The Dread of Living without Anticipation: a Case of Melancholia

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Abstract
It seems that time functions essentially different in melancholia as compared to classical neuroses. We might even say the experience of time dissapears for the melancholicus. No future is anticipated, no past determines the actually lived distress, despair and guilt. This paper illustrates by means of a case study of a melancholic woman how anticipation is necessary for the subject to be able to live. Without desire for things to come, without a past that is experienced as something that anticipated the subject as it is now, there seems to be no more than an eternal now that stupifies the subject and blurs the distinction between death and living. The absence of the structuring function of time results in the experience of utter loneliness and anxiety and consequently also shows the dramatic impact of an absence of anticipation.
Keywords: Anticipation, Melancholia, Nachträglichkeit, Relation to the other, Structuring function of time

1. Introduction

Melancholia, or literally black bile, was conceptualized from different perspectives since it was first described by Hippocrates at the start of the Christian Era. Nowadays, it no longer has a place as a clinical entity in the general psychiatric classifications. It is subsumed under the large heading of affective disorders and following those developments there remains no more than a gradual difference in affect intensity from sadness to melancholia (Van Clooster, 1997). In this paper we approach melancholia more structurally from a lacanian perspective, meaning that we assume a structurally different relationship to the Other and to the object a, or to language and jouissance, between a classical neurotic depression and melancholia which we understand as a psychotic functioning of the subject. Specifically, we will focus on the functioning of time in melancholia. Time seems to function essentially different in melancholia as compared to the classical neuroses like hysteria and obsessional neuroses. We could even say that the experience of time as we know it disappears for the melancholic subject. This radical disturbance of the subjective experience of time implies that the subject often says that it is already dead, however also immortal. It is trapped, because it cannot die being dead already; he is a living dead (Séglas, 1894). This brings in mind Lacan's idea of a second death which boils down to a radical annihilation of the signifying chain, of the symbolic structure that constitutes so called reality (Lacan, 1986; Pellion, 2000; Van Clooster, 1997).

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To further elaborate on this subject, we will now discuss the case of C., a melancholic woman in her early fifties.

2. The case of C.

2.1. Intake and fenomenology

C. was admitted to the depression ward of a psychiatric hospital in Belgium after being hospitalized in a general hospital for two months. During these two months there was no change in her condition whatsoever. Fenomenologically she presented with severe inhibition, anxiety, confusion, and what we could call thoughts of doom or downfall. She also was almost mute; hardly reacted and very active questioning was required to get but a few words. Only the conviction that she is crazy, that she cannot be cured anymore, and that she would have to stay here forever is repeated in a sometimes mantra like manner. This conviction will run as a theme troughout her stay in the hospital. These symptoms clearly resemble the description Freud gives of melancholia in his famous paper 'mourning and melancholia' from 1917. On the one hand he describes the symptoms that clearly resemble those of mourning, namely a profoundly painful dejection, cessation of interest in the outside world, loss of the capacity to love, and inhibition of all activity (Freud, 1917, p. 244). On the other hand he describes the lowering of the self-regarding feelings to a degree that finds utterance in self-reproaches and self-revilings, often culminating in a delusional expectation of punishment as the distinguishing sympom of melancholia (Freud, 1917, p. 244). This lack of self worth and the degradation of the self only comes to fore in this patient after a first period of hardly any communication.

From her anamnese, which was partly obtained from her relatives, we learn that she is in her early fifties and that she comes from a large family with seven siblings, one older sister, three younger brothers, and three younger sisters. She is married and has three grown up children of her own, two sons and a daughter. According to her family, there have never been any problems up to this moment. She had a parttime job in a store, where everything went fine and where she also filled in for anyone who was on vacation or sick leave.

She was assigned to an individual treatment programm and saw a psychologist (first author) several times a week for short sessions. The treating psychiatrist decided to use electro convulsive therapy (ECT) after the first week in the hospital. This caused problems with her short term memory in addition to her already confused condition, implying that she did not recognize anyone in the clinic and that in every session the psychologist had to reintroduce herself. The thoughts of incurability disappeared shortly after the start of the ECT, however she hardly spoke at all during that period.

2.2. The end of a world

When the ECT stopped, she gradually started to recognize people again and started to talk a little bit more during the sessions, however without an active position of the psychologist she remained completely silent. It was as if she had no idea what she could talk about and what the use of talking could be for her. The world of the psychiatric

clinic was like a different planet for her. So, especially during the first sessions she often mentioned she actually had nothing to say and that she just wanted to go home. If she talked about anything, it was about work. Earlier, before she got sick, she could do everything. She worked a lot and loved to do it. Also outside her job, she was busy all the time; helping her sisters, driving people everywhere, doing her housekeeping. Listening to her story gave the impression of the perfect employee, the perfect sister, the perfect housewife... Maybe a bit too perfect? Her life seems too normal, there are no doubts or complaints in her story. She is not divided between the different roles, between the demands and desires of her boss, her husband, her family... Everything was perfect and now it is all ruined. However her former way of functioning seems to be build on an as-if-identification. In the world she lived in, she was completely adapted, hyper-normal, however nothing seemed to be affectively invested. This perfect adaption implies an unmediated identification to a social reality that was termed an 'as if identification' by Helene Deutch in 1934 (see also Billiet, 1986) and it had a stabilizing effect on the subject. Apparently she could maintain herself through these identifications up to a certain point. What caused them to fall apart is not clear, although later on indications appeared that the loss of certain roles, especially as the caring mother, could have been crucial. What is clear is that the loss of these identifications made her world collapse entirely resulting in the clinical picture we described.

2.3. The absence of historization

Listening to the scarce material she produces during the course of the sessions, we note that the signifying events of her life do not make up a story. One event has no implication for the future or changes the meaning of the past. The concept of Nachträglichkeit as introduced by Freud (1895) has no meaning to understand her psychic functioning. All elements are isolated and lack meaning. The signifying chain is not retroactively transformed when new signifiers are added, which is so important in understanding a neurotic way of functioning. Consequently there is no story to be told, since for her this has nothing to do with her actually lived distress and consequently it can make no difference. Even more, we could say there is no story, there are only some facts, some information, no story of a life, no historization (Lacan, 1975).

When actively asked for, she gives some information about her childhood and family; information because we can hardly call it a story. Also here the absence of a division is obvious, there are no regrets, conflicts, unresolved issues or anything like it that appear in her words. Her mother died very young after years of illness. Because of that she had to stay at home instead of going to school to take care of the housekeeping and of her siblings. Her older sister studied and didn't bother so she did everything. For her, these are mere facts, it just was like that. No sorrow, anger or any other emotion comes to the fore. There is no regret for the possibilities that were excluded for her. It did hurt her to lose her mother, however she does not see how this could be connected in any way to her current condition. When asked, she describes her father as tyrannical and her mother as a very good women, however no emotional involvement sounds through her words. She has no contact with her father anymore, yet also this is something that is the way it is, nothing more, nothing less. Besides these very general

'facts' about her past, she does not elaborate on them or ever returns to her past spontaneously. Moreover, in her perception there is nothing in her past that relates to how she feels now. It just happened, as if the world went down without a warning, without a cause, and this is overwhelming and enigmatic for the subject. Whatever she went through in her life has nothing to do with what happens now and what happened before gets no new or additional meaning from her current position. On the contrary, it is completely separated. As said before, there is nothing we can describe with the notion of Nachträglichkeit, there is only an absolute momentary certainty. This already shows the radically different experience of time in melancholia. It can also illustrate why the subject seems to disappear. Without a life story, without historization, there is nothing to be told, nothing for the subject to hold on to, the symbolic order dissolved for her.

A couple of weeks after the cessation of the ECT the thoughts of incurability, of being mad, of having to stay here foreover returned. She is very anxious and despair and negativism are pertinently present. Everything that happens around her causes anxiety and messages from others, like former colleagues that she is missed, make pure agitation visible on her face. She repeats and repeats that she cannot cure anymore and compares herself to a robot. She is there, but not really; she still exists, yet is no longer alive. Also strong feelings of guilt that are not elaborated come to the fore now, it is her fault that she is ill.

Because of her feeling worse again, the psychiatrist restarts ECT with the same results: she stops talking about being mad, about the impossibility of cure..., actually she stops talking entirely. There is no anxiety or despair but they seem to have made place for nothing. It seems these thoughts, in their endless repetition, were a last hold on to the symbolic.

2.4. The cessation of time

The ECT was stopped again, and about a week later the same thoughts reappeared together with the anxiety related to them. However, slowly over the next period, she finds some more words to elaborate these thoughts. More words for her experience of the end of the world, her world, however still without any connection to her history, to her life.

During this period she explicitly starts talking about her experience of time which simply has stopped for her. How real the standstill of time is for her becomes clear in the logic she follows concerning for example medication and her family. Concerning medication she states it is impossible they could help her since medication needs time to start working and because time stands still for her, they cannot work. She also talks about having lost her family. This fits into the same line of reasoning. Times passes by for everyone except for her and therefore she can never catch up with her family and she has lost them forever. She is trapped in an eternal now, existing, yet not living, painfully showing that living without a history and without a future that can be anticipated on is not really living.

Her daily functioning in the clinic sadly is a further illustration of this experience. She exactly does everything that is part of her program because she cannot imagine it is possible to not do something, yet it does not have any effect on her. The rest of the day

she sits in the living room, staring and smoking. She says that everything goes up in smoke and after asking explains that literally by smoking the time goes up in smoke.

Being trapped alone in this eternal now, also the tie with others dissolves. She almost surprisedly notices that the birth of her grandchildren does not touch her at all, that she does not really care anymore whether or not her daughter, with whom she had a close connection before, comes to visit her or not. In Freud's words, her ability to love is lost (Freud, 1915). The downfall of her world and the cessation of time destroyed her tie to the other, and she is utterly alone.

Although a number of things could be discussed around the possible role of loss in the outbreak of melancholia in this woman, the function and evolvement of guilt and the transference or absence thereof, our focus in this paper was on the functioning of time in melancholia. We believe this case illustrated the subjectively catastrophic consequences of the absence of a history or a history that does not signify the subject and of the absence of anticipation, the anticipation on a future, on something that could come. Without this, the subject lives without desire and is, as we saw in the case of C., a living dead.

3. Conclusion

We cannot but conclude that time functions essentially different in melancholia as compared to classical neurosis. This case showed that the experience of time disappears for the melancholic. No future is anticipated, no past determines the actually lived distress, despair, and guilt. Yet this makes desire impossible, no distance is possible for the melancholic, he is the object, the waste (see also Van Clooster, 1997). And without desire for things to come, without a past that is retroactively experienced as something that anticipated the subject as it is now, there seems to be no more than an eternal now that stupifies the subject and blurs the distinction between death and living. We saw in this patient that she experiences her past as completely unrelated to her current situation and that the Freudian notion of Nachträglichkeit is of no meaning to understand her psychic functioning. There is only the absolute certainty of time having stopped and this absence of both past and future makes her feel dead already. Since time has stopped for her, there is no future possible and therefore nothing to anticipate on. This experience moreover destroys any connection to others for whom time did not stop. The absence of the structuring function of time results in the experience of utter loneliness and anxiety and consequently also shows the dramatic impact of an absence of anticipation.

References

1. Billiet, L. (1986). 'Als of' en identificatie. Een theorie voor een aantal problemen uit de kliniek van de psychose. *Psychoanalytische Perspectieven, 8*, 101-115.
2. Freud, S. (1950). Project for a scientific psychology. In J. Strachey (Ed. and Trans.), *The Standard Edition of the complete psychological works of Sigmund Freud* (Vol. 1, pp. 295-397). London: Hogarth Press. (Original work published 1895).

3. Freud, S. (1957). Mourning and melancholia. In J. Strachey (Ed. and Trans.), *The Standard Edition of the complete psychological works of Sigmund Freud* (Vol. 14, pp. 243-258). London: Hogarth Press. (Original work published 1917).
4. Lacan, J. (1975). *Le Séminaire 1953-1954: Livre I. Les écrits techniques de Freud.* Paris, France: Seuil.
5. Lacan, J. (1987). *Le Séminaire 1959-1960: Livre VII. L'éthique de la psychanalyse.* Paris, France: Seuil.
6. Pellion, F. (2000). *Mélancolie et Vérité.* Paris, France: Presses Universitaires de France.
7. Séglas, J. (1897). *Le délire des negations. Sémiologie et diagnostic.* Paris, France: Gauthiers-Villars et Fils.
8. Van Clooster (1997). Enkele voorbeschouwingen aangaande een mogelijke plaatsbepaling van de melancholie. *Rondzendbrief uit het Freudiaanse veld, 63*, 3-36.