjectivity utilising various concepts proposed within a Lacanian approach would be to juxtapose the aforementioned idea of 'false being' with the Cartesian subject, which dominates mainstream psychology, diagnosis and treatment and manifests itself as a reflexive agent with a mastery of its own thoughts. Thus, for Lacan, and following the logic of Fink (1995), it

could be argued that this false being is discernible whenever an analysand states “I am depressed” and highlights a fixed, knowable self that rejects any form of the unconscious. However, the false being is created through such conscious rationalisation, which Fink (1995) defines as ‘the ego’s attempt to legitimate blunders and unintentional utterances by fabricating after-the-fact explanations which agree with the ideal self-image’ (p. 44), hence the Lacanian subject is isolated from being. To put this another way, for Lacan, we are born into a world of language that precedes birth and will subsist after death, with the words making up the Other as language, i.e. the language is coming from an other place and for Lacan, specifically the unconscious is the Other’s discourse (Lacan, 1977). This means the unconscious is made up of the language which does not come from conscious, deliberate ego speech (Fink, 1995). Lacan’s subject, the barred subject, is considered the split between ego (false being) and the unconscious, specifically unconscious thought, which comprises of the idea that either the ego refuses unconscious thought or the unconscious refuses being, that is to say either *I am not thinking* or *I am not* (Lacan, 1967-68). Moreover, what becomes apparent is the subject’s necessary dependence on and relation to language as a mode of representation. As Neill (2011) points out:

‘The subject, in a sense is nothing but language, while at the same time, the subject is nothing because of language. It is only through being represented that the subject can be said to exist at all and yet, at the same time, in being so represented, the subject is strictly not there. The signifier is there’ (p. 23).

In terms of Lacanian subjectivity and depression, then, it can be said that language, in a sense defines the human subject, or more succinctly the act of speaking constitutes the human subject (Parker, 2005). The subject is enmeshed in language and as such it is through the hypothesis of the unconscious as the discourse of the Other, or as Lacan states ‘the unconscious is structured like a language’ (Lacan, 1955-1956, p. 167) that prevents the depressed subjects from being transparent to themselves or from ever becoming transparent or knowable. This will have a profound impact on conceptualising what is diagnosed as depression and its treatment as it negates

current approaches, which tend to focus on the surface features of the diagnosis.

Moreover, another aspect of Lacanian theory useful to consider in the exploration of depression is the role of jouissance, which can be briefly outlined as 'painful pleasure' or the 'paradoxical satisfaction the subject derives from his symptom' (Evans, 1996, p 92). Leader (2008) argues that Freud's seminal paper on Mourning and Melancholia is useful in shedding light on how a person deals with and experiences loss because it provides more accurate notions on the topic than the vague structures delineated in contemporary approaches to depression. The potential usefulness becomes apparent when considering Freud's explanation of melancholia and the relationship with the libido. As Evans (1996) illuminates, Freud's libido and Lacan's jouissance bear quite a similar resemblance. Therefore, when considering depression through these parameters, which also links back to Freud's ideas of narcissism and identification, a highly original and potentially beneficial avenue of research materialises.

A final consideration of how the signifier depression, which permeates both clinical discourse and common parlance, would benefit from a Lacanian conceptualisation is through acknowledging the subject's relation to language. In television, Lacan (1990) states that:

'Sadness as depression...is simply a moral failing, as Dante and even Spinoza, said: a sin, which means a moral weakness, which is, ultimately, located only in relation to thought, that is, in the duty to be Well-spoken...' (1990, p. 22)

For Lacan, then, an aspect of suffering manifests considerably at the corporeal level. Speech or, more pertinently, the dearth of words in depression is strikingly apparent. Lacan's reference to Dante's 'Divine Comedy' in which Dante makes the link between not having spoken and sadness is drawn upon to indicate that depression signifies an evasion of speech for the subject and in turn demonstrates how a person makes themselves discernable as a subject.

Moreover, with Lacan situating the super ego in relation to the Law and acknowledging the consequences of going beyond the pleasure principle (Lacan, 1953-1954), it provides essential co-ordinates to explore the potential research aim of reconceptualising depression through a Lacanian lens and allows for a detailed traversing of the construction and mobilisation of subjectivity in relation to the depression experience.

### **Focus of study and further research objectives**

- Explore how the contemporary depression diagnosis constructs subjectivity and individuals' ways of being in the world.
- Critique the current 'depression' diagnosis and reconsider alternative conceptualisations drawing on Freudian and Lacanian psychoanalytic theory.
- Investigate the role of jouissance with reference to depression and the effects on a depressed person's subjectivity.
- Explore the idea of sadness qualified (depression) in terms of a recoil from desire and being located within the sphere of ethics, viz, the duty to be well-spoken and the ethical duty to speak well of desire.
- Critique both the current medical dominance of the depression diagnostic criteria as well as the influence of the pharmaceutical industry in terms of 'medicalization of misery'

*Subjectivity: Cartesian legacy to Lacanian primacy.*

The traversing of theoretical space regarding depression and subjectivity is necessarily opened up by evaluating the Cartesian legacy of a rational, reflexive self-aware agent, so dominant and indeed the crux of mainstream psychology, through a Lacanian lens. Firstly, however, it is essential to provide a contextual underpinning that outlines the historical milieu of Cartesian philosophy as well a brief delineation of the Cartesian subject. Huxley (1903) deemed Cartesian philosophy as a seminal origin of modern thought and extends this further to influencing scientific thought as well. This is due to the pertinent assimilation of dualism within a scientific framework, through which Descartes splits all human existence into two parts, the non-material mind and the material corporeal. Although dualistic ideas were popular amongst Descartes' and his contemporaries, it is his radical view of the human soul being purely within the mind (Kierkeboen, 2001), which is of particular significance and encapsulated when he states 'I consider the mind not as a part of the soul but as the thinking soul in its entirety' (Cottingham, Stoothoff & Murdoch, 1984, p. 246). It is from this split and through the ability of doubt and mental reflection, that humans can deduce a sense of self (Burkitt, 2008), which is succinctly elucidated by the renowned dictum cogito ergo sum: I think therefore I am (Descartes in Watson, 2002). It could be argued, then, that the traditional, western view of self, which purports one centralised thinker and defines a person in terms of their thoughts, whilst simultaneously making a clear advocacy of dualism, that is, a distinction between inside (self) and outside (non-self), is what outlines the Cartesian view of self (Hook, 2004). Furthermore, this appears to be both the philosophical antecedent and basis for dominant psychological approaches, namely cognitivism and its therapeutic progeny, Cognitive Behavioural Therapy (CBT).

A CBT précis of the human experience comprises of an interaction between thought, emotion, physiology and behaviour (Callanan, 1992), with CBT's therapeutic essence being neatly encapsulated by the Greek philosopher, Epictetus, who posited that it is how a person appraises a particular event or

situation, which could cause psychological disturbance, as opposed to the actual event itself. This highlights the idea of the Cartesian subject's reflexive mastery of their own thoughts. However, what becomes explicit is the preoccupation with a conscious, self-aware agent, so important within cognitive approaches to mental health treatment derived from the Cartesian *cogito*, specifically, I think, therefore, I am. Here, Descartes contends that a subject can be sure of its own existence based on the premise of its thinking. When critically considering such a supposition, as Neill (2011) avers, there are shortcomings with this line of reasoning. Firstly there is a tautological component to the dictum 'I think, therefore, I am', namely the concluding 'I' of 'I am' is already postulated during the initial 'I think'. That is to say, the conclusion of existence, of an 'I' is already apparent during the initial thinking. Neill (2011) argues that due to such a fundamental flaw it could appear justified to disregard Descartes' conception of subjectivity; however such an act may be somewhat impetuous, due to the central position the *cogito* is situated in within our core understanding of being. Rather, it might be more beneficial to use the logical flaws of Cartesian subject as a platform to not only engage in pertinent discussion and consider what subjectivity is not but also to discuss the implications for mainstream psychological approaches such as CBT when treating mental health issues.

Before engaging in such a discussion relating to the current psychological approaches of subjectivity and mental health, it is imperative to consider why such a discussion is necessary when considering the philosophical antecedents that underpin mainstream psychology. Heath (2002) highlights the idea espoused by Western thought and the modernist enlightenment endeavour that we can come to understand an objective, discoverable reality through the pursuit of scientific rigour in such a way that uncertainty is transcended and a search of truth is uncovered. In relation to Descartes, then, by interrogating everything, even to the point of his own existence, an initial position of radical doubt is adopted and uncertainty is transcended through the Meditations to the point where the only thing Descartes can be sure of his own existence. This is emphasised in Meditations 2, paragraph 3 *we must come to the definite conclusion that this proposition: I am I exist, is necessarily true each time that I pronounce it, or that I mentally conceive it*, that is to say his position of truth is

that he exists because he thinks. Although as Stolorow, Atwood & Orange (2002) posit consciousness, for and due to Descartes, and the material world are discrete entities in which we can only be sure of our minds: the encapsulation of dualism. However, positing such a stance of knowing one exists as a thinking thing, which concludes Descartes Second Meditation, is criticised by Kant. Within his work *Critique of Pure Reason*, Kant divides our understanding regarding concern for how we *know* about the world into two categories; *noumena* (things in themselves) and *phenomena* (things as they appear to us). Although, for Kant, noumena cannot be accessed, something must still exist within itself in order to be experienced (the noumena). However only the phenomena is accessed which is specific to an individual's own perception. Heath (2002) encapsulates this neatly when he states:

‘The concepts which we construct about things do not leap out at us from the things themselves, they are our ways of perceiving the things. In this sense concepts are transcendental, they transcend the things themselves, and they are not the things in themselves (p. 33).

For Kant, then, the rationalised entity Descartes posits as the thinking thing is separate from the phenomena. Kant's exception to the declaration of the existence of a thinking thing arises due to a philosophical leap from the logical analysis of thinking, as a concept, to what Kant refers to as the “mere logical subject of the ‘I’” in “I think” to the metaphysical substrate of thought, a thing as an entity. Kant suggests that a grammatical subject may well imply someone doing the thinking, but it does not logically follow that there is a substance or constitutive conveyor, viz a *real* subject or thinking thing (Lagerspetz, 2002).

By utilising Kant's *Critique of Pure Reason* it is possible to uncover certain logical flaws that the rationalist endeavour must acknowledge in relation to the ontology that underpins mainstream psychology. An example of such a logical flaw that the rationalist endeavour must account for is the understanding of reality, which transcends uncertainty and brings us to a position of truth. In the context of mental health research pertaining to depression, this would be apparent in the current ways of honing our theorising and understanding of

depression. Such an understanding draws on neurobiological research and the careful slicing of the concept to capture the meaning of the signifier depression through diagnosis and treatment utilising dominant therapeutic approaches (CBT) and pharmacological enterprises. Moreover Varela, Thompson & Rosch (1993) posit that in terms of the psychological foundation of the search for truth so embedded in western ideology:

‘one becomes mindful of one’s own experience, one realizes the power of the urge to grasp after foundations—to grasp the sense of foundation of a real, separate self, the sense of foundation of a real, separate world, and the sense of foundation of an actual relation between self and the world’. (p. 225)

In addition, this neatly brings together the influence of the *cogito* on mainstream psychology, which is reinforced by Heath (2002) who elucidates that an assumptive substrata of the urge that Varela *et al* (1993) refer to pertains to a thinking, Cartesian subject that is not only autonomous, rational and unified but also capable of recognising the substance of itself and of the material world in which this self exists, something which Kant vehemently critiques.

So far then the philosophical underpinning of mainstream psychology has focussed on the Enlightenment philosophers of 17<sup>th</sup> century rationalism through Descartes, and 18<sup>th</sup> century Transcendentalism of Kant. As a brief summation Descartes seems to constitute the human subject essentially as the mind, referred to as a *res cogitans* and converse to the *res extensa*, which was an abstraction previously treated as material yet it remains an ‘enigmatically unextended substance’ (Glynn, 2002, p. 62). Kant on the other hand characterised the subject as non-substantial yet it was also the ‘transcendental precondition of the essential structure of the experienced world’ (Glynn, 2002, p. 62). Ultimately the subject appears to be an unchanging, unified entity that is self-identical (Glynn, 2002). This subject is the essence of mainstream psychology and requires a necessary critique in an attempt to give a richer account of subjectivity. One such account is a Lacanian approach that recognises the unconscious.

The first critique of the Cartesian legacy that opens up a useful reconceptualization and understanding of subjectivity is that of Jacques Lacan, who elucidates the fleeting nature of Descartes' subject. Lacan argues that Descartes' subject, referred to as the cogito, only comes into existence at the point in which thinking and being overlap. For Descartes the fact that he is thinking is a basis for recognition of his own existence and from this he attaches the thought to the speaking subject, that is to say the 'I' (Fink, 1995). For Lacan, it is not a case of thought and being momentarily coinciding and at the fleeting moment the subject briefly appears, but rather, the subject is forced to make a decision as to whether he wants to be or to think. As Fink (1995) points out, the subject can either have thought, or being but not both at the same time, thus rendering the cogito inverted. To put this another way the inverted cogito is rendered by Lacan (1977) in what appears to be a parody of Cartesian thought: 'I think where I am not, therefore I am where I do not think' (p. 166). This emphasises the choice component between thinking and being. What Lacan appears to be bringing to attention here is the linguistic element that Descartes failed to take into account, namely that the subject is inherently divided.

For Lacan, there is a distinction between the subject and the ego which is absolutely key to understanding his conceptualisation of subjectivity and in turn critiquing the Cartesian subject. Lacan conceives of the ego as part of the imaginary register, which is formulated in infancy (between the ages of 6-18 months) via a process of identification with one's own specular image. This is known as the mirror stage (*stade du miroir*) and highlights that the ego is a product of a misunderstanding (*meconnaissance*) that signifies the moment the subject becomes alienated from itself (Evans, 1996). It would appear that we could situate the Cartesian subject at the point of the mirror stage where the subject assumes its own image and such an identification is described by Lacan as a 'moment of jubilation' (Lacan, 1977, p.1). This particular identification also comprises of the 'ideal ego which functions as a promise of future wholeness which sustains the ego in anticipation' (Evans, 1996, p. 116). However, the mirror stage, just as significantly, also contains a symbolic dimension. Lacan (1962-1963) points out that after the child has experienced its moment of

jubilation and identified with its specular image, the child would turn to the parent (possibly mOther), who embodies the big Other in a request to authorise or approve of the identified image. It could be argued here then, that the misunderstanding of the Cartesian subject resonates with the idea of Lacan's critique of humanity on the grounds of its propensity for placing the subject at the centre, or axial position located between being and thought (Neill, 2011).

So far Lacan's critique of the Cartesian subject and what he may well term 'conscious' ego located in the imaginary register has been outlined. However, a salient component of the Lacanian subject is the subject of the symbolic register. This subject can be contrasted with the 'conscious sense of agency, which is a mere illusion produced by the ego' (Evans, 1996, p. 195) precisely because it is the subject of the unconscious. To extrapolate this further it is important to recognise that the unconscious, for Lacan, is not to be understood as the seat of the instincts. Moreover, it is not to be understood as something prior, in other words, to those forms of derivative articulation such as those forms of articulation emerging through maturity that we're accustomed to call "language." For Lacan, the unconscious materialises when the infant *falls* into language as the 'structured domain of meaning that lies beyond our grasp as individuals' (Parker, 2003, p. 98). The language framework that the infant enters creates a paradox in that it enables the possibility of communication but at the same time it alienates the individual. This is precisely because humans as speaking beings don't just use language, they are used by language as language functions independently of the individual (Fink, 1995). Zizek encapsulates this idea militantly when he writes 'for Lacan, language is a gift as dangerous to humanity as the horse was to the Trojans: it offers itself to our use free of charge, but once we accept it, it colonizes us' (Zizek, 2006, p. 11-12). This language outlined previously consists of signifiers that are 'structured into discourse, into a symbolic realm' (Parker, 2003, p. 99) and this succinctly encapsulates what Lacan means when he describes the symbolic register. Furthermore, the symbolic register is always considered 'other' to the subject, thus Lacan conceives of the unconscious as the discourse of the Other and it is here that Lacan's matheme (\$) of the barred subject can be introduced to conceptualise the inherent split between conscious and unconscious and a

person's alienation in language. Fink (1995) elucidates this further by pointing out the 'separateness' or disparity between the split subject. He indicates that the barred subject comprises of two components that do not share any common ground. The split consists of 'conscious and unconscious, between the ineluctably false sense of self and the automatic functioning of language (the signifying chain) in the unconscious' (Fink, 1995, p. 45).

The question may remain as to what the implications are for critiquing the Cartesian subject in this way. It becomes apparent that a Lacanian critique of the Cartesian subject relocates the subject in so far as thinking and being can be considered 'operating in relation to one another but not from the same point' (Parker, 2003, p. 100). Parker (2003) posits that such a critique challenges the presumption of mainstream psychology that a perceived understanding of thinking in humans also provides an insight as to what it means to *be* human. This, in turn, problematizes the foundations of mainstream psychology in terms of thinking that lies out with consciousness and at a corporeal level. That is to say, for Lacan at least, and as allowed due to the split subject, being lies within the Other as unconscious whereas thinking, which Lacan (1955-1956) constructs as 'thought means the thing articulated in language' (p. 112) is viewed as not being separate from the body, in a materialist sense, but rather, thought is 'always proceeding through symbolic activity' (Parker, 2003, p. 100).

Parker (2003) surmises in a very astute manner the fundamental issue with mainstream psychological approaches in terms of how the subject is constructed when comparing such a construction with a Lacanian account of subjectivity which considers the issue of the ego (previously outlined as a false being from a Lacanian standpoint). The ego or self in mainstream psychology is assumed to be a treasured point of unification and rationality that provides a conflict free place whereby the subject knowingly perceives his thoughts, actions and intentions. Ultimately what Lacan sees as a fundamental concern, is actually the foundation for mainstream psychology and as Parker (2003) points out:

‘ego psychology converges with descriptions of sensation and perception assumed to provide the bedrock of cognitive psychology, but Lacan diametrically opposes such assumptions. Rather than being taken for granted, the image of the ego as an objective point of access to consciousness and relationships is something dubious to be inspected, subject to close analysis’ (p. 100).

A further concern that is raised about mainstream psychology building its foundations on what Lacan would refer to as the specular image of the ego whereby the unconscious is neglected, is a consideration for the consequence of prioritising conscious mastery over the unconscious. To explore this further we can consider Freud’s proposition (1973, p. 112) ‘*Wo Es war, soll Ich werden*’, which was initially translated by James Strachey as ‘Where id was, there ego shall be’. This can be explored a little further by trying to account for the various (mis)interpretations of the translation. Firstly, there appears to be a preoccupation with the idea of the ego conquering the id. In other words, out of the raw materials of the id, located in the unconscious, the ego, which can be construed as the capacity of the human organism to develop into its maturity, should arise. To put this another way, the relationship between instinctual drives and the proper inhibitions of human or adult consciousness should be a progressive one, and the purpose of psychoanalysis, then, is to bring people beyond their entrapment in the various infantile stages or beyond their entrapment in some form or another of neurosis. The idea of progress or development in psychoanalysis has to do with the emergence and reinforcement of the ego. Lacan did not subscribe to this idea in any way because, for Lacan, the idea of the emergence of a stable and mature ego is presupposed by the idea that there is such a thing as stable human subjectivity, that is to say, that there is such a thing as consciousness from which our communicative and linguistic systems derive. Following on from this Lacan (1977) points out that an alternative conceptualisation of *Wo Es war, soll Ich werden* that does not refer to the Id per se, rather, the reference is to the subject of the unconscious. This is particularly apparent when Lacan contextualises his translation in relation to Freud’s paper *The Ego and the Id*, which Lacan (1977) observes that Freud wrote in order to differentiate between

'the true subject of the unconscious and the ego as constituted in its nucleus by a series of alienating identifications' (p. 128). For Lacan (1977) then:

'*Wo* (Where) *Es* (the subject-devoid of any *das* or other objectifying article) *war* (was - it is a locus of being that is referred to here, and that in this locus) *soll* (must - that is, a duty in the moral sense, as is confirmed by the single sentence that follows and brings the chapter to a close) *Ich* (I, there must I – just as one declared. 'this am I' before saying 'it is I', *werden* (must become – that is to say, not occur (*survenir*), or even happen (*advenir*), but emerge (*venir au jour*) from this very locus in so far as it is a locus of being) (p. 128).

Neill (2011) thankfully provides a succinct version of this necessarily convoluted take on Freud's proposition when he writes 'there were it was, it is my duty to come into being' (p. 20). Lacan's take on this proposition successfully manoeuvres itself around the primary focus being on the ego. Moreover, what is intriguing is that Lacan's symbol for the subject, S, is a homophone of Freud's Id, when considering the original German (*das Es*). This would further reinforce that for Lacan it is paramount to consider the subject as the subject of the unconscious (Evans, 1996). Moreover, when considering Neill's (2011) aforementioned statement, the phrase 'it is my duty to come into being' requires some further reflection. The consideration of a duty implies an ethical component, which Neill (2011) asserts is a reference to an ethical imperative at the crux of Lacanian subjectivity. However, this is not to be confused with any kind of unity within subjectivity obtainable by 'it' and 'I' both referring to the subject whereby the 'it' pertains to the unconscious and the 'I' pertains to an assumption of responsibility for anything materialising from the unconscious, that hasn't been ratified by a conscious agent(s). For Neill (2011) the ethical component of *Wo Es war, soll Ich werden* does not correspond to an implication of obtaining subjective security, rather it relates to that which is momentary and perpetual. 'It is momentary insofar as it manifests in conscious life only fleetingly. It is perpetual insofar as it is indicative of the unconscious processes which necessarily continue unobserved' (Neill, 2011, p. 20).

In addition, the ethical component is also apparent within the German language utilised. The verb *sollen* is a modal verb that implies a moral imperative, which is not made clear in Strachey's initial translation. Translations of *sollen* often gravitate towards morally implicated verbs such as 'to ought to', and 'to be supposed to', thus the German 'ich soll' could be rendered; *I should, I ought to, I shall*, and *I am supposed to*. With the verb *sollen* there is a clear moral obligation within the German language. This can be contrasted with the verb 'müssen', which translates as 'to have to do something'. With this verb there is literal meaning that the person doing the verb 'must' do something. However, while both verbs can be used in an obligatory sense, it is interesting that Freud did not write *Wo Es war, muss Ich werden*, which could be translated via Lacan as *where the subject was, I must come into being* (or more literally I must become), rather, Freud chose *sollen*. Therefore, I would argue that a translation that captures the Germanic nuance of the moral implication proposed would be *Where the subject was, I ought to (as it is my duty) come into being*. From here, we can then suppose further that while one should or ought to do something, there is still the possibility of one not doing something, which I feel, is lost with the translation 'must'. From a Lacanian point of view, then, coming into being appears to correspond with the subject entering the symbolic order, whereas not coming into being would imply an imprisonment within the imaginary order, which as we will come to later, seems to correspond with the structure of psychosis. For now though an explication of 'depression' will be provided, which will enable a reconceptualization of the construct which paves the way for a reconsideration of the signifier through a psychoanalytic lens and more significantly, what appears to lie at the heart of both subjectivity and sadness (the term utilised by Lacan to signify 'depression') seems to be an ethicality.

### *Genealogy of Depression.*

In order to try and meaningfully explore the viability and ramifications of the construct of depression, it is important to consider the theoretical and historical underpinnings of depression and frame the construct within the social and cultural context of the past and present. Such an act is necessary to attempt an acknowledgment of the two thousand year history of the terms melancholia,

depression and their various agnates. Through careful venturing amidst the historical co-ordinates of 'Saturn's sickness', it becomes possible to create alternative ways of considering the construct of depression, particularly in relation to subjectivity. This is emphasised by Bullard (2002) who posits that depressive states have both profound and lasting influence on a person's sense of self. However, the question could be raised as to what this means for the individual, whose 'disease has shaped their sense of self in a profound way' (Bullard, 2002, p. 268). Indeed, it is precisely through exploring the history of depression that it will become clear that the exact ways a person experiences and constructs meaning to their depressive experience will vary throughout history and cross-culturally. Therefore depression and more pertinently melancholia should be considered through various historical junctures.

An initial example of such an historical juncture could be drawn from ancient Greece. Plato speaks of melancholy relating to the divine, a prophecy and a gift replacing the mythical notion of frenzy with a more scientific approach of melancholy (Klibansky, Panofsky and Saxl, 1964). Moreover, in *Problemata*, Aristotle questioned why those who were renowned in philosophy, poetry, the arts and politics appeared to be of a despondent disposition. At other times, for example during the 17<sup>th</sup> century, depression manifested itself in terms of powerful self-accusations and feelings of worthlessness before a deity. Towards the end of the 19<sup>th</sup> century discourses pertaining to psychology and secularism became more dominant, which portrayed the depression experience as something the self should master in the face of negative conditions. Finally, in terms of dominant approaches to depression in contemporary society, the intrinsic meaning for the sufferer is left unexamined, thus drained of any significance. Instead depression is viewed through a neurobiological lens. It is often viewed as a biochemical brain imbalance requiring a medicinal remedy (Ferguson, 1995), thus depression, currently, appears to be viewed as something that requires getting rid of, rather than explored.

Current conceptualisations of depression seem to draw on dominant medical discourses, which are utilised when constructing and referring to depression. Here, *discourse* can be defined as a 'set of statements that construct objects

and an array of subject positions' (Parker, 1994, p. 245). Depression, today, appears to be viewed as a binary experience for the sufferer. It can be understood as a bodily or emotional state, viz, as a feeling (mood) or a syndrome (disease) (Pang, 1998).

While the term depression was originally used, in a professional capacity, at the beginning of the 20th century, it was the after effects of the First World War, which led to the term, firstly, becoming more common and, secondly, splitting into different sub-types (Pilgrim, 2007). The first type, labelled manic depression and now named bipolar, relates back to the idea of depression as an aspect of madness. However, another type pertains to the after effects of World War One, specifically shellshock, and links to the idea of depression being a reaction to stressors and grief (Stone, 1985). From this, an overarching conceptualisation of the depression construct incorporates the divisive causations, which purport explanations of depression through both biological causes and psychosocial stressors such as a loss and grief (Pilgrim, 2007). Moreover, the construct of depression constituting cognitive, somatic, behavioural and emotional symptoms is the basis for western medical discourse regarding depression (Marsella, Sartorius, Jablensky and Fenton, 1985). Although, it is precisely through the broad aetiologies of depression that it does not have a stable position and thus difficulties with consistency become apparent, which, depending on the overarching discourse being drawn on, offer either psychological, biological or social explanations (Kangas, 2001).

The western medical view of depression can be extrapolated further to take into account biochemical explanations, which demonstrate a growing consensus for neurological and endocrinological explanations of depression (Good, Good & Moradi, 1985). This can be coupled with psychological discourses relating to depression which argue that vulnerability and lack of coping strategies combined with personality traits and early development play a role in the causes of depression (Carr & Vitaliano, 1985). It is precisely through the combination of psychological factors such as vulnerability and neurophysiological explanations such as chemical imbalances in the brain, that much of the western medical discourse concerning treatment focuses on medication and therapeutic

strategies to alleviate and *resolve* the problem (Kangas, 2001[own emphasis added]).

So far discussion has outlined contemporary approaches, which utilise the medical model to both diagnose and treat depression and draw on biological, social and psychological approaches when attempting to explain depression, particularly those relating to cognitive vulnerability factors such as negative self-appraisal and pessimistic attribution (Beck, 1976). This view suggests that a depressed person holds negative views about themselves, the world and the future, thus such a pessimistic appraisal of events is likely to have an impact on mood. Incredibly, Beck (1976) goes on to report that depressed individuals have a considerable propensity to recall negative information about themselves and such a memory bias has been long recognised with patients organising their memories in an 'depressogenic' manner. Indeed, much of the research dominating explanations of depression today appears to try and work at the intersection between biology and psychology, with such an integration endeavouring to proffer a mutual justification of approaches.

An example of such an approach comes from exploring the effects of rupturing circadian rhythms, which can be defined as rhythms that last about a day and pertain specifically to wakefulness and sleepiness (Kalat, 2007). Naturally, such research has created an enigmatically scientific term, namely, circadian dysrhythmia, which is defined as a person's natural biological rhythm not being in synchronicity with their day to day living. Specifically a person's routine is disrupted by a stressful life event(s) (Healy, 1987). Moreover, in this study, Healy (1987) suggests that circadian dysrhythmia goes some way to illuminating the symptoms of depression, such as disturbed sleep, reduced concentration, attention and fatigue which in turn could be a primary cause of the mood disorder. However, upon critical inspection both Healy (1987) and Beck (1976) appear to take for granted the idea that depression is a singular concept, which can be explained by a somewhat simplistic, singular causation. When in actual fact, according to current research dominating the discussion, the causation of depression could be assumed to come from various pathways such as cognitive

vulnerability following a difficult life event that has been negatively appraised, or the effects of severe disruption to a person's routine (Bentall, 2003).

Moreover, it is the medical model that is the most dominant model when referring to depression primarily due to the supposed advancements in medications such as anti-depressants, which have shown to link depression to variations in neurotransmitter activity in the brain and lead to the subjective experience and emotional manifestation of depression (Kaplan & Sadock, 1998). It is through this breakthrough finding that the medical model aims to increase neurotransmitter activity, which should then decrease episodes of depression (Kaplan & Sadock, 1998). However, a brief critical evaluation is reported by Zoloff (2002) who argues that a biological deterministic argument of circularity is apparent here. Depression is constructed as a biochemical imbalance in the brain that necessitates anti-depressant treatment, thus when a person's mood is lifted after taking the medication, it is construed as proof that serotonin depletion is apparent and the cause of the disorder. Pilgrim (2007) neatly encapsulates that it is through this argument that a person could claim lack of aspirin in the brain causes a headache, thus there is clearly a flaw in the argument. In addition, a further criticism acknowledges the fervent placebo effect in medication treatments for depression, thus weakening the anti-depressant argument that promotes medication as the main treatment paradigm (Moncrieff & Kirsch, 2005).

However, Miller (1997) provides a fascinating encapsulation of the current line of thinking with regards to depression by acknowledging the scientific progress based on increasing diagnoses, while neatly capturing the problem with such a view:

'No doubt the new science of depression has hit upon important truths. Its recent practical fruits, known as S.S.R.I.s (selective serotonin re-uptake inhibitors)...have proven themselves able, if not altogether to cure depression, to counter it effectively, sometimes to an uncanny degree. The restoration of well-being now seems to require little more than swallowing so

many micrograms per day. Certainly no humane, pragmatic clinician can afford to ignore the relief antidepressants can bring. What is more troubling, though, is that at the level of culture the brilliant successes of psychopharmacology tempt us to take brain chemistry for the whole story. We end up with a narrow view of depression, which leaves out its mystery and metaphysical horror-the terrible waste but also the sometimes astounding creativity that can emerge from this dark cave in the human condition' (Miller, 1997: p viii).

What Miller beautifully brings to attention, here, is that current approaches to depression are limited in the way in which the construct is constituted. Describing depression research as such may seem paradoxical at present, particularly when considering the ICD-10 Classification of Mental and Behavioural Disorders which specifies nearly thirty different types of depressive illness, most of which reside in block F30-F39 Mood [Affective] Disorders. Moreover, what is apparent is that in terms of epidemiology and SSRI prescriptions, a marked statistical rise continues, which perpetuates the idea that a person diagnosed with depression requires 'correcting', or more accurately, faulty thought processes manifesting as symptoms such as *disturbed sleep, reduced self-esteem and self-confidence* and *bleak/pessimistic views of the future* require a chemical intervention in the form of an antidepressant (Cutcliffe and Lakeman, 2010).

A question that requires some deliberation is why such an increase manifested. There appears to be three dominant explanations for the rise of the depression diagnosis from the 1950s onwards in western society (Healy, 1999). The first explanation posits that depression has always been apparent but that it is only recognised with the advancements of scientific enquiry and neuroscientific research in particular. A second approach is more in line with sociological enquiry. Ehrenberg (2010) argues that the rises in such conditions reflect changes in society. That is to say, fragmented communities and individual feelings of disconnectedness from social groups are created by capitalist economies, in which new demands cause a failure of the previous social support networks. Depression here is due to social pressures, which offer very

little in the way of alternative conduits of existence. A final explanation posited by Healy (1999) suggests that the rise in depression is the work of very shrewd marketing that increases the diagnosis of depression and, just as pertinently, increases the related depressive disorders in order to expand the use of antidepressants. Such a triumph of marketing is further reinforced by the fact that in most years from 1955 pharmaceutical companies have been classified as principally the most profitable businesses in the world (Breggin, 1994).

When critically assessing the over-reliance of medication in the treatment of depression, it could be argued that the construction of depression through a biomedical discourse, that is to say the medicalisation of depression, appears to have one main beneficiary, namely, large pharmaceutical companies that manufacture the drugs for treatment, thus depression is marketed as a disease to increase drug sales (Healy, 1999). When this is considered alongside research evidence, such as Kirsch, Deacon, Huedo-Medina, Scoboria, Moore & Johnson (2008) who carried out a meta-analysis and found that antidepressants had a nonclinically significant impact on depression when compared with a placebo, it seems that perhaps certain successful treatments are actually part of a shrewd and successful marketing campaign rather than due to their actual medicinal benefits (Cutcliffe & Lakeman, 2010). Moreover, Pilgrim & Bentall (1999) highlight that the labels of depression, together with the DSM and ICD classification, have amalgamated, which, in turn, has meant that any social conditions that could have been considered a factor in the causation of depression have been obfuscated.

An additional point to consider is the reflexive nature of the relationship between pharmaceutical companies and contemporary society. Leader (2008) argues that people are more inclined to want a quick solution to a problem, thus are more prone to accepting a label offered. Why would a person want to explore their interior mental life in great detail, which may lead to profound questions of existential doubt, anxiety and disillusionment when these concepts can be neatly packaged together as depression, which can be treated quickly with a pill? Leader (2008) goes on to posit the emphasis on medication solving the problem of depression in this way. We live in an age where there is no longer

room for the complexity and contradiction at the heart of human life as the emphasis is on providing an easy, quick solution, or more appropriately masking. Such complexity, explored by poets, novelists and artists demonstrates the fact that human life is not one-dimensional and that people are torn apart by conflicting desires and yet we are enmeshed in a culture where the emphasis is vehemently on the self as a unified agency which is one-dimensional, we just strive for happiness and wealth. Rather than the more complex view that we might strive for happiness and sadness, we might sabotage our own endeavours. As humans are complex, contradictory beings, there has to be a space to recognise such an existence.

In addition, such a view problematizes the over-usage of medical treatment for- and construct of- depression and runs parallel to utopias such as Aldous Huxley's *Brave New World*. Similar to Huxley's work, there appears to be the ideal in a medicalised paradigm of treatment where by the goal would be no individual being depressed. However it is in this world that no individual has the freedom to suffer and yet to be alive is to experience difficulties, loss, sadness and pain. The human experience means sometimes feeling depressed (May, 1979), thus to aim for the depression-free utopia of a *Brave New World* suggests a move towards changing what it means to exist and be human. That is to say, and as Szasz (1961) argues, part of the human condition means to sometimes experience depression during a person's existence. Surely then depression is to be embraced and explored in great detail.

#### *Towards a psychoanalytic approach of depression.*

What appears to open up following the critique of current depression research is a need to explore alternative approaches, which move beyond surface features that depersonalise the human experience of malaise. As Gueguen (2008) argued depression is a poorly formed diagnosis that allows the happiness for consumption model to flourish. Moreover, such a categorisation enables the body to be treated as a machine, with medication being a way to both manage and mask the condition. Interestingly, even the etymology of the word 'depression' has mechanistic connotations. 'Depression', according to Jackson

(1986) is derived from the Latin word 'deprimere' meaning 'to press down'. Furthermore, what is also apparent in current research is a dearth of knowledge when trying to explain underlying, deeper causes for a person's discontent.

Such a dearth can be addressed through psychoanalytic approaches, which appear to not only reconceptualise depression, but also enable a fertile ground to reconsider the human experience at a level of psychological structure. Such an endeavour can be achieved through an initial consideration of Freud's paper, *Mourning and Melancholia* (Freud, 1917), followed by a Lacanian response that is firstly specific to the paper and secondly, provides a critical exposition of depression utilising Lacanian theory.

According to Lacan, it is beneficial to reflect on Freud's work (Harari, 2001). As this is the case, a useful foundation to build on when considering a psychoanalytic approach to depression research is to initially consider Freud's paper *Mourning and Melancholia* (Freud, 1917). In order to assist in the understanding and impact of Freud's classic account, it is necessary to briefly consider the theoretical journey of Freud's work pertaining to the theories of the mind, which in turn provides a useful positioning with which to consider a Lacanian account of the depression experience. Sandler, Holdler, Dare and Dreher (1997) posit a general acknowledgement of a tripartite split of Freud's work into phases based on theoretical development. The first phase during which Freud was influenced by French psychiatrist Charcot and Austrian physician Breuer, investigated the aetiology of hysteria. Of particular interest were the symptoms of hysteria, similar to paralysis, which Freud posited to be caused by traumatic experiences in childhood. An example of such an experience was the seduction of a young girl by her father. Following this, the turmoil and tumultuous emotions evoked were thought to be repressed into the unconscious part of the mind and, according to Freud, it was through hypnosis and suggestion such trauma could be worked through by bringing the largely repressed affects into consciousness via talking (Sandler *et al.*, 1997).

The second phase of Freud's theoretical development was generated by a dramatic realisation during Freud's self-analysis and the analysis of the dreams

of patients in which Freud recognised the narratives of seduction by unruly fathers were more fantasies of seduction as opposed to salvaged memories of a somewhat horrific nature. Next, in the book *The Interpretation of Dreams* (1899) Freud then began to tentatively propose his topographical model of the mind, which purports that the mind is made up of levels of consciousness, namely: the conscious and preconscious mind (thoughts, memories and knowledge) which is governed by the reality principle and can be defined as an interaction between reason, standards and the wider social expectations (Sandler *et al.*, 1997) and the unconscious, which is propelled by instinct and seeking a satisfaction of drives regardless of the consequences. More specifically, according to Freud, the unconscious can be defined through two aspects of processing. These aspects of processing consist of memories and information that can be recalled easily (descriptively unconscious or preconscious) and memories, fantasies and wishes that can only be inferred or that only become conscious once a resistance has been removed (dynamically unconscious) (Rycroft, 1995).

Moreover, the unconscious mind is thought to be ruled by the pleasure principle, thus Freud had conceptualised a model of mind that demonstrated the conflict between pleasure-seeking, instinctual drives of the pleasure-pain principle that leads to relief of instinctual tension through hallucinatory wish-fulfillment and the instinctual, yet delayed, gratification of wishes that contravene the demands of the social environment or that contradict a person's ethical stance or moral beliefs, viz, the reality principle (Bateman & Holmes, 1995). What would appear to be implied here is that the conflict between the primary processes of the unconscious, more succinctly the pleasure-pain principle and the secondary processes of the conscious mind, described as the reality principle, has wider ideological implications of a negative nature that may initially seem to align Freud with rationalism of Enlightenment. This is because the reality principle overcoming the pleasure principle suggests that rationality is victorious over irrationality; reason triumphs over emotion and the inner self must yield to the demands and control of the wider society. That is to say, as Freud argues, the self is discerned from unconscious pleasure by its necessary adoption of external, wider expectations of reality.

However, as Elliot (2002) importantly points out, there are complexities and subtleties to the pleasure principle capitulating to the reality principle. Although all individuals negotiate the battleground of unconscious pleasure and wider reality, the key lies in the specifics of the negotiation. What appears to be the surrendering of pleasure is in fact a lure, whereby pleasure is not actually overcome by reality; rather, it takes on new forms, which are achieved through the unfolding of fantasy (Elliot, 2002). Another way to consider this idea is to say that the immediate pleasure is merely postponed in order to achieve a pleasure with a lasting longevity. Finally, it is precisely this insight, as we shall see which becomes strikingly evident and allows Freud to consider the idea of a self that is indelibly intertwined with fantasy in the paper *Mourning and Melancholia* (1917).

Furthermore, when considering the theoretical unfolding of Freud's work, it is also necessary to consider the influence of the over-arching discourses pervading at the time of writing. Sandler *et al.*, (1997) points out that Freud's construction of grief or mourning (from the original German 'trauer', which encapsulates both) was exemplary of the 19<sup>th</sup> century due to the conceptualisations pertaining to determinism, adaptation and causality. Moreover, it seems to be under the influence of the physiologist Brucke, that Freud introduces the idea of psychical processes within a person's mental apparatus operating in terms of energy flow that could be discharged or withheld. Sandler *et al.*, (1997) also suggest that the main focus of the mental apparatus is to keep a state of equilibrium, constancy and ultimately an energy level that could be considered low. In *Mourning and Melancholia* (1917) it would seem that Freud is seeking to probe the consequences of this energy. Specifically, it is during this second phase of Freud's work that instincts and drives were considered mainly sexual and more precisely the psychological component of the sexual drive was referred to as the libido. The libido can be explicated further as the force of sexual drives directed towards an object, viz, with which processes, structures and object-representations are invested (Laplanche & Pontalis, 1988) and encapsulates all that is considered with the word love (Freud, 1921). Following on from this a cathexis can take place, which, derived from the German 'Besetzung', means a libidinal investment in

any object representation or structure. The significance here, then, is the idea that such cathexis of libidinal flow from the ego, which Freud refers to as the reservoir of all libido (Freud, 1923), can be to both whole and part objects in the outside world as well as objects within the internal, psychical world.

The significance of the preceding descriptive overview of the contextualisation and outlining of Freud's theoretical journey becomes more apparent when considering that *Mourning and Melancholia* (1917) was written during the second phase and as such extracts aspects from both the aforementioned drive psychology and the topographical model of the mind. Moreover, a brief overview of Freud's psychosexual development should also be provided to enable a thorough engagement with the *Mourning and Melancholia* text.

Freud's seminal paper, *Three Essays of the Theory of Sexuality* (1905), while both contentious and provocative was also progressive. Freud delineates how libidinal investment is concentrated on different parts of the body that can be referred to as erotogenic zones (Sandler *et al.*, 1997). During the psychosexual stages of development Freud suggested that degrees of fixation and regression can be observed when moving through the key erotic stages and emotional conflicts of early childhood and such regressions and fixations can range from normal to pathological during adulthood. Indeed, Freud (1905) argues that all individuals could be considered, at an intrinsic level 'polymorphously perverse' due to the fluidity and infinite potential of human sexual drives rendering any part of the body as well as any thinkable object as a source of erotic pleasure. By moving through the unfolding oral, anal and phallic stages in the first 5 years of life, Freud avers that what is being creatively navigated here is the child's emotional relation, not just to his own body but also to other people and the wider world (Elliot, 2002). Moreover, Freud argues that such nascent sexual desires and identification in early childhood is what enables an understanding of the complexity of adult emotional turmoil. It is precisely through moving beyond drive psychology, the topographical model and psychosexual phases of development that Freud is able to move on to his third phase, which through the related papers of *Mourning and Melancholia* and *On Narcissism* enabled him to eventually move onto identifying a third agency of the mind, the super-ego.

The super-ego, following on from the prior, obsequious notion of the ego ideal (Freud, 1914) can be defined as conscience and ideals that originate through the internalisation of parental figures as well as cultural influences (Bateman and Holmes, 1995). Through this concept Freud was able to explain the emotions of guilt and shame (Bradbury, 2001). This is particularly significant when considering approaches to depression because it is precisely Freud's shift away from drives being considered only sexual to the idea of the ego itself being the site of libidinal investment whereby the ego (ideal) could be taken as an object love that enables an explanation of melancholia.

It is worth considering Freud's paper, *Mourning and Melancholia* in some detail to enable a structured basis to bring in a Lacanian response to- and in turn a further approach to an explication of depression. As has been noted previously, Freud's paper is one of the first detailed considerations of the psychoanalytical processes that follow the experience of loss (Leader, 2003) and is something that was not necessarily automatically considered when the paper was published in 1917 (Leader, 2008).

Freud commences by outlining the similarities in the characteristics of mourning and melancholia such as "profoundly painful dejection, cessation of interest in the outside world, loss of the capacity to love, [and] inhibition of all activity" (p. 244). However, the trait of self-regard or lack thereof can be explained, according to Freud, due to a lack of identification with the lost object. Mourning, for Freud, involves the lengthy process and painful work of detaching the libido from the object despite an overpowering desire to remain in a state of 'hallucinatory wishful psychosis' (p. 244) whereby a denial of reality is a potential state for the individual. According to Freud a person has to consciously face the reality of their loss and, in a bitter-sweet irony, prolong the loss in order to begin the process of decathecting the libido from the love object, which is emphasised when Freud (1917) states:

'Each single one of the memories and situations of expectancy which demonstrate the libido's attachment to the lost object is met by the verdict of reality that the object no longer exists; and the ego, confronted as it were with

the question whether it shall share this fate, is persuaded by the sum of the narcissistic satisfaction it derives from being alive to sever its attachment to the object that has been abolished'. (p. 245)

In addition it is worth noting Freud's notion of the 'work of mourning', which acknowledges the reference to dreams in the opening line of the *Mourning and Melancholia* paper, namely the dream work. It is through the dream work that a thought or wish, which comprises of condensations and displacements, is transformed into a complicated and manifest dream and demonstrates the complex processes when trying to engage with the unconscious. The work of mourning is mirrored here in the sense that it is not a simple case of consciously just thinking about the lost object; rather it is how one specifically engages with such thoughts. Leader (2008) uses very pertinent imagery to describe this process by utilising the analogy of looking through a diamond. This suggests that a loss cannot just be considered from one perspective, but accounts for the multi-faceted nature of the loss, or more specifically libidinal investment. In this way what has been lost can be registered in a plethora of different ways. This can be further outlined utilising a Freudian discourse whereby the multifarious representations of the lost object must be accessed and indeed it is through the time-consuming and painful 'work of mourning' (p. 245) that the ego is left inhibited and circumscribed. Once all the libidinal attachments are broken the ego is 'free and uninhibited again' according to Freud (p. 245). In short, the possibility of mourning being enabled is through the preconscious system allowing a shift from thing representations to word representations with the registration of the object being accessed through all the different systems suggesting a long, drawn out process (Leader, 2003).

Despite the aforementioned similarities between mourning and melancholia, one very important distinction must be explicated in order to benefit from Freud's approach to loss. The distinction specifies that in melancholia an object has been lost as an object of love but one is unable 'to see clearly what it is that has been lost' (p. 245). Freud goes on to suppose that a person may not be able to consciously perceive what has been lost, thus rendering an unconscious component of melancholia. Moreover as Freud writes in *Mourning and*

*Melancholia* 'This would suggest that melancholia is in some way related to an object-loss which is withdrawn from consciousness, in contradistinction to mourning, in which there is nothing about the loss that is unconscious' (p 245). To put it another way loss is constructed in such a way that it encompasses two very different psychical processes. Mourning, a conscious and detectable process can be contrasted with melancholia which still gives rise to deep-seated feelings of sorrow, and painful dejection, but it is unconscious. Here loss is infused with a vagueness and ambiguity as Freud perspicaciously states that a person may well be aware of the loss that has engendered melancholia but 'only in the sense that he knows *whom* he has lost but not *what* he has lost in them' (p. 245).

In terms of considering melancholia in relation to Freud's theoretical milieu, Bradbury (2001) points out that in melancholia there is an expansion on the previously discussed themes of narcissism and identification from the paper *On Narcissism*. Freud proposes that there is an identification with the 'lost' object in melancholia and that when such a loss has taken place the freed libido is withdrawn back into the ego as opposed to the 'healthier' option of mourning whereby the libido is gradually decathected onto another object. Therefore, in melancholia there is a narcissistic identification of the ego with the lost object and it is the libido, specifically, that establishes and constructs the pathway for such a process to materialise (Bradbury, 2001). Again, we can refer back to Freud's paper for a succinct encapsulation of this when he writes 'thus the shadow of the object fell upon the ego' (p 249).

In addition, Freud notes a further important differentiation between mourning and melancholia, which is the distinguishing trait of 'a lowering of self-regarding feelings to a degree that finds utterance in self-reproaches and self-revilings, and culminates in a delusional expectation of punishment' (*ibid.*, p. 244). There are two very useful explanations for the self-reproaches in melancholia, which will go some way to informing a Lacanian account of depression shortly. Firstly, Bradbury (2001) posits that the self-reproaches can be viewed as reproaches directed to another person, who has actually been internalised. Therefore when a loss has occurred the 'loss evoking image' is transferred into the place of the

melancholic's ego, along with the corresponding anger and contempt, which would have been directed at the lost object and has now been placed on the ego (Leader, 2008). As Freud (1917) coherently states 'self-reproaches are reproaches against a loved object which have been shifted away from it on to the patient's own ego' (*ibid.*, p. 248). Furthermore, an additional distinction to consider between mourning and melancholia is the way in which the worlds of the mourner and the melancholic are constituted. The mourner's world is drained of interest and inhibited in terms of activity and contains an all-encompassing site of loss that bars the dejected subject. However, the melancholic's loss is different because it contains the loss of the ego itself, following the loss of the loved-object. This is to say that when the lost object is internalised into the dejected, forsaken ego, the ego itself is divided, split apart from the inside causing it to be subsequently lost. It is precisely due to the internalisation of the loss that an intrinsic absence is constructed within the ego. Moreover, such a separation allows a place for ambivalence and disdain to manifest that would have been directed towards the lost object and is now aimed at the self, which further explicates the justification of self-reproaches (Ferber, 2006).

Within this 1917 paper, Freud also posited what could happen when grief takes on a pathological element and elucidates an even greater complexity when considering self-reproaches. Freud argues that the death of the object leads to an obsessional neurosis whereby the person in mourning feels that they have willed the death due to the ambivalent nature of the relationship between the living person and the lost object. As Bradbury (2001) affirms what is vitally important to consider is that it is not just the case of a person in a state of pathological mourning simply identifying with the lost object as such, which is emphasised when Freud writes —'these obsessive states of depression following upon the death of a loved person show us what the conflict due to ambivalence can achieve by itself when there is no regressive drawing-in of the libido as well' (p. 251). The point Freud is highlighting here is that hatred and ambivalence are not specific to melancholia solely, a fact that Leader (2003) argues is brought about by a lack of engagement and brief consideration of Freud's text. Rather, an explanation of self-reproaches in melancholia can be

posited through hatred arising from the narcissistic conflict inherent in melancholia. Moreover, Freud's assertion concerning the drawing in of the libido appears to suggest a similarity between pathological mourning and melancholia. This is shown by the psychical processes that are utilised. For example pathological mourning pertains to psychical processes without the drawing in of the libido (i.e without identification) and melancholia, which consists of regressive drawing in of the libido (with identification) (Bradbury, 2001). From this view, it could be posited that if a person in pathological mourning becomes melancholic then it could be asserted that an identification with the lost object is apparent. Indeed, it appears that the self-reproaches, manifested as hostility and hatred towards the lost object, are customary. In addition, what is important to also consider is that while such reproaches can be apparent in pathological mourning, they are very different to the reproaches in melancholia, due to the aforementioned regressive libido identification.

Although Freud went some way to explain the processes involved when considering pathological mourning and melancholia in terms of identification, ambivalence and hatred, there has been little discussion pertaining to why this is happening. For Freud at least the hatred materialises due to the significant experiences of the individual along with what Freud described as constitutional factors, which refer to factors that are psychically structured and pertain to all relations formed by that particular ego (Leader, 2003). Moreover, it is ambivalence, specifically the mixture of both love and hate that leads to self-reproaches following the death of the object. This is coupled with the narcissistic regression of the melancholic that highlights the shadow encroaching upon the ego but also reiterates the peculiarity of self-reproaches in melancholia, namely, the reproaches are not aimed at the self, per se, but rather the internalised lost object that has been identified with. Explicating on the regression-narcissism theme a little further, Freud argues that introjection, which pertains to a more visceral form of identification (Rycroft, 1995), is the means by which regression from narcissistic object choice to original narcissism is taking place. This is emphasised when Freud (1917) writes 'The ego wants to incorporate this object into itself, and, in accordance with the oral or cannibalistic phase of libidinal development in which it is, it wants to do so by

devouring it' (p. 250). When this is considered alongside the ambivalence relating to the lost, yet identified object that is internalised within an impoverished, distressed ego, it becomes clear that loathing towards the lost object can understandably become self-loathing. Thus, as Bradbury (2001) points out sadism and hate get redirected upon the subject's own ego, compounded further by the regression taking place within the individual.

A final consideration of the differentiation between mourning and melancholia pertains to the aforementioned representational systems operated by the preconscious system. In melancholia, as Freud argues, a barrier prevents the usual passage between two psychical systems, namely the system of thing representation and the system of word representation. This is accessible in the work of mourning but not possible in melancholia because word representation via the preconscious system is obstructed thus unconscious thing representations cannot be retrieved through word representations (Leader, 2003). To expand on this idea a little further the problem with language is at the centre of the melancholic experience, which can be succinctly described by Leader (2008) when he states:

'A melancholic subject can, in some cases, continue their litany of self-denigration, in the very precise sense of being unworthy of doing some duty which... is linked to a duty of speaking properly about the lost love object and their relation to it. A melancholic can reproach himself endlessly for not being able to tell you with exactitude about something, not being able to reach something... The problem here is the basic impossibility of making words touch their referent' (p. 190).

Such a view draws heavily on a Lacanian exposition relating not only to depression, but also the construction of reality more generally and the problematizing of language in a wider sense, which will be exhaustively discussed shortly.

Prior to considering Lacan when thinking about mourning, melancholia and depression it is necessary to briefly outline responses to Freud's work relating

to mourning and melancholia. Such a consideration will allow for an unfolding of the complexity of the depression experience through psychoanalytic stances and lay the necessary foundations for a pertinent consideration of Lacan's approach to depression.

*Beyond the Freudian principles.*

To sum up thus far mourning and melancholia, according to Freud, demonstrate similar traits however, the crucial differences between the two phenomena relate to the conscious component of mourning and the unconscious component of melancholia. For Freud, the melancholic may not know what has actually been lost and present a problem that, unlike the work of mourning, cannot be worked through in melancholia, in so far as the lost object remains unconscious. However, a discussion of mourning and melancholia without at least acknowledging the importance of Melanie Klein's theory would appear somewhat disingenuous due to her overarching conceptual influence.

This is particularly apparent with Klein's theory of mourning discussed in detail in her paper 'Mourning and its Relation to Manic-Depressive States' (1940). As a brief overview a major idea within this paper purports how the process of mourning echoes the developmental mind of early childhood, viz, for Klein the concept of mourning is innately linked with the primal phase of development and involves the difficult surrender of object cathexis. Although for Klein mourning pertains to dealing with the loss of highly idealised objects of infancy, not with an emphasis on the workings of the libido or object cathexis as such, but rather unconscious phantasies that are in existence from birth. The unconscious phantasies are then viewed as the 'language' of the main impulses 'representing instinctual aims towards objects' (Isaacs, 1948, p. 330). Specifically it is Klein's concept of the 'depressive position', which can be defined as the position reached by the infant or patient in therapy whereby there is a recognition that the love and hate experienced are directed towards the same object (the mother). From here the mother then requires protection from such ambivalence due to the damage that could be imagined to occur (Rycroft, 1995).

For Klein, the idea of Freudian mourning has a potential for reappraisal in the sense that there is scope for extending the concept. Indeed, from a Kleinian perspective ambivalence is very much apparent in mourning and, moreover, the concept of the depressive position is not so much a pathology, rather it is a core aspect on infantile development and psychotherapeutic transformation. Following on from this, and in contradistinction to Freud, Klein argues that the loss of an object would reawaken some earlier trauma experienced, which was ascribed to a person's own damaging impulses (Klein, 1952). To put it another way, a Kleinian account of mourning acknowledges that any significant loss will revive the turmoil during the nascent development in the depressive position, thus the recognition of loved and hated objects are actually components of the same object during the depressive position. Following on from this, the malaise of feelings such as guilt and grief engendered along with the reparation efforts can be considered an attempt to deal with the mourning process.

Furthermore, an additional deviation from and in turn critique of Freud's account relates to Klein's exposition of self-reproaches. While acknowledging the self-reproaches of the depressive being reproaches against the lost object, for Klein it is the ego's hatred of the id, which is of major importance when trying to account for a person's despair. As Klein states:

'I have often found that these reproaches and the hatred against bad objects are secondarily increased as a defence against the hatred of the id, which is even more unbearable. In the last analysis it is the ego's unconscious knowledge that the hate is indeed also there, as well as the love, and that it may at any time get the upper hand (the ego's anxiety of being carried away by the id and so destroying the loved object)...' (p. 150).

Leader (2003) neatly encapsulates Klein's position referring to the idea of hatred here being somewhat fundamentally 'a hatred of one's own hatred' (p. 13), whereby such hatred of the id threatens not only the core ego but also the love objects of the ego. This idea can be extrapolated further into Klein's account for why pain is attached to the Freudian mourning process. Klein

(1940) argues that the processes of normal mourning and the infant negotiating the depressive position are very similar. There appears to be a reinstatement of all the lost objects, not just the present loss acting as the catalyst, however, and if the early traversing of the depressive position has not been dealt with, therein lays the internalised pathways allowing the depressive illness to travel. Moreover, when Freud (1917) remarks and asks:

‘Why this compromise by which the command of reality is carried out piecemeal should be so extraordinarily painful is not at all easy to explain in terms of economics. It is remarkable that this painful unpleasure is taken as a matter of course by us’ (p. 244).

Klein (1940) retorts by answering:

‘The pain experienced in the slow process of testing reality in the work of mourning thus seems to be partly due to the necessity, not only to renew the links to the external world and thus continuously to re-experience the loss, but at the same time and by means of this to rebuild with anguish the inner world, which is felt to be in danger of deteriorating and collapsing’ (p. 104).

As a brief summation and consideration of a small, but important aspect of Klein’s work, one crucial insight pertains to the evaluation of depressive states not just in terms of their intentional content, i.e. the idea of what is lost and to whom, but also in terms of their therapeutic potential. As previously mentioned the depressive position adopted during the course of therapy also shows rather powerfully the links with the psychical processes that are posited in the course of losing someone or thing. A Kleinian view enables an “inner world” of identifications, or of phantasied lost love objects which have silently become part of an internal reservoir of a person’s existence, to reawaken when we are torn apart in bereavement. To put this another way, an external loss creates the potential for a rebuilding of the internal world. It is here that the dynamic process of the depressive position materializes. For Klein, then, and in contradistinction to Freud’s view, melancholia is not so much a failure of non-pathological, ordinary mourning, rather, it is a failure to account for our

ambivalence, or more closely, it is an anxiety to attack the good object during the process of the depressive position.

As Leader (2003) points out, despite the sensitivity and usefulness of Klein's work, there appears to be, as with much of the post-Freudian work on mourning and melancholia, a significant dearth of recognition for Freud's stress on the importance of narcissism. This is particularly the case in relation to object choice being inherently narcissistic. Thus any love object is not given up, as such, rather it is regressively identified with and takes its place within narcissism (Falzeder, 1996). However, an aspect of post-Freudian work, namely, Klein, neatly opens up the potential to consider a Lacanian view of mourning and melancholia. More specifically it is the idea of anxiety and mourning, which enables such a Lacanian consideration.

#### *Lacan, Mourning and Desire.*

Before any useful exposition of Lacanian theory can be outlined pertaining to Lacan's insights on mourning and melancholia, it is necessary to provide a brief contextual milieu, which acknowledges the theoretical development of his view of mourning. Such a view embodies a consideration of mourning initially in seminar VI 'Desire and its Interpretation' (Lacan 1958-1959) with its focus on an interpretation of Hamlet through to a developmental evolution of the concept of mourning that materialises in seminar X 'Anxiety' (1962-1963). In addition such a development is interwoven with an account of the nature of desire and loss as pivotal moments that inaugurate subjectivity.

Lacan's first extensive consideration of mourning is discussed in seminar VI (Lacan, 1958-1959) and alludes to a discontent with Freud's account of mourning within the 1917 work 'Mourning and Melancholia' arguing that 'the question has not been posed properly' (Lacan, 1958-1959, p. 37). For Lacan, then, any discussion of loss and mourning must include an entwined consideration of desire and fundamentally a nascent form of loss, which initiates subjectivity. Such a consideration can be neatly reiterated through Spinoza who Lacan follows on this point that 'desire is the essence of man' (1677, p. 128).

Furthermore, it is imperative to outline the nature of Lacanian desire, which is often cited in Lacan's formula 'man's desire is the desire of the Other' (Lacan, 1964, p. 235). Lacan's formulation of desire can be grasped as the idea of desire of the Other's desire, that is to say there is a desire to be not just the object of another's desire, but also to be recognised by another (Evans, 1996) as a sort of dialectical mirror of apperception. According to Lacan, then, it is during infancy that a child attempts to embody the desire of the mother. The child identifies with the 'desire of the mother' and attempts to discern exactly what the mother's desire is and when realising that he does not satisfy his mother's desire, as her desire appears to go beyond him, the enigmatic nature of desire is then encapsulated by the phrase *che vuoi?* (What do you want from me?) (Evans, 1996). From here, the child wishes to be everything for the mother, her only object of desire and proceeds to identify with the imaginary phallus, which the child perceives, during the pre-oedipal stage, to be the mother's object of desire (Lacan, 1958-1959). To the child's mind such a union would complete her. Specifically, the aforementioned 'stage' is known as the first of three times, which Lacan divides the Oedipus complex into (Lacan, 1957-1958). The second time pertains to the imaginary father imposing the 'no' on the mother-child union, thus pronouncing a declaration of the incest taboo. The third time is apparent when the real father steps in to demonstrate that he has the phallus and thus, the child must stop in its attempt to be the phallus for the mother. Lacan refers to the renouncing of the child being the phallus for the mother as proper castration in the way it can be viewed as a symbolic act (Evans, 1996). Indeed it is the paternal function that necessarily intrudes on the mother-child union, which Lacan (1955-1956) denotes as the 'nom-du-pere' and succinctly brings together the second and third time of the Oedipus complex, namely the 'no' of the father and the 'name of the father', which are homophonically indistinguishable in French language. The paternal function further emphasises the prohibitive and legislative nature of both the symbolic father and the socio-symbolic register that the child enters following the oedipal resolution (Markotic, 2008). Thus, what follows on from the oedipal complex as a metaphor, specifically the paternal metaphor whereby the signifier of Name-of-the-Father necessarily substitutes another signifier for the desire of the

mother (Lacan, 1957-1958), is that the paternal metaphor castrates the child. To put this more clearly, it is the paternal metaphor that allows the child to enter the symbolic order and in doing so an essential space is created where the child can mediate the Other's desire through language (Fink, 1995). Therefore, the child is not at the mercy of the desire of the mother. This is important because the mother's desire is not only changeable, but it is also a desire that renders the child helpless due to its omnipotent nature (Lacan, 1956-1957).

What becomes hugely significant when considering the aforementioned discussion of Lacan's work is the idea that the imaginary phallus is renounced, or 'lost' to the child but the child, at this point, is unable to comprehend any distinction between what is the object of desire and desire for the object (Fink, 1995). Lacan seems to suggest that with the child having to necessarily renounce the mother's desire what is actually happening, essentially, due to the nature of desire, is that the child must renounce desire itself. Thus, for Lacan, primordial loss, in this sense, pertains to loss of both an object of desire as well as the loss of desire.

Such a complicated and intricate view of desire, mourning and loss can be explicated further within the astute interpretation of Shakespeare's Hamlet, which Lacan discussed during seminar VI 'Desire and its Interpretation' (Lacan 1958-1959). It is here that various expositions of mourning are elaborated on and may be helpful to inform the idea of mourning and loss in relations to one's desire. Moreover, an example utilising a Lacanian approach enables a grasping of not only the concept itself, but also paves the way for an attempt at a more complete and succinct understanding of his writing too. This is because any consideration of a Lacanian account must tackle his notoriously difficult writing style, which requires a negotiation of 'polysemous textures of much modern imaginative literature' (Bowie, 1991, p. 2). In addition Lacan himself argues that ambiguity in writing about the unconscious mind is a moral obligation further justified as 'it is precisely because desire is articulated that it is not articulable' (Lacan, 1966, p. 302). From here, then, an attempt will be made to utilise a theory for an interpretation of something that is inarticulable, viz: desire.

Lacan considers the question of mourning through an interpretation of Hamlet, which can be recognised not only as a play permeated with themes of mourning, but can also be considered a 'tragedy of desire' (Lacan, 1958-1959, p. 215). To begin the consideration of mourning it appears that Shakespeare's Hamlet consists of the Prince of Denmark being unable to kill Claudius precisely because Claudius, being the object of Gertrude's desire, is the imaginary phallus that Hamlet identifies with (Lacan, 1958-1959). Such an identification with the object of his mother's (concisely mOther's) desire, is an attempt by Hamlet for a convergence between his own desire and his mother's. Moreover, Lacan argues that Hamlet must begin to mourn the idea that he cannot be the sole object of his mother's desire and in fact her desire goes beyond him. That is to say he must realise that he cannot be the phallus for her and as such his desire must diverge from hers. Specifically, Hamlet's desire must be unravelled from Gertrude's. Fink (2004) elucidates this point further by suggesting that Hamlet is trying to distinguish where he actually *comes* in terms of his mother's desire and in a sense, what is his importance to her. For Hamlet it is through the lack in Gertrude that he is able to discern desire and thus, he wants to know the name of the lack and, more pertinently, he wants to know the signifier she attaches to the lack (Fink, 2004). It is here, however, that Gertrude evades such a questioning by not talking about what she is actually missing and as such Lacan places Gertrude's answer at the point  $s(A)$  on the Graph of Desire, which can be considered a point de capiton and demonstrates how the message is retroactively determined at this point 'by the particular punctuation given to it by the Other' (Evans, 1996, p. 76). This means that  $s(A)$  refers to the signification of the other according to Lacan. What this means when applied to Hamlet is that the nature of his question is ultimately changed by the Other. This can be observed when Gertrude declines to talk about what is missing and continually just refers to herself. This is a point in which Lacan highlights of Gertrude 'I am what I am, there is nothing to be done with me, I am a real genital character, mourning means nothing to me' (Lacan, 1958-1959, p. 246). Here, then, the signification of the Other is brought back to Hamlet in terms of the meaning created by the Other. Rather than answer Hamlet's question of what is lacking, Gertrude changes the question to relate back to herself, thus suggesting that the Other does not have all the answers as opposed to informing Hamlet about

what the big Other is actually lacking (Fink, 2004). Moreover, because Gertrude's answer is insufficient it is therefore unable to provide Hamlet with the necessary resources to confront the signifier of a lack in the Other  $S(\bar{A})$ . As this is the case such a lack is unable to answer Hamlet's core existential questions such as 'who am I?', 'what defines me?' and 'what am I supposed to do?' (Fink, 2004). This is precisely what is articulated in Lacan's Graph of desire within the paper 'The subversion of the subject and the dialectic of desire in the Freudian unconscious' from *Ecrites* (Lacan, 1966). In the lower part of the graph the subject identifies with what the Other wants. This means that a person's being is constituted by identifying with what the Other wants from him. There appears to be meaning here, provided by the Other. However, a shift to the upper part of the graph demonstrates that a person has to come to terms with the fact the Other may want something quite different from what is expected, something different in terms of what the Other may say is wanted. Furthermore, the Other is inherently lacking and does not know what it wants, hence any attempt by a person to be what the Other wants is always going to fail. The Other at this point provides nothing and works hard to give no answers (Fink, 2004) which is, at this point in the discussion of the play, where Hamlet finds himself.

The Other that lacks, which is apparent to Hamlet when his mOther, who having not mourned the death of her husband, King Hamlet, opens her affections to Hamlet's uncle, Claudius. Leader (2003) points out that no mourning has been witnessed and hence, no subjective loss has been symbolised. It is here, then, that the full extent of the Other not being able to provide adequate answers at the point  $S(\bar{A})$  on the graph is realised, and indeed, the Other sets and answers a different question altogether. At this point, for Hamlet, having confronted his mOther, Gertrude, about not mourning the death of his father and showing no guilt about marrying his murderer, Hamlet seems to concede defeat and appears to inform Gertrude that she can do what she wants. Leader (2003) points out that this demonstrates, for Lacan at least, a recoil from desire by Hamlet. Hamlet has been devastated by his mOther's desire and as such is not able to adequately position himself in relation to his own desire. According to Leader (2003) 'in terms of the graph,  $s(A)$  has colonised  $\$ \leftrightarrow a$ ' (p. 16). What this means is that the neurotic fantasy, as portrayed by the latter matheme, appears

in the 'Graph of Desire as a person's response to the enigmatic desire of the Other...and should be read: the barred subject in relation to object petit a' (Evans, 1996, p. 60). To put this another way, fantasy, for Lacan, offers a protective function, characterised by a fixed and rigid quality and offers a shrouding scene where castration is veiled and, more specifically, protection against the lack in the Other is offered (Evans, 1996). What Leader (2003) is drawing attention to is that Hamlet has been annihilated by Gertrude's desire, which means he is unable to situate himself in relation to his own desire. As this is the case the meaning of the subject's demand as determined by the Other s(A) has taken over or 'colonised' the protective function and veil of castration otherwise known as the neurotic fantasy  $\$ \leftrightarrow a$ .

Lacan situates mourning within Hamlet as a problem of Hamlet's relation to his own desire. Leader (2003) points out that it is through Ophelia that Hamlet is able to re-establish the situating of his desire. To encapsulate this another way, the relationship between Hamlet and Ophelia operates as a guide for a subject's relation to the object of desire. Leader (2003) points out that Hamlet's relation to Ophelia, which comprised initially of rejection and disgrace, eventually led to a place where the relation comprised of being valued and mourned. Moreover, the initial rejection of Ophelia can be seen as 'blocking the functioning of the imaginary structure of fantasy: the debased image of the carnal woman that emerges from the scene with Gertrude intrudes to contaminate the place of Ophelia in Hamlet's desire' (ibid, p. 17). This can be emphasised further when Lacan argues that for Hamlet the encompassing image at a given moment that takes on the role of the phallus is Ophelia. She is the encompassing 'prostitute as bait destined to tear his secret from him' (Lacan, 1958-1959, p. 12) and veils Hamlet's relation to the phallus. Lacan goes on to assert that Ophelia's place in such an assemblage pertains to the level of the *objet petit a* in the aforementioned structure of fantasy. Lacan appears to be getting at the idea that the object takes the place of what the subject itself is deprived of at a symbolic level. Exactly how this manifests during Lacan's reading of Hamlet as a consideration for the tragedy of desire is during the famous 'graveyard' scene (Act V, scene ii). It is here and only after Ophelia's death that Hamlet can, according to Lacan, continue towards a more suitable

relationship with the missing signifier, that is to say, it is after this scene that Hamlet 'can regain access to his desire' (Leader, 2003, p. 17). More succinctly, according to Lacan, it is following Ophelia's death combined with the image of her grieving brother, Laertes, that Hamlet is able to 'regain access to his desire' (ibid, p. 17) and by escaping from Ophelia's hold and her 'lure' (Lacan, 1958-1959, seminar 17, p. 1), Hamlet is, just as importantly, able to re-establish his capacity to act. As Lacan neatly encapsulates when referring to Ophelia:

'She is perhaps something which becomes one of the most intimate elements of the drama of the Hamlet that Shakespeare constructs for us, of the Hamlet, who has lost the way, the path to his desire. She is an essential articulating element in this journey which makes Hamlet go to what I called the last time the moment of his fatal rendezvous, of the accomplishment of an act which he accomplishes in a way in spite of himself' (Lacan, 1958-1959, seminar/section 17, p. 2).

Lacan's above quote concisely outlines the essential role of Ophelia but what is also of great significance when reflecting on a Lacanian account of mourning is the function of the image of her grieving brother, Laertes. Such a consideration for the function of his grief can be explored by considering the underlying theoretical process and function of Lacan's graph of desire. As Leader (2003) point out, Laertes grieves where Hamlet has not and it is through the trajectory pertaining to the imaginary register within the lower level of the graph of desire and its mirrored matheme delineated on the upper part of the graph, that Hamlet can find the place of his desire, namely the levels ( $d-(\$ \leftrightarrow a)$ ) and ( $i(a) \longrightarrow m$ ). (Leader, 2003, p. 17) (Lacan, 1966, p.817) and, thus, Hamlet can finally mourn.

For the purpose of a thorough consideration of mourning from a lacanian perspective, it is imperative to look a little closer at the aforementioned trajectories in the graph of desire. The trajectory  $d-(\$ \leftrightarrow a)$  pertains to desire and the formula of fantasy. However, in order to understand anything about the nature of desire, it is necessary to take a brief step back and consider what this desire constitutes, or more specifically, where does the d stem from? Fink

(2004) points out that because we must express ourselves through language, need can never be fully expressed in demand. 'Our need is never completely expressed in the request or demand we make of another; that request or demand always leaves something to be desired' (Fink, 2004, p. 118). The 'something to be desired' the remainder, the shadowy leftover is precisely what Lacan calls desire. The point Lacan makes is that there is always something more to be desired, which is specifically what the upper trajectory of the graph of desire relates to when it attempts to answer the question what exactly is it that will make good such a lack? For Lacan, then, ultimately what the subject wants and what they feel will fill their lack is recognition by the Other. Moreover, Fink (2004) articulates further that there is a want to be wanted and in order to work out what this consists of a person desires the Other's desire of me. Furthermore, in relation to the *objet petit a* in the formula of fantasy, this can be understood as the Other's desire for me as well as how a subject conceives or imagines themselves in relation to the Other's desire for them (Fink, 2004). As previously discussed this particular trajectory relates to the turmoil the subject faces when realising there is a lack in the Other. The Other is also split between conscious wishes and unconscious desires.

The pathway relating to  $(i(a) \rightarrow m)$  can be expanded to reveal the imaginary identification, or relationship between the ego (*moi*) and the specular image. However, when considering this expansion even further, it becomes clear that the specular image pertains to the reflection of one's own body in the mirror and is simultaneously one's own being and the other (little other). This is truly captivating to the individual and explains why the imaginary register has such an influence on a person (Evans, 1996). Moreover, Fink (2004) points out that the ego (or *m*) on the graph of desire is located opposite the *i(a)* the specular image/little other that is like oneself and, as such, serves as a template for one's own ego to the extent that the ego and the little other mirror each other.

The significance of these two pathways in terms of Hamlet's mourning and refinding the place of his desire starts to emerge, whereby, the lower pathway pertains to the Other as meaning provider and is an imaginary process, whereas the upper level pertains to the Other as providing no explanation for

the subject's being or meaning. The subject, at this point in the pathway on the upper level of the graph of desire, has to take responsibility for himself and importantly the subject must take responsibility for his *raison d'être*. As Fink (2004) points out, what Lacan is trying to say here is that the Other does not supply the answers; and desire, if it is to go beyond its construction of the Other's desire, needs something to be missing, an absence of sorts, and from this point, the something missing can then be symbolised. It would appear that such a convoluted process could be apparent in Hamlet. When reflecting back to the point where Laertes mourns where Hamlet has not, it is precisely through the two aforementioned pathways,  $(d-(\$/>a))$  and  $(i(a)—m)$  that Hamlet, can re-establish his desire. Leader (2003) argues that the imaginary register, processed by the latter pathway, 'offers the image of the little other in relation to the object, and it is thus, through the imaginary, that Hamlet can move towards a position of mourning' (p. 17). What Leader (2003) appears to be alluding to here is the point in the play where Hamlet bestows admiration for Laertes:

'But, in the verity of extolment, I take him to be a soul of great article, and his infusion of such dearth and rareness as, to make true diction of him, his semblable is his mirror, and who else would trace him, his umbrage, nothing more' (Act V scene ii, 123-127).

This passage seems to reference Lacan's mirror stage, in which the paradigm of the imaginary order is established during infancy when the child identifies with their reflected image as an ego-ideal. For Lacan at least and according to Hamlet, Laertes true reflection can be found only in the mirror, that is to say the little other like oneself 'his (semblable) is his mirror'. Hamlet seems to be alluding to the idea that he can't possibly compare with the Ophelia's brother, who, according to Hamlet earlier, is 'a very noble youth' (Act 5, scene ii, 217). As such, for Lacan this reflection in the mirror is an initial object of desire and is followed by the counterpart images of others that the child identifies with within the imaginary order. This stage illustrates the 'conflictual nature of the dual relationship' (Lacan, 1955-1956, p.17). As the counterpart image threatens the subject with fragmentation because the unique place of the original ego-ideal is being brought into question, an aggressive tension rises between the subject

and the image (Evans, 1996) and as such the aggressivity marks all relationships that are experienced within the imaginary register that lie on this pathway on the graph of desire. Finally Lacan (1958-59) points out that '...the ego ideal is also, according to Hegel's formula which says that coexistence is impossible, the one you have to kill' (p. 31). This process represents what Lacan referred to as a 'constitution of the object' (Lacan, 1958-1959, seminar 17, p. 290), which is only possible by an acknowledgment and consideration with its fundamental impossibility (Leader, 2003).

What must be questioned here, then, is what is such an inherent impossibility made up of, what exactly does this consist of? Initially it appears that Hamlet's challenge to Laertes following his movement to a position of mourning is worth noting when Hamlet says "I loved Ophelia. Forty thousand brothers could not, with all their quantity of love, make up my sum. What wilt thou do for her?" (act V scene I, 292) . Lacan (1958-1959) points out that it is precisely because the 'object of his desire has become an impossible object that it becomes for him once again the object of his desire' (p. 291). Thus as Leader (2003) asserts the sort of impossibility considered, on a proximal level relates to the real loss, the actual death of Ophelia, which turns her into an impossible object. The significance of such an event is extremely powerful because once Ophelia is elevated to the status as an object of desire, albeit an impossible one, Hamlet's identification with Gertrude's all-powerful, all-encompassing desire begins to be relinquished. Leader (2003) points out that the place of Ophelia as the impossible object of desire is structured amidst the castration complex and sums up the process neatly as follows. Hamlet is deprived of the signifier of the phallus, which is part of his being. The object (albeit impossible) situates itself in the place of what Hamlet is symbolically deprived of and as such Ophelia (as said impossible object) takes on her importance during what Lacan refers to as a 'mourning of the phallus', which is how Lacan comes to understand the working through of the Oedipus complex (Lacan, 1958-1959). This point is essential for this first consideration of a Lacanian account of mourning and, as such, it is worth asserting this final point by putting it another way. It could be argued that, for Lacan at least, Hamlet can be viewed as a play that is analogous with the navigation of the Oedipus complex, which is resolved or

'goes into decline in so far as the subject must mourn the phallus' (Lacan, 1958-1959, p. 46). Lacan argues that what is given up is the attempt by the subject to be the imaginary phallus in the dual relation with the mother and hence, a mourning must take place of the symbolic castration, which is the necessary price for entering the symbolic order and submitting to the law of the father. Thus, for Lacan, the phallus appears to be the primordial mourned object, whose loss is evoked in later episodes of mourning. For Hamlet, it is the refinding of Ophelia as an object of desire that helps dissolve his identification with Getrude's desire. However, what is just as important is that it is only when Hamlet's narcissistic attachment to the imaginary phallus is severed, which is at the point in the play when he is mortally injured and made to accept that he can't ever be the phallus that he can act, by finally by striking Claudius. Such a delay in proceeding with the act seems to stem from the dependence of his desire of the other and subsequently on his being a subject to the signifier of desire, that is to say the phallus. Ophelia is the ersatz phallus as the impossible, lost object and Claudius embodies it, thus Hamlet is prevented from killing Claudius until he is mortally wounded, which at this point sets him free from the subjection of the phallus.

Moreover, it is important to remember that for Lacan the mourning of the imaginary phallus is not specifically the mourning for the lost object and the possibility brought into realisation, rather it is a mourning for the desire of the imaginary phallus, which Hamlet, similar to that of a child during the Oedipus complex, has aligned himself. The emphasis on the phallus is concisely recognised by Lacan (1958-1959) himself when referring to the play when he writes 'the phallus is everywhere present in the disorder in which we find Hamlet each time he approaches one of the crucial moments of his action' (p. 49). This is exactly what we might anticipate finding, the phallus being referred to throughout the play because, as Lacan states of Shakespeare's tragedy of desire, 'all anyone talks about is mourning' (p. 49).

### *Mourning and Psychotic foreclosure.*

So far mourning has been discussed in relation to loss, desire and the navigation and subsequent dissolution of the Oedipus complex. However, one aspect that could be explored in more detail is the idea that Leader (2003) posits which states that Hamlet could move to a position of mourning through the imaginary register when the little other is offered the image by the counterpart in relation to the object. This idea refers back to the  $(i(a)—m)$  pathway on the graph of desire. It seems imperative to explore this a little further and consider the implications of such a process. Boothby (2013) notes that from a Lacanian account the conception of death, albeit a loss of loved person or some abstraction such as a person's country, liberty or an ideal in the Freudian sense, can be conceived of as opening 'a hole in the real' (Lacan, 1958-1959, p. 292). This break or rupture calls for an amends to be made through the symbolic register and it is here that Lacan considers mourning to be the structural inverse of psychotic foreclosure. Lacan (1958-1959) writes:

'the hole in the real provoked by a loss, a real loss, this sort of unbearable loss for the human being, which provokes mourning in him, is found in the real, is found by that very function in this relationship which is the inverse of the one that I put forward before you under the name of Verwerfung' (p. 292).

Lacan settles on a definition of 'Verwerfung' as foreclosure (Lacan, 1955-1956, p. 321), which refers to the idea of foreclosure being the psychical mechanism for psychosis. This mechanism specifically refers to the idea that the 'fundamental signifier (the Name-Of-The-Father) is the object that is being foreclosed' (Lacan, 1966, p. 217). The implication and effect of this for the subject is that a hole is left in the symbolic order, which can't be rectified, and as such the subject can be said to have a psychotic structure (Evans, 1996). What is made clear at this point is how mourning is the structural inverse of psychosis because what is rejected from the symbolic register for the psychotic re-emerges in the real for the psychotic, which is similar to the way the hole in the real that ruptures due to loss sets the signifier in motion for the person in mourning (Lacan, 1958-1959). In terms of how this relates to the imaginary

register, Boothby (2013) points out that it is vitally important to recognise that mourning calls for action to be taken by the symbolic order but such action is actually appropriated by the imaginary register, hence Leader's (2003) point that 'it is through the imaginary that Hamlet can move towards a position of mourning' (p. 17).

The question then remains as to why the action, which is called for by the symbolic is taken up by the imaginary register. Lacan posits that this is because the hole opened up by death:

'offers the place where there is projected precisely this missing signifier, this essential signifier, o, as such, in the structure of the Other, this signifier whose accent makes the Other powerless to give you your response. This signifier which you cannot pay for except with your flesh and your blood, this signifier which is essentially the phallus under the veil' (Lacan, 1958-1959, p. 292).

Lacan appears to be suggesting that such a hole provides the location of the missing signifier and such a signifier is essential to the structure of the Other. Moreover, Lacan seems to posit that this particular signifier, when absent, renders the Other incapable of answering any questions and is, at the core, the veiled phallus. Moreover, Lacan (1958-1959) also points out that this signifier cannot be found as such, as it can only be articulated at the level of the Other, thus at this point and in a similar process to that of psychosis, the relationship between the two constructs is apparent and signified by the images that rush in during the mourning process and assume to be the place of the phallus (Lacan, 1958-1959). To put this another way, in mourning such images swarm in to fill the gap in the real caused by death and is similar to that of psychosis when the imaginary restructuring of signifiers is an attempt to seal the hole in the symbolic order caused when the Name-Of-The-Father is foreclosed.

Following on from this, Lacan also makes an interesting point pertaining to Freud's idea of the work of mourning. Lacan explicates that the idea of the swarm of images that captivates a person in mourning can both help and hinder

the process in the sense that the more effective work of mourning at a psychical level could be both prepared for by the rushing images and delayed by the rushing images. Lacan argues that such work is achieved in the recuperation of signifiers whereby a filling of the hole in the real is attempted through the symbolic order stitching such a gap. Lacan sums this up in terms of there being nothing of significance that is able to fill the hole in the real:

‘in effect there is nothing which can fill with signifier [sic] this hole in the real, except the totality of the signifier, the work accomplished at a level of the logos - I say this in order not to say at the level of the group or of the community (naturally it is the group and the community qua culturally signified that are its supports) - the work of mourning presents itself in the first place as a satisfaction made to what is produced in terms of disorder because of the insufficiency of all the signifying elements to face up to the hole created in existence by the total bringing into play of the whole signifying system for the least bereavement (deuil)’ (Lacan, 1958-1959, p. 293).

What can be seen thus far is that the foreclosure of the Name-Of-The-Father (the absence of such a signifier) means that the subject is not able to identify with the father on a symbolic level and thus integration into the socio-symbolic order is not possible, hence the structure of psychosis materialises. Lacan further posits that despite the signifier being absent, it can still be evoked, which confronts that subject with the gap or lack and could be viewed as a gaping abyss in the network of signifiers. As this is the case the subject tries to address this gap through ‘the cascade of reshapings of the signifier from which the increasing disaster of the imaginary proceeds, to the point at which the level is reached whereby signifier and signified are stabilized in the delusional metaphor’ (Lacan, 1966, p. 217). This is compounded by the fact that what is foreclosed as the gap in the symbolic reappears in the real. Lacan points out how this is inverse in mourning when the loss of a person is a hole in the real that establishes movement for the signifier of the phallus that can only be articulated in the unconscious (Muller, 1980) and refers back to Lacan’s point that the signifier, the veiled phallus, can only be articulated at the level of the Other. Despite the inverse relationship Lacan also reiterates the similarity

between psychosis and mourning in terms of the imaginary. That is to say, in both cases the constellation of images rushes in to try and compensate for the hole.

Moreover, a Lacanian account of mourning, when aligned with the inverse relation to psychosis, also allows for an unfolding of understanding relating to a peculiar phenomenon found in mourning: that of hallucinatory experiences. In psychosis, hallucinations can be defined as expressions of drastic disturbances in the signifying chain (Vanheule, 2011) and appear in psychosis when the Name-Of-The-Father is foreclosed. When this is the case there is a considerable destabilizing effect on the subject. This is because, at such a point, the subject is supposed to take a personal position when considering questions of their own existence and one such consequence of the destabilizing effect is the experience of hallucinations (Vanheule, 2011). When considering the similarity of the swarm of images that rush in during mourning and psychosis, it would appear logical that hallucinatory experiences could be apparent in both structures. This is because if the symbolic register is attempting to deal with the hole in the real, imaginary aspects or the so called swarm of images will be assembled, which are similar to those during the inverted process of psychosis.

Leader (2003) is useful here to reiterate that for Lacan, despite the symbolic register being mobilised at this point, the 'signifying elements are inadequate to cope with the hole opened up by the loss' (p. 21). As this is the case the aforementioned hallucinatory experiences tend to materialise when mourning rites have been truncated and take the form of ghostly apparitions (Leader, 2003). For Lacan, when observing that the real loss is aligned with the symbolic being mobilised as a totality, it is useful to consider the effects of mourning rites, which can be defined as the formal practices a mourner engages in (Leader, 2003). Moreover Lacan (1958-1959) states that mourning rites are 'the rites through which we satisfy what is called the memory of the dead person' (p. 292) because these aforementioned mourning rites 'function as a mediation of the gap opened up by a loss and involve the correspondence between this gap and the symbolic lack' (Leader, 2003, p. 21). In addition, for Lacan, it is the phallus

that is necessary to consider here too. This is because the phallus is the primary signifier and it is the phallus that will be projected into the gap or hole opened up by the loss (Leader, 2003). However, the distressing images that will haunt the mourner will still be apparent at this particular point where there is a symbolic lack because the phallus as a signifier cannot be articulated (Lacan, 1958-1959).

A final point that is enabled to be considered through Lacan's perceptive account of the inverse relationship between mourning and psychosis is the psychological structures that are apparent seem to allow for a rich exposition of why it is logical that a person in mourning would experience some kind of sensory hallucination. This is because, as has been mentioned previously, loss creates a hole in the real, or more pertinently, there is a sort of unbearable loss for a human being that provokes mourning and this is found in the real. This can be compared with the psychological structure pertaining to hallucinations, which Lacan refers to as an 'irruption of the real' (Lacan, 1966, p. 86) and can be considered an unexpected 'encounter that imposes itself from without' (Vanheule, 2011, p. 87). This idea of an imposition also links back with Freud's (1911) conception of foreclosure in the sense that a foreclosed element returns from outside. This, in turn, is reiterated by Lacan (1955-1956, p. 13) when he writes 'whatever is refused in the symbolic order...reappears in the real'. The significance here can be elucidated when considering that aspects of hallucinations are unchained signifiers that diverge from the context of signifiers they are part of, that is to say where speech is made up of signifiers linked in series, a hallucination comprises of a sudden interruption in the signifying chain (Vanheule, 2011). Indeed, it appears that loss, or more specifically death, and hallucinations both encounter and create a caesura in the real and because the real by its very definition is formulated as 'the domain of whatever subsists outside symbolisation' (Lacan, 1966, p. 388) any such hole or cut in the real, must acknowledge the effect of the symbolic mobilisation during the process of signification. Ultimately what Lacan shows by bringing together mourning and its inverse process in psychosis is a recognition of the destabilising effect that death and psychosis have on a person, which can be characterised by radical disturbances in the signifying chain and manifests as the hallucinatory experience.

### *Mourning and Anxiety.*

So far a consideration of psychoanalytic accounts commenced with the coordinates supplied by Freud in his seminal paper *Mourning and Melancholia*. This paper provided an in depth reaction to loss in terms of the loss being either conscious or unconscious. Moreover, such an account focussed on the psychical processes relating to the the very human experience of attempting to understand and live with such a loss. Moving on to post-Freudian permutations brought about the realm of Kleinian accounts of mourning, which contain the notion of ambivalence as well as mourning as a process that re-awakens a fundamental turmoil during infantile psychical development when navigating the depressive position. Furthermore, a consideration of a Lacanian account of mourning has introduced the idea of desire, mourning and loss along with the formation and permutations of desire being constitutive of subjectivity. What becomes painfully apparent when considering such psychoanalytic approaches to loss is the dearth of these fundamental issues within current approaches to depression, which focus on simplistic observational descriptions of phenomenological surface features and dubious brain biochemistry.

As a brief synopsis, a Lacanian account of mourning has established a delicate complexity of the mourning process, which takes into account desire and its relation to subjectivity, the Oedipus complex as a metaphor as well as Shakespeare's longest and arguably most influential tragedies in English literature as a way of elucidating mourning and the complexity of the human experience in relation to loss. Lacan also enables a navigation of mourning in relation to its inverse structure, that of psychosis to allow for a lucid account for the psychical processes that underpin the structures in relation to and in consideration with the concept of *Verwerfung*. What becomes apparent here, aside from the rich account of loss and subjectivity that Lacan provides and the distinct lacking of such an account in the current medical model of the ubiquitous construct of depression, is that from a Lacanian perspective there is always an inherent unfolding of ideas, which reflects a multifaceted, complex and at times contradictory account of any topic considered. This is very much

apparent when Lacan considers mourning as all hitherto discussion is certainly not his last word on the matter. A further detailed account with more meticulous permutations of mourning is explicated by Lacan in the seminar on anxiety (Lacan, 1962-1963) and will now be discussed to provide a thorough account of his unfolding, ever-exhaustive and inimitable deliberation of the topic.

Lacan's conception of mourning within the seminar on Anxiety (Lacan, 1962-1963) can be considered some of the most innovative writing on the topic. What follows here is a brief explication and consideration for Lacan's key points from the seminar. The main focus is the reconceptualization of anxiety as a lack of a lack, particularly in relation to his construction of *objet petit a* as object cause of desire. Furthermore, it is during this seminar that Lacan puts forward a visionary upheaval of the more ubiquitous conceptualisations of mourning, which pertain to an individual dealing with loss and, as such are characterised by a negotiation with the fact that where there was previously a presence, an absence is apparent. In contradistinction to this view, Lacan argues that much of what is being mourned is a lack in the Other, which any love relation is permeated by. To begin with, a consideration of Lacan's account here alludes to the idea of a subject's relation to the lack in the Other. In seminar X Lacan states:

'Freud tells us about mourning as identification with the lost object. It is not an adequate definition of mourning. We are only in mourning about someone of whom we can say "I was his lack (j'étais son manque)". We mourn people that we have either well or badly treated and vis-a-vis whom we do not know whether we fulfill this function of being at the place of their lack' (Lacan, 1962-1963, p. 125-126).

One of the more outstanding aspects of the above quotation to consider is the statement 'j'étais son manque'. It is my view that an elucidation of this dictum will go some way to help with a useful reconceptualization of the mourning process. The most salient point that Leader (2003) brings to attention is that when Lacan remarked that we can only mourn someone, whom we can say I was their lack, it alerts us to an implication of how we conceive ourselves in

relation to the Other. More succinctly, what are we for the Other? Leader (2008) argues that 'being someone's lack means that they have projected their own sense of lack onto you...they love you' (p. 162). This particular point relates to the idea of loving those who appear to have something that we do not. From this idea then an aspect of the mourning process involves 'mourning the imaginary object that we were for the Other' (Leader, 2008, p. 162). This paraphrases and follows on from what Lacan asserts in the seminar on anxiety when he writes:

'What we give in love, is essentially what we do not have and, when what we do not have returns to us, there is undoubtedly a regression and at the same time a revelation of the way in which we have failed the person (*manque a la personne*) in representing his lack' (p. 126).

It is necessary to note that for any thorough understanding of Lacan's concept of lack to take place, it is imperative to recognise that lack is always related to desire. Strictly speaking, for Lacan, it is always a lack that enables desire to arise (Lacan, 1960-1961) and lack is first and foremost a lack of being and summed up in seminar II with the words 'desire is a relation of being to lack. The lack is a lack of being properly speaking' (1954-1955, p. 223). A critical point from the above quotations emphasises the radical reconceptualization of the mourning process. The idea of lack only occurring after death alludes to the idea of the other being a constituted presence that is subsequently absent after death. Such a view, which supports the classical assertion 'what it is, is that he was everything to me' (Harari, 2001, p. 109) is turned on its head by Lacan's conception of a mourning subject. For Lacan being a person is entangled with a lack in the other before the death in the sense that there is a relation to the lack in the other that is the *sine qua non* of the love relation, which is implied by the grief. To put this another way, what the Other seeks in the subject is the Other's own lack, thus when someone mourns a person who was loved, that person no longer implies the subject as lack, that is to say 'mourning occurs precisely because the subject for whom one is the lack is lost' (Harari, 2001, p. 109).

The implication of the aforementioned idea that a person can only mourn someone who they can say 'I was their lack' brings about the idea that the mourning process involves a dialectic of desire. For Lacan, if desire is entwined with the desire of the Other then the mourning process would appear to signify the extent to which a person's own being and their desire is related and, indeed, constituted around the implied lack within the Other. That is to say the question of what we are for the Other is raised. Boothby (2013) argues that such a consideration results in a disruption of the *objet petit a* within the dialectic of desire. Boothby (2013) argues that

'In the moment of death, the little a that had been localized in the beloved other collapses. The ensuing crisis tends either to pitch the grieving subject into stultifying thrall with the image of the other or to invite a potentially fatal identification of the subject with the objet a' (p. 213).

What Boothby (2013) refers to here is Lacan's conception of the object being behind desire as opposed to the object being out in front of desire (Lacan, 1962-1963). Such a modification of view seems to allow a consideration of mourning as a recoil from desire, as previously discussed, in terms of a crisis in the cause of desire, whereby desire fails to be mobilised. This view can be linked back to Hamlet and Lacan's discussion in Seminar VI where the primary issue relates to mourning and the object of desire being constituted whereby the reintegration of the *objet petit a* is achieved but the cost of such an achievement is mourning and death (Lacan, 1958-1959). What appears to be a somewhat confusing explication of mourning is elucidated further by Lacan when he argues that the price of mourning and death is in relation to the idea of the object of Hamlet's desire becoming an impossible object and thus, the object of his desire. This is because impossibility is at the heart of the object of desire as it is formulated through the negotiation with the imaginary phallus and thus becomes an unobtainable object (Lacan, 1958-1959).

It can be helpful here to consider Lacan's discussion of mourning within the seminar of anxiety, which exemplifies the importance of the *objet petit a* in the mourning process. Firstly though, it is important to outline that, for Lacan and in

contradistinction to Freud and Heidegger, who outlined that fear has a specific object whereas anxiety does not (Evans, 1996), anxiety is 'not without an object' (n'est pas sans objet) (Lacan, 1962-1963, p. 143). It is just that the object in question is different as it cannot be symbolised like other objects and is known as the *objet petit a* or the object cause of desire. As Evans (1996) points out that according to Lacan, anxiety arises when something appears in the place of this 'object'. What Lacan is able to introduce, conceptually, in this seminar is the relationship, or more pertinently, the structural similarity between anxiety and mourning. What can be considered through a definition of anxiety, from a Lacanian perspective that is outlined in seminar X, is that anxiety is related to the concept of lack. As previously mentioned, desire arises from a lack of being, on a fundamental, psychoanalytical level, and for Lacan anxiety appears when this lack is lacking, that is to say anxiety is the lack of a lack. During this seminar Lacan also asserts that anxiety arises when the subject is confronted by the desire of the Other and does not know what object he actually is for that desire (Evans, 1996).

It is within this context that Lacan's radical reconceptualization of mourning begins to materialise. When Lacan writes 'I was their lack' it is precisely such an overturning of standard views of mourning with profound grief being due to the absence where there was previously a presence. As Boothby (2013) points out, for Lacan, what is mourned is precisely the lack in the other. The mourning taking place is not for what was there, but rather what was not, which Boothby (2013) beautifully encapsulates by saying:

'The decisive thing that I find in the other, the point at which love binds me most profoundly to the other, is the moment of non-being, the empty, absent, missing encounter that was already there in the other before death. What death steals from me, it seems, is precisely the lack. Death wounds love most profoundly by closing the open space of lack' (p. 213).

If such a view is taken forward and as encapsulated by Harari (2001) who also pointed out that in mourning there is a 'lack that the subject constituted for the one who died' (p. 109), or more succinctly, in mourning there is a loss of the

lack in the Other, the question remains as to what constitutes the reintegration of the object cause of desire? To begin answering this question it is necessary to briefly consider the differences in Freud and Lacan's account of mourning. For Freud, the subject in mourning must separate itself from the object loss through an accessing of the lost object in all its varying representations, whereby the multitude of facets are accounted for in terms of our memories, hopes and thoughts about the lost object with the fundamental point being a withdrawal of libidinal investment and ultimately killing the dead, which is reinforced by a letter to Ernest Jones in which Freud writes:

'I envisage that, in each individual case, one then has the choice of dying oneself or of acknowledging the death of the loved one, which again comes very close to your expression that one kills this person' (Paskauskas, 1993, p. 652-653).

In contradistinction to this account, Lacan professes to resurrecting links, not so much to the lost object, but rather to the *objet petit a*. There is an aim to connect specifically to the lack instead. Lacan states:

'Does the work of mourning not appear to us, in a light that is at once identical and contrary, as the work which is done to maintain, to sustain all these links in detail. It is this link that must be restored with the fundamental object, the masked object, the object *o*, the veritable object of the relationship, for which subsequently a substitute may be provided which will not have, when all is said and done, any more importance than the one who first occupied the place' (1962-1963, p. 310-311).

From here, it is clear that Lacan argues the work of mourning restores desire by reintegration of the *objet petit a* through a reorientation of the subject towards the lack. Far from lack being the cause of grief, mourning appears to be subjugated by too much presence (Boothby, 2013), which in turn ties in with mourning being discussed within the seminar on anxiety. This is because Lacan refers to anxiety being provoked not by absence but by there being no possibility of absence, that is to say an ever present presence. The

consequences of there being no chance of absence, or more specifically, an ever-presence of the lost object, of death, can be outlined when taking into account Lacan's view of melancholia. As Leader (2003) points out, if an aspect of mourning means that the subject has to mourn the imaginary object that they were for the Other, it is through the omnipresent image of the Other that melancholia arises as will now be discussed further.

### *Melancholia and Lacan.*

In melancholia it would seem that the aforementioned omnipresent image of the dead is what is apparent for melancholia to materialise. According to Lacan, melancholia arises when the idealised image of the other fills the space of the *objet petit a*. If we consider the fundamental Lacanian idea of what it means to be a subject and the effect of 'coming into being', it may help pave the way for our understanding of melancholia. When the subject enters language, through symbolic castration, the subject becomes a speaking being and is constituted by a primordial loss, that cannot be filled and relates to the idea of a lack marking both the subject and the Other. Thus, when we mourn the loss of someone it is because we view ourselves to be their lack, i.e viewing oneself as the object cause of desire for the Other is one particular way that the subject deals with such an inherent lack (Salecl, 2004). Moreover, for Salecl (2004) the fundamental aspect of the object cause of desire is that it always lacks, as such it is a lack in itself. The point Salecl is making here is that in melancholia the lack of an object is actually perceived as the loss of an object, with a continuation of a narcissistic identification for the lost object. This point further supports Lacan's (1962-1963) view when he states that:

'the problem of mourning is that of the persistence of what? The bonds by which desire is suspended, not at all on the object (a), but on i(a), through which every love, in so far as this term implies the idealised dimension that I have spoken of, is structured narcissistically' (P. 311).

Moreover, what we can further infer from Lacan's above quotation is that, from a structural point of view, when mourning goes 'wrong' or when mourning is problematic it can result in melancholia when the 'axis on which the subject is related to *object petit a* is replaced by that between the ego and the image of the other' (Boothby, 2013, p. 218). It is such an identification that draws the main comparison between mourning and melancholia. As noted earlier with Freud, if in the work of mourning we can argue that a person is killing the dead, in melancholia there is a sense that one is dying with the dead, which is poetically articulated by Quinet (2002) who writes that 'the melancholy subject...is led to delusions of ruin, the denial of his organs and to the impression that he is a living corpse' (p. 5). It appears that in melancholia, from a Lacanian explication, there is a constant re-projecting of the image of the dead, (or the *i(a)*). Identification is persistent with the lost object whereby a shadowy apparition haunts the melancholic to the extent that the dead become vividly present, perhaps even more so than when they were alive. The melancholic is subjugated by the dead's omnipresence (Boothby, 2013).

An important question circulates around the implication of such an existence. Exactly what does 'dying with the dead' and 'being a living corpse' entail? It appears that these concepts resonate fiercely with Leader's (2003) observation that in melancholia a split existence is described because dying with the dead means that the dead cannot be relinquished. The split existence noted consists of the melancholic inhabiting two separate worlds; the world of the living, society at large and the world of the dead, characterised by solitude and desolation for the subject. The two worlds inhabited by the melancholic encapsulate the unbearable impossibility, which characterises the experience (Chung, 2010). It seems that the two worlds cannot coincide and thus Leader (2003) attempts to posit the process involved for the melancholic who is unable to express this experience. Leader (2003) argues that the idea of self-reproach in melancholia is important here. This is because the melancholic will heap a barrage of criticism on himself for not being able to explain the exact nature of what it is that is attempted to be expressed. The cruel irony being that such an expression is constituted by an inherent impossibility anyway. The melancholic, who is effectively in limbo between the world of the living and the world of the

dead reproaches himself for being unable to encapsulate this through language. As such, the fundamental issue that arises pertains to the fact that there is an 'impossibility of making words touch their referent' (Leader, 2003, p. 32-33). A consequence of words not being able to touch their referent is that a melancholic may choose to act in 'violent or self-destructive actions' in order to demonstrate 'what the real issue is' (Leader, 2008, p. 193).

It is useful to note here that what Leader (2008) seems to be alluding to is the idea of what Lacan calls the passage to the act (*passage á l'acte*) (Lacan, 1962-1963). To explain this further a brief consideration of *passage á l'acte* will be explicated. Lacan (1962-1963) conceives this term as a last resort against anxiety and more pertinently for the melancholic, it is an exit from the Other into the register of the real. To put this another way the *passage á l'acte* is a withdrawal from the symbolic network whereby there is a closure of the subject and at this point the subject becomes a pure object (Evans, 1996). This seems to resonate with melancholia in a number of different ways. One such way pertains to the subject becoming a pure object, which echoes the idea of the subject who identifies so intensely with the object that they die with them, unable to relinquish their hold and remaining faithful to the lost object, thus refusing to surrender the attachment (Žizek, 2000). This is further reiterated by Gondim (2009) who states that melancholia corresponds to a 'void in the symbolic' (p. 1), which goes some way to consider suicide as a way to leave a 'mark in the world, in the presence of an absence' (p.1) and in an effort to find meaning a 'fatal exit towards life, the act has no sequence as it cannot be recalled by a signification, which is what psychoanalysis calls *passage á l'acte*' (Gondim, 2009, p. 1). Gondim's (2009) above supposition that melancholia corresponds to a void in the symbolic appears to resonate significantly with Leader's (2003) view that in melancholia, there is an impossibility of making words touch their referent.

For Lacan, *passage á l'acte* such as suicide is the subject choosing to portray the nothingness that it incarnates (Lacan, 1962-1963), which Gondim (2009) exquisitely paraphrases when she writes:

‘Passage to the act can be regarded as an attempt made by the subject to perform symbolic castration in real life, a parting from the Other. Such separation produces a barrier in the Other, a barrier made real by the subject who, then, falls like the object itself. Therefore, it means an attempt to give meaning without words. The act takes over the word’ (p. 1).

Moreover, from a Lacanian perspective an elucidation as to why a *passage á l’acte* such as suicide takes places is because of the precipitating factor pertaining to the subject not being able to use the signifier as a *point de capiton* in the Other with the danger being that the omnipresent image turns, unbearably, in to the real (Vanheule, 2001). Moreover, Lacan also seems to allude to the idea that there is sometimes a structural disposition to suicide for the melancholic. Such peril dwells in the melancholic tending towards an identification with the *objet petit a*. Unfortunately for the melancholic subject the frame of fantasy that maintains desire collapses when the *objet petit a* is no longer locatable in the other. It is precisely at this moment that the subject is hastened into a *passage á l’acte* because the subject takes the place of the lack. This is encapsulated when Lacan (1962-1963) says:

‘since this object o is usually masked behind the i(o) of narcissism, that the i(o) of narcissism is there so that, at the fourth level, the o should be masked, miscognised in its essence, this is what makes it necessary for the melancholic to pass, as I might say, through his own image, and to attack it first in order to reach in this object o, which transcends it, the thing whose control escapes him, the thing whose collapse will lead him into precipitation, suicide...’ (p. 311).

A coalescence of some of these ideas discussed pertaining to *passage á l’acte*, the void in the symbolic and the impossibility of words touching their referent is encapsulated by Quinet (2002) who iterates that in melancholia the subject withdraws from the signifying chain and identifies with the lost object and goes on to contextualise this aphorism in relation to Freud and the death drive. In *Beyond the Pleasure Principle* Freud (1920) distinguished between life drives (eros), which consist of a tendency towards unity and cohesion with death

drives, which operate antagonistically by undoing connections and destroying. Freud (1920) posits that these drives are not found by themselves and always co-exist at the same time, just in different proportions, that is to say they are always connected except in melancholia. It is in melancholia that 'the pure culture of the death drive is found' (Quinet, 2002, p.8). Quinet (2002) goes on to posit that in melancholia the unconscious, which is constructed in Lacanian terms as the unconscious that is structured like a language and where signifiers or representations of drives can be found, is rejected. Thus the subject is excluded from the signifying chain and finds himself in the most authentic void. Quinet (2002) supposes that if the subject is not captured within the signifying chain, presented here as the representations of the unconscious, then one could infer that the subject must be placed in the structures opposite extremity, namely, the real of the drive. Quinet (2002) posits that the real of the drive is the place where:

'the lost object whose shadow, according to Freud, fell upon the subject. This is the black sun of melancholy: the subject has replaced object *a*, the refuse (or waste) of discourse and the affect related to this recoil is the loss of the strength of existing, the loss of *conatus*' (p. 8).

This idea of the recoil mentioned above being the loss of strength of existing certainly appears to acquiesce with the aforementioned idea of the melancholic dying with the dead. However, what is more pertinent is the adroit way in which Quinet (2002) brings our attention the Freudian death drive. Freud (1930) clarified that the death drive in itself is actually silent. Although this, again, resonates with Leader's (2003) aforementioned words not finding there referent, it also alludes to the structural positioning of the melancholic. That is to say, the melancholic recoils from desire and retreats to the silence of the death drive characterised by an inert apathy not too dissimilar to the melancholic subject who was earlier discussed trying to straddle two worlds (world of the living and world of the dead): the living corpse.

The significance of the melancholic experiencing two separate worlds that cannot be brought together is made worrying clear when considered in relation

to the ubiquitous use of depression, which encompasses a semantic spectrum that is so vast, it is practically rendered meaningless. This is particularly the case when the term depression is used in current mental health contexts as a blanket diagnosis that does not appear to take in to account the intricate details of the complexity of a person's psychic life. An example of this is the impossibility the melancholic experiences trying to co-exist in two worlds that are incompatible. Often, psychiatrists who recognise that a 'depressed' person and their loss are inextricably linked may be encouraged to make them mourn their loss to start a grieving process as a treatment paradigm. The very real danger here, as Leader (2003) points out, is that such an attempt to make the person mourn may just increase their inescapable sense of impossibility. The psychiatrist may be unwittingly emphasising one of the melancholics world over the other, which in turn may lead to the previously discussed violent and destructive acts. Moreover, this could also be considered alongside a discussion with the overuse of medication, particularly the antidepressants, which could, arguably, attempt to drag the melancholic too rapidly from the world of the dead and into the world of the living (Chung, 2010). Such an act may then neglect to take into account the melancholic's sense of impossibility in ascertaining the meaning of such a loss. The main point being made here is that current trends in contemporary mainstream diagnosis and treatment may risk treating a melancholic as someone in mourning. However, it is precisely through a psychoanalytic approach that a necessary distinction can be made in order to acknowledge the complex differences between the two constructs, which may appear as superficially similar on the surface level, though elusively subtle differences can be unravelled through a psychoanalytic consideration.

Leader (2008) goes on to elucidate the key differences of mourning and melancholia just as eruditely. He posits the somewhat oxymoronic quality of a mourning melancholic when he writes:

'Mourning... involves a process of constituting the object. The mourner must constitute his object by separating the empty place of the fundamentally lost object from the images of the people who go into it. But the melancholic is faced with a difficulty here for the precise reason that there is no difference

for him between the object and the place it occupies. It is as if a real empirical object like a person has come to embody the dimension of lack' (p.193)

Moreover, according to Leader (2008), an additional facet to consider here is that it is not so much the case of different lost objects (or specifically people) who are entering the place of the lack, so much as it is one person being totally identified with the lack, thus, for Leader (2008), that is why losing them is fundamentally identical to losing everything and to follow on from this:

'This means that the loss of the loved person is experienced as an unbearable hole, which threatens to engulf them at all times. The melancholic here is attached less to the one they have lost than to the loss itself. Lack now becomes the hole rather than a source of possibilities' (p.193).

A striking feature that seems to become apparent here is that there is a constitutional loss that appears to only be recognised in relation to the risk of losing their place of being. This seems to go some way to explain why trying to make a subject of melancholia mourn is a dangerous method because it is as if the melancholic is being made to hold on to their loss in an even more desperate fashion (Chung, 2010). Moreover, such a reconsideration for the constitutional loss component of melancholia enables a fuller consideration for the melancholics sense of impossibility. This is because, at a core level, melancholia involves an issue when entering the symbolic world, which is to say, when a person is symbolically castrated, viz, they enter language. Leader (2008) defines the melancholic's issue as the symbolic register (in Lacanian terms) not being there to situate them, thus all that is left for the melancholic is his own image, which is 'unanchored and unchained, left at the mercy of the very real Other rather than the symbolic' (p. 186). Following on from this Leader (2008) alludes to there being no stable way in which the melancholic can situate themselves in relation to the Other, which does not allow any verification of ideals pertaining to the individual whereby they could access positive feelings about themselves, hence feelings of dejection, condemnation, and futility are apparent for the melancholic coupled with an identification with the dead that

appears to be the crux of melancholia (Leader, 2008). Furthermore, it is also as if the subject of melancholia dies with the dead in the sense that their lost object is concealed in their psyche. The lost object, or identified dead cannot be given up because without the lost object the melancholic would be at the mercy of something truly brutal. Thus, for Leader (2008) there is a sense in which melancholia could be viewed as a 'defence against the state of being a pure object open to every attack of an unloving world' (p. 186).

### *Melancholia and Language.*

A fundamental consideration, which should hopefully be apparent when viewing melancholia in relation to problematizing the entrance to the symbolic register, is that, essentially, there is a problem with language in the Lacanian sense of the construct, which views language as a living, breathing entity that is independent of and human subject. Speaking, social-symbolic beings do not just use language as a tool; they are also used by and duped by language (Fink, 1995). It is precisely this line of thinking that refers back to the aforementioned idea of the impossibility of words not being able to touch their referent. The significance of such an idea can be viewed in relation to melancholia and self-denigration whereby Leader (2003) posits that the self-vilification stems from a sense of 'not being worthy of doing some duty, which...is linked to a duty of speaking properly about the lost love object and their relation to it' (p.32).

The idea pertaining to a duty of speaking properly is particularly significant in Lacanian circles as Lacan himself describes depression as sadness being a moral lack that is unable to achieve the ethical duty to be Well-spoken (Lacan, 1990). It is worth dwelling on this observation by Lacan to allow the polysemous textures of the melancholic landscape to be navigated. Quinet (2002) argues that Lacan's interpretation of sadness relates to the aforementioned silence in melancholia, consisting of retreating from the socio-symbolic world of the living and seeking a reprieve in the solitary world of reticence and isolation. Quinet (2002) considers this state for the subject to be a way of separating oneself from 'the Other of desire, from the Other of love and even from the Other of the

unconscious' (p. 5). This follows on from Lacan (1990) who untangles the concept of sadness to reveal a double moral lack whereby the subject has not only given up on their desire, they have also not achieved the ethical duty of being Well-spoken. The significance of the double moral lack surfaces with the feelings of guilt in melancholia due to 'the superego taking up the position of command and sadistically punishing the subject' (Quinet, 2002, p. 5). The superego here can be understood in terms of its paradoxical relationship with the Law (from a Lacanian point of view the Law crosses over significantly with the work of Claude Levi-Strauss, see Levi-Strauss, 1951). Lacan (1953-1954) argues that the superego is an imperative, with a tyrannical nature that is simultaneously both the Law and its destruction. The Law in this sense can be viewed as the 'symbolic structure which regulates subjectivity and prevents its disintegration' (Evans, 1996, p. 200). When anchoring melancholia within this context we can go on to bring in the comparison between desire and *jouissance* in relation to melancholia. Quinet (2002) restates that, in Lacanian terms, desire belongs to the linguistic pulses of the unconscious whereas sadness belongs to the sphere of *jouissance*, which is located beyond the pleasure principle 'where the dimension of Dante's hell opens up' (p. 5). At this point it is important to remember that the pleasure principle functions as a protective force that necessarily operates to distance the subject from *das Ding*. *Das Ding* can be defined as the unobtainable, absolute Other for the subject that is prohibited and 'symptomatic of an absence which would entail an unbearable trauma were it to be encountered' (Neill, 2011, p. 85). It is precisely the point of the pleasure principle functioning similarly as the Law that enables an explication of the melancholic experience. Neill (2011) posits that *das Ding* is, at the same time, a supposition of the Law which would engender desire as well as serving as a function that renders *das Ding* unattainable. Moreover, despite the impossibility of attaining *das Ding* due to it being situated in the real, there is a paradox that is apparent because the Law is introducing a cause of desire that, if reached, would effectively mean the death of the subject. In addition such an impossibility keeps the distance between the subject and *das Ding* maintained at a bearable level that allows the subject's desire to keep its course without ever reaching its referent (Neill, 2011). The problem for the melancholic is that when going beyond the pleasure principle the unbearable trauma, or Dante's Hell, is opened

up for the subject. This is because beyond the pleasure principle the subject encounters *jouissance* that enables the revelation of the subject's position as an object engendered by sadness. The subject is 'cast aside by the representation of the signifier and displaced from its chain of desire' (Quinet, 2002, p. 7).

To consider this idea another way, it seems that in melancholia, there is an identification by the subject with the object of *jouissance* that engulfs the subject. In melancholia, the subject is 'petrified into this position as the waste or refuse of the symbolic other' (Quinet, 2003, p. 9). This position is elucidated in *Black Sun* where Julia Kristeva (1989) regards melancholia as an experience of an 'abyss of despair, not knowing how to lose' and being 'unable to find a valid compensation for loss'. For Quinet (2002) it is precisely being petrified by *jouissance* that the subject has no desire leading to a state of inertia and, just as significantly, at this point the subject has no reason to speak. Quinet (2002) posits that this is because the melancholic does not have any representation in the other, which in turn, can lead to the previously discussed self-reproaches and self-denigration and an appealing yield to the death drive is notable, located, once again, beyond the pleasure principle. Therefore, when this is considered along with the pleasure principle in terms of being defined as 'nothing else than the dominance of the signifier' (Lacan, 1959-1960, p. 134) the subject not undertaking the ethical duty to be Well-spoken can be seen to have dire consequences, namely, to die with the dead in an inert state of isolation and desolation.

To make these points coalesce, a Lacanian account of melancholia and its relationship to subjectivity can be considered. Neill (2011) points out that for Lacan, the distance between *das Ding* and the subject provided by the Law is 'the same distance which allows the possibility of subjective emergence in language' (p. 89). From here we can then understand that the Law, in its permutation relating to *jouissance* and *das Ding*, enables the subject to preserve its subject position within the socio-symbolic order. This is because if *jouissance* via *das Ding* were obtained, though logically impossible in Lacanian theory, it would eliminate the 'possibility of the subjective position' (Neill, 2011,

p. 89). However, it is precisely in melancholia that the subject recoils from the signifying chain.

In addition in melancholia the subject renounces desire which is linked to language and the subject's relation to the signifier, thus it could be argued that losing one's subjective position could be viewed as that which Lacan describes as the pain of existing when referring to sadness (Lacan, 1990). Therefore going beyond the pleasure principle appears to lead to an opening up of an unbearable trauma for the melancholic, the pain of existing that hinders the possibility of subjective emergence in language. Conversely, it is precisely because of and through language that the melancholics find themselves in the position they do, outside the symbolic and closer to the unsymbolisable real and yet it is through language that the melancholic can seek a way to live, as Kristeva (1989) posits, with ambiguity. Lacan's dictum that there is an ethical duty of being Well-spoken appears to relate to an orientation of the unconscious for the subject, that is to say, a deciphering of what exactly is determining desire is precisely what it means to achieve the ethical duty of being Well-spoken (Quinet, 2002).

By reconceptualising melancholia through a Lacanian lens and ultimately recognising the link between the subject and signifier as well as desire and its links with language, we are able to recognise the rich textures a psychoanalytic account provides for the experience of melancholia. It is against this backdrop that a Lacanian account is able to provide a sensitive consideration of traversing melancholia. This is because a Lacanian approach does not try to erase or mask pain, rather it recognises that humans are enmeshed in language and links to the unconscious whereby a person can never be transparent to themselves, thus a psychoanalytic approach enables a recognition and relationship to form with the impasses and impossibility a person must endure 'when his relationship with language and truth is too hampered' (Gueguen, 2008, p. 10). Moreover, such an approach moves away from the simplistic unified version of self and embraces the possibility of complexity, contradictions and the pain of existing being fundamental to human subjectivity.

## Conclusion

In conclusion the main focus of this thesis was an attempt to reconceptualise contemporary approaches to the construction of depression through a Lacanian lens, which enabled a detailed traversing of the construction and mobilisation of subjectivity in relation to the depression experience. This was achieved through a contextualisation the *cogito* in relation to mainstream psychology and dominant paradigms of mental health research. It was argued that the traditional, western view of self, which purports one centralised thinker and defines a person in terms of their thoughts, whilst simultaneously making a clear advocacy of dualism, that is, a distinction between inside (self) and outside (non-self), is what outlines the Cartesian view of self (Hook, 2004). Furthermore, this appears to be both the philosophical antecedent and basis for dominant psychological approaches, namely cognitivism and its therapeutic progeny, Cognitive Behavioural Therapy (CBT). What materialised was that such an approach to subjectivity is fundamentally flawed and could be critiqued from a Lacanian perspective, which was found to situate the Cartesian subject as a false being. The Cartesian subject was noted to correspond with the 'conscious sense of agency, which is a mere illusion produced by the ego' (Evans, 1996, p. 195). In this sense, the Cartesian subject, which is the foundation of mainstream psychology and imperative in current mental health accounts of what it means to be a subject, only tells half the story. What materialised from this research is that it is precisely a psychoanalytic account and specifically that of Lacan's conceptualisation of subjectivity which enables a recognition of the complexity of the subjective experience by framing the question of subjectivity in relation to the three registers, namely, the imaginary, the symbolic and the real. Therefore, an over-reliance of a conscious sense of agency appears to render any approach to mental health doomed to failure because the polysemous textures a Lacanian approach provides cannot be encapsulated by the minimalist parameters of current approaches to depression and subjectivity, that is to say, the implication of a rigorous critique of the

unified, rational Cartesian subject, relocates the boundaries of what it means to emerge in subjectivity. Thus, what is offered here in terms of progress is an initial critique of the fundamental philosophical flaws that underpin mainstream psychology, which in turn allows for a conceptual space to open up to discuss the potential impact and consideration of alternative epistemological standpoints being embraced during future research.

A further theme to emerge from this theoretical research project was the dominance of the medical model attempting to construct depression in such a way that a person is reduced to neuro-biological accounts of brain bio-chemistry, which enables the use of anti-depressants as the automatic treatment paradigm, thus neglecting the subjects own implication in their depressive state. Moreover, the medicalization of depression appears to render a reciprocally beneficial relationship between the depressed individual and the large pharmaceutical companies that manufacture the antidepressants. It is precisely because we live in an age where there is no longer room for the complexity and contradiction at the heart of human life an emphasis on providing an easy, quick solution, or more appropriately masking materialises. Thus it would seem a label and a quick solution in pill form is generally more appealing than an exploration of an existential crisis, disillusionment and consideration of the pain of existing.

By exploring and in turn reconsidering depression through a psychoanalytic lens, key insights were established, which could have profound effects for the conceptualisation of depression. By initially considering a Freudian account, which moved away from current definitions of depression which emphasise surface features of observable behaviours and dubious bio-chemistry, depression was reconsidered in terms of mourning and melancholia. This enabled a consideration for the delicate psychical processes involved which situate mourning as a conscious endeavour and melancholia within the sphere of the unconscious and emphasised the importance of moving away from a blanket approach, whereby depression encompasses everything. In its current form depression is so ubiquitous that it is practically rendered meaningless. Moreover, discussion utilising a Lacanian approach to outline the fundamental

differences between mourning and melancholia, particularly in relation to *passage á l'acte* demonstrates the necessity of unravelling the subtle, psychical differences between the two phenomena. This is due to the potentially catastrophic outcome of unwittingly assuming a melancholic is a person in mourning and attempting to make them behave as such. The subtleties apparent within a psychoanalytical framework appear to be lost with current approaches, which work at the intersection of biology and cognitive psychology.

A further consideration became apparent when acknowledging Freud's work as a foothold to consider post-Freudian accounts of mourning and melancholia. A brief detour through a small, yet informative Kleinian account of the idea of mourning showed the potential for reappraisal in the sense that there is scope to extend the concept. Indeed, from a Kleinian perspective ambivalence is very much apparent in mourning and, moreover, the concept of the depressive position is not considered so much a pathology, rather it is a core aspect of infantile development and psychotherapeutic transformation. Klein's work led neatly on to the main body of work to reconsider depression and subjectivity, namely Jacques Lacan. For Lacan, then, any discussion of loss and mourning must include an entwined consideration of desire and fundamentally a nascent form of loss, which initiates subjectivity and can be neatly reiterated through Spinoza who Lacan follows on this point 'desire is the essence of man'. The significance of such a quote posits the research finding that a psychoanalytic perspective, ultimately allows for a consideration of depression, or more accurately loss to be thought about as something that is inherent to subjectivity, not something that should be masked and hidden behind the effects of an antidepressant. There appears to be a constitutive component to the depressive experience in relation to subjectivity, which is encapsulated beautifully by Bob Dylan's notion that we are *tangled up in blue*.

A Lacanian account enabled a considerably detailed approach to be negotiated that exemplifies the necessity of exploring the complexity involved in the psychical processes pertaining to mourning and melancholia. Mourning can be considered in terms of desire and loss and was found to be constitutive to subjectivity. Moreover, through a reading of Shakespeare's Hamlet, mourning

was placed in relation to a dissolution of the Oedipus complex with subjective loss requiring symbolisation, which is something that would be incredibly difficult within current medical and pharmaceutical approaches to depression in terms of diagnosis and treatment. Thus, a Lacanian account of mourning has established a delicate complexity of the mourning process, which takes into account desire and its relation to subjectivity, the Oedipus complex as a metaphor as well as Shakespeare's longest and arguably most influential tragedies in English literature as a way to elucidate mourning and the complexity of the human experience in relation to loss. In addition a Lacanian approach to mourning highlights the inverse consideration of common sense views of loss, namely, mourning the lack where there has previously been a presence. In contrast, for Lacan, mourning, in relation to anxiety, pertains to mourning the lack of an absence. For Freud, mourning entailed the pain-staking work of decathecting from the lost object, but for Lacan, mourning involves resurrecting links, not with the lost object, per se, rather with the *objet petit a*, which allows for a reorientation of the subject towards their lack.

A Lacanian account of melancholia showed that when going beyond the pleasure principle the unbearable trauma, or Dante's Hell opens up for the subject. This is because beyond the pleasure principle the subject encounters *jouissance* that enables the revelation of the subject's position as an object engendered by sadness. The subject is cast aside by the representation of the signifier and displaced from its chain of desire. Specifically, it was noted that sadness belonged to the sphere of *jouissance*, characterised as a petrified state of desolation and inertia. From this it was theoretically postulated that a psychoanalytic account of depression is imperative as it allows the subject a way out of sadness that is logical in relation to how such sadness materialised. Rather than focusing on masking symptoms and constructing the experience of depression in terms of dubious brain bio-chemistry, a Lacanian psychoanalytic account attempts to situate the problem as a subject's relation to language and ultimately, the signifier. This is supported by Leader (2003) who points out that the subject must be allowed to find the signifiers to index the impossibility of making words touch their referent. Thus, rather than suffer the sadness the subject will desire to know, decipher and articulate himself, thus finding an

ethical framework which consists of a desire to exist and is precisely what it means to adhere to the ethical duty of being Well-spoken. Quinet (2002) neatly sums this up acknowledging that for Lacan, desire is linked to language and to accomplish the ethical duty of being Well-spoken the subject has to be orientated to the structure that engenders desire. That is to say the true antidepressant is desire itself (Quinet, 2002, p. 3).

A further consideration of this thesis pertains to future research. This research endeavour, by providing the theoretical space to discuss alternative approaches to depression and subjectivity, could hopefully allow for future research which expands the conceptual parameters located here to try and challenge the mainstream, overarching discourses pertaining to depression, which have been shown to be lacking and problematic. Moreover, the hope for this critical thesis is to extend the project in the future from a Masters by Research to a doctorate thesis. This is because it is felt that the work here provides the necessary theoretical foundations to expand the piece of writing from critical theory to an applied PhD thesis. The work itself, in terms of content and theoretical positioning, lends itself to a discourse analytic approach and would be situated at the intersection of a practical mental health experience and critically discursive approaches, which augment our understanding of the psychological and philosophical processes underpinning such an experience: where critical theory meets critical praxis.

## References:

Aristotle (2006). *Problemata in different times and tongues*. Leuven: Leuven University Press.

Auden, W.H. (1947). *Age of anxiety: a baroque eclogue*. New York: Random House.

Bateman, A. & Holmes, J. (1995). *Introduction to Psychoanalysis: contemporary theory and practice*. London: Routledge.

Beck, A. T. (1976). *Cognitive Therapy and Emotional Disorders*. New York: International University Press.

Bentall, R. (2003). *Madness Explained: Psychosis and Human Nature*. London: Penguin Group.

Binkley, S. (2011). Psychological Life as Enterprise: Social Practice and the Government of Neo-Liberal Interiority. *History of the Human Sciences*. 24(3), 83-102.

Boothby, R. (2013). The lost cause of mourning. *Continental Philosophical Review*. 46, 209-221.

Bowie, M. (1991). *Lacan*. Cambridge: Harvard University Press

Bradbury, M. (2001). Freud's mourning and melancholia. *Mortality*. 6(2), 212-219

Breggin, P. (1994). *Toxic psychiatry—drugs and electroconvulsive therapy: The truth and the better alternatives*. London: Harper Collins.

Bullard, A. (2002). From vastation to Prozac nation. *Transcultural Psychology*. 39(3), 267-294.

Burkitt, I. (2008). *Social Selves. Theory of Self and Society*. Sage: London

Burr, V. (2003). *Social Constructionism*. Hove: Routledge

Callanan, M.C. (1992) 'Anxiety', in L.A. Champion and M.J. Power (eds) *Adult Psychological Problems*, London: The Falmer Press, pp. 50–69

Cottingham, J., Stoothoff, R., & Murdoch, D. (eds). (1984): *The Philosophical Writings of Descartes, Vol. II.* Cambridge, Cambridge University Press (CSM II).

Chodoff, P. (2002). The medicalization of the human condition. *Psychiatric Services*, 53(5), 627–628.

Chung, E. U. (2010). An apology for a religion of the melancholic. *Pastoral Psychology*. 59, 697-710.

Cutcliffe, J. R. & Lakeman, R. (2010) Challenging normative orthodoxies in depression: Huxley's utopia or Dante's inferno. *Archives of Psychiatric Nursing*, 24(2), 114-124.

Davies, B. (1998). Psychology's Subject: A commentary on the realism/relativism debate. In I. Parker (Ed.), *Social Constructionism, Discourse and Realism*. London: Sage.

Descartes, R. (1993/1641). Meditations I & II from *Meditations on First Philosophy*. Retrieved from Michigan State University website. Accessed on 10<sup>th</sup> September 2005. URL: [http://www.msu.org/intro/content\\_intro/texts/descartes/descartes.html](http://www.msu.org/intro/content_intro/texts/descartes/descartes.html)

Duggan, C.F. (1997). Course and outcome of depression. In A. Honig & H.M. Van Praag (eds.), *Depression*, New York: John Wiley.

Ehrenberg, A. *The weariness of the self: diagnosing the history of depression in the contemporary age*. Montreal: McGill Queens University

- Elliot, A. (2002). *Psychoanalytic theory: an introduction*. Duke University Press
- Evans, D. (1996). *An Introductory Dictionary of Lacanian Psychoanalysis*. London: Routledge.
- Falzeder, E. (ed.) (1996). *The correspondence of Sigmund Freud and Sandor Ferenczi, Volume 2, 1914-1919*. Cambridge MA-London: The Belknap press of Harvard University Press.
- Ferber, I. (2006). Melancholy Philosophy: Freud and Benjamin. *EREA*. 4(1), 66-74.
- Ferguson, H. (1995). *Melancholy and the critique of modernity: Søren Kierkegaard's religious psychology*. New York: Routledge.
- Fink, B. (1995). *The Lacanian Subject: Between Language and Jouissance*. Princeton: Princeton University Press.
- Fink, B. (2004). *Lacan to the letter*. Minneapolis: University of Minnesota Press.
- Freud, S. (1905). *Three essays on the Theory of Sexuality, Standard Edition VII, 125*.
- Freud, S. (1911). 'Psycho-analytic notes on an autobiographical account of a case of paranoia (dementia paranoides)', *Standard Edition XII, 3*.
- Freud, S. (1914). *On Narcissism: An Introduction, Standard Edition, XIV, 69*.
- Freud, S. (1917). *Mourning and Melancholia, Standard Edition XIV*. London: Hogarth Press.
- Freud, S. (1920). *Beyond the pleasure principle, Standard Edition, Vol. XVIII*. London: Hogarth Press.
- Freud, S. (1921). *Group psychology and the analysis of the ego, Standard Edition, Vol. XVIII*. London: Hogarth Press.

- Freud, S. (1923). *The ego and the id*, Standard Edition, Vol. XIX. London: Hogarth Press.
- Freud, S. (1930). *Civilisation and its discontents*. Standard Edition XXI, 59.
- Freud, S. (1973). *New Introductory Lectures on Psychoanalysis*, trans. J. Strachey. London: Penguin.
- Gergen, K. (1985). The Social Constructionist Movement in Modern Psychology. *American Psychologist*. 40(3), 266-275.
- Glynn, S. (2002). The freedom of the deconstructed postmodern subject. *Continental Philosophy Review*. 35, 61-76.
- Gondim, D. (2009). Suicide attempt in neurosis and psychosis. *International congress meeting for psychoanalysis, Buenos Aires*, 8/9/10 May, 2009.
- Good, B., Good, M.-J. and Moradi, R. (1985). The interpretation of Iranian depressive illness and dysphoric affect. In A. Kleinman and B. Good (Eds.), *Culture and depression. Studies in the anthropology and cross-cultural psychiatry of affect and disorder*. Berkeley, CA: University of California Press.
- Gueguen, P. G. (2008). The Plunge of the symptom in Hypermodernity. *Lacanian Compass*, 1(14), 5-12.
- Harari, R. (2001). *Lacan's seminar on 'Anxiety': an introduction*. New York: Other Press.
- Hassoun, J. (1997). *The Cruelty of Depression*, trans. D. Jacobson. USA: Addison-Wesley.
- Heath, G. (2002). Philosophy and Psychotherapy: conflict or co-operation? *International journal of psychotherapy*. 7(1), 13-52.
- Healy, D. (1987). Rhythm and Blues: neurochemical, neuropharmacological and neuropsychological implications of a hypothesis of circadian rhythm dysfunction in the affective disorders. *Psychopharmacology*, 93, 271-285.

- Healy, D. (1999). The three faces of anti-depressants: a critical commentary on the clinical-economic context of diagnosis. *Journal of Nervous & Mental Disease*, 187(3), 174–180.
- Hook, D. (2004). *Critical Psychology*. Lansdowne: UCD Press
- Huxley (1903) Huxley TH (1903): On Descartes' "Discourse Touching the Method of Using One's Reason Rightly and of Seeking Scientific Truth." In: *Lay Sermons, Addresses and Reviews*. London/New York, Macmillan.
- Isaacs, S. (1948). The Nature and Function of Phantasy. Reprinted in: D. E. Scharff (ed.), *Object Relations Theory and Practice: An Introduction* (pp. 321-331). New Jersey: Jason Aronson Inc. (1996).
- Jackson, S. (1986). *Melancholia and Depression: from Hippocratic times to modern times*. New haven: Yale University Press.
- Kalat, J. W. (2007). *Biological Psychology (9<sup>th</sup> ed.)*. Thomson-Wadsworth: Belmont.
- Kangas, I. (2001). Making sense of depression: Perceptions of melancholia in lay narratives. *Health*, 5(1), 76-92.
- Kaplan, H. & Sadock, B. J. (1998). *Synopsis of psychiatry*. Baltimore: Williams and Wilkins
- Kierkeboen, G. (2001). Descartes' Embodied Psychology: Descartes' or Damasio's Error? *Journal of the History of the Neurosciences*, 10, (2), 173-191
- Kirsch, I., Deacon, B. J., Huedo-Medina, T. B., Scoboria, A., Moore, T. J. & Johnson, B. T. (2008). Initial severity and antidepressant benefits: A meta-analysis of data submitted to the Food and Drug Administration. *PIS Medicine*, 5(2), e45, doi:[10.1371/journal.pmed.0050045](https://doi.org/10.1371/journal.pmed.0050045).
- Klein, M. (1940). 'Mourning and its relation to manic depressive states', in *Love, Guilt and Reparation*. London: Hogarth Press
- Klein, M. (1952). 'Some theoretical conclusions regarding the emotional life of the infant', in *Envy and Gratitude*. London: Hogarth Press.

- Klibansky, R., Panofsky, E., & Saxl, F. (1964). *Saturn and melancholy: studies in the history of national philosophy, religion and art*. Nendeln: Kraus Thomson.
- Kristeva, J. (1989). *Black sun: Depression and melancholia* (trans. L. Roudiez). New York: Columbia University Press.
- Lacan, J. (1966). *Écrits*. Paris: du Seuil.
- Lacan, J. (1953-1954). *The Seminar. Book I. Freud's Papers on Technique*. trans. John Forrester. Cambridge: Cambridge University Press, 1987.
- Lacan, J. (1954–5) *The Seminar, Book II, The Ego in Freud's Theory and in the Technique of Psychoanalysis*, ed. Jacques-Alain Miller, trans. Sylvana Tomaselli, New York: Norton.
- Lacan, J. (1955-1956). *The Seminar, Book III, The Psychoses*, trans. R. Grigg, London: Routledge.
- Lacan, J. (1956-1957). *Le Séminaire. Livre IV, La relation d'objet*, ed. Jacques-Alain Miller, Paris: Seuil, 1994.
- Lacan, J. (1957-1958). *Le Séminaire. Livre V: Les formations de l'inconscient*, Unpublished seminar.
- Lacan, J. (1958-1959). *Le Séminaire. Livre VI, Le désir et son interprétation (Desire and its interpretation)*, unpublished seminar.
- Lacan, J. (1959-1960). *The Seminar. Book VII: The ethics of psychoanalysis* (trans. D. Porter). J- A. Miller (ed) London- New York: Routledge.
- Lacan, J. (1962-1963). *L'Angoisse (Anxiety)*, unpublished seminar.
- Lacan, J. (1964). *The Seminar. Book XI: The four fundamental concepts of psychoanalysis* (trans. Alan Sheridan). London: Hogarth Press
- Lacan, J. (1967-68). *Le Séminaire Livre XV, L'acte psychanalytique*. Unpublished.
- Lacan, J. (1977). *Écrits: A Selection*, trans. A. Sheridan. London: Routledge.

- Lacan, J. (1977a). 'The Agency of the Letter in the Unconscious or Reason Since Freud, in Lacan, J. (1977) *Écrits: A Selection*, trans. A. Sheridan. London: Routledge, pp146-78.
- Lacan, J. (1990). *Television*, trans. D. Hollier, R. Krauss and A. Michelson. New York: Norton.
- Lacan, J. (1991). *Le Séminaire, Livre VIII, Le transfert*, ed. J.-A. Miller. Paris: Seuil.
- Lagerspetz, O. (2002). Experience and consciousness in the shadow of Descartes. *Philosophical Psychology*, 15(1). 5-18.
- Laplanche, J. & Pontalis, J.B. (1988). *The language of psychoanalysis*. London: Karnac Books.
- Leader, D. (2003). Some thoughts on Mourning and Melancholia. *Journal for Lacanian Studies*. 1(1), 4-37.
- Leader, D. (2008). *The New Black*. Hamish Hamilton: London.
- Levi-Strauss, C. (1951). Language and the analysis of social laws, in *Structural Anthropology*, trans. C. Jacobson and B. Grundfest Schoepf, New York: Basic Books, 1963, pp. 206-231.
- Mcleod, J. (2003). *An Introduction to Counselling Psychology*. (3<sup>rd</sup> ed). Maidenhead: Open University Press.
- Markotic, L. (2008). Melancholy and the lost desire in the work of Marlen Haushofer. *Modern Austrian Literature*, 41(1), 65-92.
- Marsella, A., Sartorius, N., Jablensky, A. and Fenton, F. (1985). Cross-cultural studies of depressive disorders: An overview. In A. Kleinman and B. Good (Eds.), *Culture and depression. Studies in the anthropology and cross-cultural psychiatry of affect and disorder*. Berkeley, CA: University of California Press.
- May, R. (1979) *Psychology and the Human Dilemma*. New York: W.W. Norton.

Miller, M. V. (1997). Foreword. In J. Hassoun, *The Cruelty of depression*. USA: Addison Wesley.

Miller, J. A. (2008). Depression. *Lacanian Ink*, 31.

Moncrieff, J., & Kirsch, I. (2005). Efficacy of antidepressants in adults. *British Medical Journal*, 331, 155–157.

Muller, J. (1980). Psychosis and mourning in Hamlet. *New Literary History*, 12(1), 147-165.

National Depression Campaign, (1999). National Depression Campaign Survey London.

Neill, C. (2011). *Lacanian Ethics and the Assumption of Subjectivity*. Basingstoke: Palgrave Macmillan.

Ormel, J. & Tiemens, B. (1997). Depression in primary care. In A. Honig & H.M. Van Praag (eds.), *Depression*, New York: John Wiley.

Pang, K.Y.C. (1998). Symptoms of depression in elderly Korean immigrants: Narration and the healing process. *Culture, Medicine and Psychiatry*, 22, 93–122.

Parker, I. (1992) *Discourse Dynamics: Critical Analysis for Social and Individual Psychology*. London: Routledge

Parker, I. (2003). Jacques Lacan, barred psychologist. *Theory and Psychology*, 13(1), 95-115.

Parker, I (2005). Lacanian discourse analysis in psychology: seven theoretical elements. *Theory and Psychology*, 15, 163-182.

Paukaskas, A. (ed) (1993). *The complete correspondence of Sigmund Freud and Ernest Jones 1908-1939*. Cambridge MA- London: The Belknap Press of Harvard University.

- Pavon Cuellar, D. (2010). *From the conscious interior to an exterior unconscious*. London: Karnac Books.
- Pilgrim, D., & Bentall, R. (1999). The medicalisation of misery: a critical realist analysis of the concept of depression. *Journal of Mental Health*, 8(3), 261–274.
- Pilgrim, D. (2007). The survival of psychiatric diagnosis. *Social Science & Medicine*, 65, 536–547
- Quinet, A. (2002). Depression and Melancholy. *Analysis*. 11, 1-11.
- Rycroft, C. (1995). *Critical dictionary of psychoanalysis*. London: Penguin Group.
- Salecl, R. (2004). *On Anxiety*. London: Routledge.
- Sandler, J., Holder, A., Dare, C. & Dreher, A.U. (1997). *Freud's models of the mind: an introduction*. London: Karnac Books.
- Shakespeare, W. (1980) *Hamlet, Prince of Denmark*. (Ed) T. J. B. Spencer. London: Penguin
- Spinoza, B. (1677). *Ethics*. trans. A. Boyle, London: Dent, 1910.
- Stolorow, R., Atwood, G., & Orange, D. (2002). *Worlds of experience: Interweaving philosophical and clinical dimensions in psychoanalysis*. New York: Basic Books.
- Szasz, T. (2007). The medicalisation of everyday life—selected essays. Syracuse, NY: Syracuse University Press.
- Turnbull, J. E. (1991). Depression. In Alex Gitterman (Ed.), *Handbook of social work practice with vulnerable populations*. (pp.165-204). New York: Columbia University press
- Vanheule, S. (2001). Inhibition – 'I am because I don't act'. *The Letter*, 23, 109-126

- Vanheule, S. (2011). A Lacanian perspective on a psychoanalytic looking glass. *Theory and Psychology*, 21, 86-106.
- Varela, F.J., Thomson, E. & Rosch, E. (1993). *The embodied mind: cognitive science and human experience*. Cambridge, MA: MIT Press.
- Watson, R. (2002). *Cogito Ergo Sum: the Life of Rene Descartes*. Boston: Godine
- Willig, C. (2003). *Introducing Qualitative Research in Psychology: Adventures in Theory and Method*. Maidenhead: Open University Press
- World Health Organization. (1990). *International classification of diseases and related health problems*, 10th revision. Geneva: World Health Organization
- Wright Mills, C. (1959). *The Sociological Imagination*. New York: Oxford University Press.
- Zizek, S. (2000). Melancholy and the act, *Critical Inquiry*, 26, 657-681
- Žižek, S. (2006). *How to read Lacan*. London: Granta.
- Zoloff, (2002). Website [/www.zoloff.com?index.asp?pageidS](http://www.zoloff.com?index.asp?pageidS). accessed on April 16<sup>th</sup>, 2012.