

Gay Knowledge, Sad Truth

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Just as the truth should not always be said, so we shouldn't always rejoice at its appearance.

Nietzsche prophesied with his *Twilight of the Idols* the advent of a gay knowledge that was not weighed down by the truth. But if the new philosophy brought about a transmutation, it could only be in a painful manner: by blows of the hammer. "Philosophy", he adds, "is effectively made to make people sad. Up till now it has never saddened anyone."

Mutatis mutandis, a similar reflection concerns psychoanalysis. It too has its twilight of the idols: the general formula for it could be the dis-being [*desêtre*] of the Other and the affects it engenders. It has to be said that psychoanalysis possesses a certain duality with respect to sadness: on the one hand, it suspects the "sad" affects of playing a double game, a game of complicity, and on the other it brings about the collapse of semblants, the ones that render imbeciles happy. It brings despair to those who bask in the warm light of a rosy future. This is not to say that psychoanalysis causes unhappiness but that being unhappy is part of experience; how much, when and how—this is what needs to be examined

Moreover, one can say that the affect of depression "ex-sists" for psychoanalysis, that is, it does not exist without it. Thus, psychoanalysis is not merely the "explanation" of sadness, but equally its cause or its refutation. This is also in need of examination.

Let's start with a bit of history. Contrary to a widely held view, psychoanalysis is very much at ease with the question of depression. It is a familiar affect, isolated very early on by Freud. Not, it is true, as a symptom, but as a tangible, visible, observable sign of an affect. As to its meaning, the affect of depression is ambiguous, but leaves no doubt as to its cause. Freud uses this affect as an argument in favour of the existence of psychical causality, of what he calls, in the 1890's, "soul treatment", *Seelenbehandlung*.¹ The young Freud was passionate about states of sadness because they demonstrate the power of the mind over the body and therefore the power of psychical treatment. Freud was interested in the origins of grey hair, nervous fatigue, neurasthenia, tears for no reason, and it was from a rather Darwinian perspective that he became interested in the expression of the emotions. The affect of depression is not a clinical type because tears, for example, cannot be taken for an illness, anymore than one can take a dog that wags its tail for an hysteric. It remains that the affects of sadness or joy, revealed by their signs, are derived from observation when the affected subject does not always know the cause of what affects him. This hiatus should warn against thinking of depression as a "lived experience".

¹ "Psychical (or mental) treatment" (1890), *Standard Edition* 7. The German title is "Psychische Behandlung (Seelenbehandlung)".

Moreover, Freud thinks that these states to which he himself is subject (cf *Freud-Fliess Correspondence*) are part of the picture of every neurosis, as he shows in *Studies on Hysteria*.²

It is therefore curious to observe today that the DSM IV believes it possible to isolate a “major depressive syndrome” under the pretext that the signs are objectifiable and even measurable, quantifiable, in their intensity. Whereas Freud wanted to decode them rather than quantify them, DSM IV takes its items as proof that there is something beyond psychical causality. This is to take the sign for the illness, the fever for the infection.

What is certain is that all the affects of depression indicate a withdrawal of libido and it is these modes of withdrawal, detachment, separation, repression, mourning, that will provide the different clinical symptoms arising from these affects. We are familiar, for example, with Freud’s explanation of the so-called “actual” neuroses on the basis of an energy conception of libido. When libido is exhausted, we have neurasthenia, when underemployed, we have anxiety neurosis, when withheld, it engenders fatigue and moroseness. In fact, every limit placed upon jouissance, every restriction of jouissance, produces such an affect by virtue of the equation: libido = vital energy, and thus the loss of libido implies effects of mortification. Of course, this energetic and economic perspective will be relayed by the unconscious conflict, the ego’s libido, the death drive. However, some part of this void, of this hole that corresponds to a remainder of jouissance that is without employment, unsaturated by the Other, will always remain.

If we remain in this trans-psychological perspective, that is, beyond the states of the soul, we are led to this clinic of the void or to the modalities of the experience of the void. What does this metaphor cover, exactly, when the DSM IV takes this signifier as valid currency, as if it signified itself? No distinction is drawn between the twilight experience of psychoses and the different feelings of lack in the neurotic subject.

Starting with psychoses, then, which give this clinical approach of the void or the hole a real weight that precisely suspends all metaphorical translation, all translation in terms of feelings. One got a glimpse of this clinical approach at the beginning of the 20th century, where there is effectively an entire clinical field of the void, the feelings of emptiness that mark different stages and different psychical state that extend, to quote Janet, from “anxiety to ecstasy”³, and before arriving at the final stage of beatitude. We have also passed via the famous psychasthenic states such as unease, ennui, boredom, “the morose inaffections and the fatigues”, as they said at the time, the delusions of inaction, restraint, etc. We encounter, of course, melancholic delusion and twilight states, notably the famous descriptions by Cotard⁴ and by Séglas, of the sentiments of unreality or of the end of the world. Several types of void are distinguished: a void that engenders a sadness without affect, contrasted with the ennui that is not the death of desire but the desire for a distraction.⁵

² *Standard edition 2*, p. 68.

³ *De l'angoisse à l'extase: études sur les croyances et les sentiments* (Paris: Editions du CNRS, Reprint, 1975).

⁴ *Contribution à l'étude sémiologique des idées délirantes de négation* (Bordeaux: Cadoret, 1904).

⁵ P. Janet, *op. cit.*, vol. 2, p. 146.

In short, we have occasion to emphasise a clinical picture of the void in contrast with a clinical picture of the lack. The DSM IV implicitly speculates on this difference when it considers the existence of depressive states without guilt, without “states of the soul”, and without the pain specific to mourning. It would have us believe that it is a question of an entity independent of or intermediary between mourning and melancholia, neither neurosis nor psychosis. In reality, this clinical picture of the void, which includes being void of feelings, is nothing other than the clinical picture of psychosis and melancholic psychosis in particular. One of Janet’s patients denounces the imposture of his fellows at her husband’s funeral. He is dead, she is sad but not in mourning, rather, she is sad over not being in mourning and blames herself for it.⁶ What Janet attributes to the loss of the function of the real is explained, by us, on the contrary as due to the real from which the symbolic link of marriage has been evacuated. As the patient says, she is sad for not having been happy like the others. The deception is on the side of the small others. As for her, she is confronted by the simple void, but not the lack. Recall that this is the kernel of truth of melancholia for Freud who does not treat the melancholic’s complaint as pure theatre. Falsely guilty, yes; however, one cannot contradict this pain of existence by arguments. “In his self criticism, he is right” Freud says. This truth is no doubt not all. The subject’s error is to have taken leave of the Other. He does not know that his complaint is directed at the Other, this is his mistake, and it is the rejection of this knowledge that produces his misery.

I will contrast this experience of psychosis which provides the structural model of depression with the states of the soul in neurosis, which indicates a moment of the closure of the unconscious and not its rejection. Take the example of Ferenczi who, in 1916, in his correspondence with Freud, analyses his depressive symptom. Ferenczi links, time and again, the fluctuations of his depression to the absence of his future wife, Gizella. When his indecision over marriage is at its maximum, he writes, “Yesterday, Sunday afternoon, before Madam G. came to my place, state of profound depression with an insurmountable tendency to cry This symptom, which could be described as hysterical, has to be interpreted as a sign of mourning; these were expressions of my feelings on the occasion of Gizella’s *adieu*.”⁷ Keen observer, remarkable clinician of the self, Ferenczi enumerates his symptoms the list of which constitutes a portion of an anthology worthy of an appearance in DSM IV: tachycardia, profound sadness, breathing disturbances, unstable hunger and thirst, disgust for intellectual activities. And, of course, “genital libido falls silent”. To cap it off, a thyroid illness, Basedow’s disease. At the same time Ferenczi observes that “in the company of Gizella alone I am in a better mood and at the same time I feel an interest in science.” One is pleased to learn that the *sciendi* libido and the genital libido have embarked on the same boat and that the return of desire is accompanied by a desire to know. The fluctuations continue, however. They give Ferenczi the opportunity to renew the doctrine of manic-depressive states. He tells Freud, “I believe that you will approve my idea of relating the fluctuations of manic-depressive illness to the periodicity of the times of rut in our ancestors.”

Freud’s response was uncompromising: “You are using psychoanalysis to muddy your affairs and drag them out.” Effectively, the transference and the unconscious are both used to render the decision impossible, Ferenczi only wanting to be liberated by himself alone, without any influence by Freud. Too much the dupe of the unconscious and not

⁶ *Ibid.*, p. 46.

⁷ Freud-Ferenczi, *Correspondance*, vol. 2 (Paris: Calmann-Lévy, 1996), 178.

duped by the transference, his depressive affects can be deciphered in terms of betrayal of his desire; here the Lacanian expression of moral cowardice is almost identical to Freud's. Freud resists the complications of the unconscious and wild interpretation and places Ferenczi squarely before his own desire. He urges him to act, to make a decision, in a perspective that, here, is transpsychological.

Returning to our fundamental question: is all sadness moral cowardice? Is all moral pain jouissance? Observe that it would be incorrect to write the equation "pain = enjoyment", without any distinction, organisation or discrimination, since in order to justify it it would have to be acknowledged that a drive always joins up with what it is that makes a hole in the real: demand for death, masochistic satisfaction, complicity with some morose pleasure. It can happen that the Other is absent and psychoanalytic experience is testimony to the fact that its absence is also abandonment [*lâchage*] and cowardice [*lâcheté*]. This is why, for the unconscious, the other is guilty. On the contrary, the rejection of the unconscious in melancholia induces a delusional guilt and jouissance arises from complaining about it.

We can, once again, draw on the opposition between mourning and melancholia. The pain of mourning contains a zone of misrecognition, to be sure: it is the lack that we were for the being that has gone. However, the "separation" elevated into a psychoanalytic concept is not inauthentic because it is reality and not a drive that commands the separation of libido from the signifiers that were attached to its object. There is no place for confusing a painful labour with the repression of knowledge concerning what we lack.

Cases of pathological mourning show this impossibility of separating the loss of an object from the radical lack in the Other and it is not by chance that these cases of pathological mourning concern, notably and notoriously, the real death of a father, as noted by Lacan in *Family complexes*.⁸ Freud also gives an example with the painter Heinzman or the recurrent sadness of Hoffmann, the author of the tales. Thus, the bastardry of the person who has left us places value on the irreparable betrayal by the Other which the subject attempts to overcome through their work. In the end, mourning is work, just as analysis is. This irreparable character of separation (contrary now to what Melanie Klein maintains) gives depression its structural foundation.

It is therefore useful not to confuse the depressive affect as, on the one hand, the passion of narcissism and, on the other, as phenomena of dis-being [*désêtre*], namely the signs that the existence of the Other is vacillating. Can it be said that mourning is testimony to a moment of truth, fatal truth, in the sense in which the subject has the experience of the place he occupied for the Other? Like a Hamlet confronted with the dead body of Ophelia, the subject realises that he was its lack, the other's lack, and thus he identifies his own void with the Other's. He was its lack and now he identifies with this hole.

The clinical discussion of separation brings out the subject's strategy: how does one turn his own lack into an effect or a modality of the lack in the other? How does one bring about a dialectical coinciding of the two voids in order to give desire a new beginning, rather than have the subject identify with the Other's void as in melancholia.

⁸ *Les complexes familiaux dans la formation de l'individu, essai d'analyse d'une fonction en psychoanalyse* (Paris: Navarin, 1984 [1938]).

In one of his seminars Jacques-Alain Miller has developed this dialectic of the two lacks coinciding to give the concept of separation its logical foundation. It is certainly possible to draw many consequences concerning the phenomenology of depressive states.⁹

In general, if one wants to distinguish an authentic sadness or moment of truth from other states of the soul whose links with a misrecognition of the real I have shown, one has to envisage an entire dialectic of the subject's void in relation to the other's void.

Translated by Russell Grigg, not reviewed by the author.

⁹ G. Morel, *Lettre mensuelle de l'ECF*, no. 152, p. 5.