

LACAN ON DEPRESSION AND MELANCHOLIA. Edited by *Derek Hook & Stijn Vanheule*. London-New York NY: Routledge, 2023, xiii + 193 pp., \$136.00 hardcover, \$39.00 paperback.

On paper, writing a monograph or putting together an anthology dealing with Lacan's views on depression and melancholia comes across as a futile undertaking. It is like conceiving a book on Freud's opinions about alcoholism or dipsomania. In both cases, the clinical labels were very much part of the standard psychiatric toolkit when the authors developed their ideas, yet neither author paid much attention to them (Madden 1995; Berrios 1988, 1996: 289-331). The lack of a solid psychoanalytic theory of alcoholism in Freud's work can be attributed plausibly, yet nonetheless hypothetically, to the observation that in his private practice he seldom got to see patients who suffered from chronic alcohol abuse. In Lacan's case, the glaring absence of a thorough theoretical explanation and concurrent clinical psychoanalytic approach for depression and melancholia is more puzzling. For many years Lacan worked both as a psychiatrist and as a psychoanalyst, which would have significantly broadened his exposure to a wide variety of clinical conditions. Also, Lacan's infamous habit of conducting short sessions implies that he most likely saw more patients during his lifetime than any other psychoanalyst in history, some of whom must have come with a diagnosis or symptoms of depression or melancholia.

In the introduction to this interesting collection of essays, the editors state that they are not particularly surprised by Lacan's limited interest in depression and melancholia. All in all, they offer four reasons for this. First, they point out that the notion of depression "falls short of the clinical and conceptual rigor required of a

properly Freudian concept” (p. 1). Second, they claim that “this diagnostic label [of depression] had not attained [in Lacan’s time] the pervasive cultural predominance it has today” (p. 2). Third, they contend that “the notion of depression is considered to be under-defined and too all-encompassing” (p. 6). And finally, they posit that “depressive phenomena should be seen as symptoms that can occur in any structure [neurosis, psychosis, or perversion]” (p. 7), so that the label is not diagnostically useful.

Of these four reasons, the last one is probably the most convincing. It may be true that depression is not a properly Freudian concept, yet the same cannot be said of melancholia. Freud devoted an entire meta-psychological essay to the question of melancholia (Freud 1917), so Lacan would have had every reason to review, revise, or expand Freud’s ideas on the subject, all the more so in the context of his famous ‘return to Freud’. Of course, Lacan was very much aware of Freud’s text, yet it is nonetheless legitimate to say that he paid far less attention to it than to other papers in this series, such as ‘Instincts and their Vicissitudes’ (Freud 1915c), ‘Repression’ (Freud 1915d), and ‘The Unconscious’ (Freud 1915e). In effect, in the gigantic body of work that is constituted by Lacan’s seminars and the writings that were extracted from these, or prepared separately for conferences and public lectures, there are but five explicit references to Freud’s ‘Mourning and Melancholia’. As to the diagnostic label of depression being far less commonly used during Lacan’s time than it is today, there is probably some truth in this claim too, yet Lacan himself intermittently employed it, without further explanation, in his early psychiatric papers when describing the patients’ clinical manifestations. The observation that the concept of depression remains under-defined and is too all-encompassing also carries some truth, but one might argue that this is precisely what needs to be examined more closely, including

in Lacan's theory. In other words, what we are left with here is a matter of circular reasoning.

The lack of diagnostic specificity and clinical relevance of the concept of depression is not something that can be directly derived from Lacan's own scant comments on the topic. This argument has been developed over the past fifty years or so by various clinicians working in the Lacanian tradition. As such, it also underpins the theoretical framework of quite a few essays in this collection. The idea is that the term depression captures a wide variety of subjective experiences, which on the surface may range from persistent low self-esteem to suicidal ideation, and which need to be assessed against the background of the patient's (unconscious) psychic structure -- i.e. what Lacanian psychoanalysts would designate as the relation between the subject and the Other (the symbolic order of language and the law). The clinical psychoanalytic process is then attuned to this structure rather than to the depression itself, even though the latter may constitute the main presenting problem.

Whether this logic can be applied in the same way and as rigorously to the notion of melancholia is less clear and is doubtless a question that will persist for readers of this collection. Whereas there is some evidence in Lacan's own work that he used melancholia and depression interchangeably (Lacan 1957-1958, p. 272), some authors writing and practicing in the Lacanian tradition would argue that melancholia only equals psychotic depression. By contrast, others would campaign for the abandonment (or 'bracketing') of depression altogether, in favour of a tighter focus on the clinical and theoretical elaboration of the concept of melancholia, especially insofar as it captures the subject's specific relation to loss and mourning (Leader, 2008).

Even though all the essays in this collection have been written from a Lacanian standpoint, and thus also contain a critique of the way in which depression has become a catch-all diagnostic label for a wide range of supposedly biologically conditioned symptoms, there is enough diversity in the essays' contents as well as in the authors' own focal points of attention for the reader to appreciate the richness and critical power of Lacanian studies. The book's title may be something of a misnomer—partly because Lacan's own, admittedly meagre comments on depression, mourning and melancholia are not systematically explored, partly because many authors only take one or the other of Lacan's succinct formulations as a starting point for the development of their own ideas—but this does not mean that the views presented in this volume remain vague and approximative. The Lacanian terminology should also not deter the non-specialist reader, because each chapter contains enough clinical or socio-cultural illustrations to make the conceptual apparatus accessible.

Eight of the twelve essays in this collection have been published before, sometimes in exactly the same format and occasionally more than a decade ago. However, bearing in mind the paucity of Lacanian texts on depression, mourning, and melancholia, this is not an inherent problem. If anything, having these texts under the same cover allows the reader to compare authors' perspectives and to identify unresolved questions or points requiring further reflection. There is definitely no shortage of new questions stemming from this volume, even if the reader agrees with the Lacanian take on depression as a non-specific clinical label that may only (or primarily) serve the pharmaceutical industry. Assuming that depression can be maintained, albeit as a superficial descriptor, should it be understood as a symptom

or as an affect? How does the clinical phenomenology of depression operate in the various psychic structures that Lacanian theory distinguishes? What exactly makes psychotic depression radically different from neurotic, or perverse, depression? If depression is to be replaced with melancholia, what is the clinical status of the latter, if it is not by definition a psychotic condition? Lacan himself may not have had much to say about depression and melancholia, but scholars and practitioners working with his conceptual tools still do not have all the answers either.

As such, what transpires from this book is emblematic of a wider issue in Lacanian psychoanalysis. Lacanians are generally better at criticizing existing contemporary perspectives and practices than at developing consistent theoretical and clinical alternatives. Some will inevitably see this as a key limitation of these papers. Yet it may also be interpreted as a reason for continuing the investigation of the clinical phenomena under consideration. Whichever angle one adopts, the final Lacanian word on depression and melancholia has not been said. This volume will hopefully elicit more new work that drives forward our psychoanalytic understanding and clinical engagement with one of the most widespread diagnostic categories and its historical antecedent.

## REFERENCES

- BERRIOS, G.E. (1988). Melancholia and depression during the 19th century. *British Journal of Psychiatry* 153:298-304.
- BERRIOS, G.E. (1996). *The History of Mental Symptoms: Descriptive Psychopathology since the Nineteenth Century*. Cambridge: Cambridge University Press.
- FREUD, S. (1915c). Instincts and Their Vicissitudes. *Standard Edition* 14: 109-140.
- FREUD, S. (1915d). Repression. *Standard Edition* 14: 146-158.
- FREUD, S. (1915e). The Unconscious. *Standard Edition* 14: 159-190.
- FREUD, S. (1917). Mourning and Melancholia. *Standard Edition* 14: 237-258.
- LACAN, J. (1957-1958). *The Seminars of Jacques Lacan: Book V. The Formations of the Unconscious*, ed. J.-A. Miller, transl. R. Grigg. Malden MA-Cambridge: Polity Press, 2020.
- LEADER, D. (2008). *The New Black: Mourning, Melancholia and Depression*. London: Hamish Hamilton.
- MADDEN, J.S. (1995). Substance Use Disorders: Clinical Section. In *A History of Clinical Psychiatry: The Origin and History of Psychiatric Disorders*, ed. G. Berrios & R. Porter. London-New Brunswick, NJ: The Athlone Press, pp. 656-667.