

THE AESTHETICS OF DISENGAGEMENT

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Contemporary Art and Depression

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Baranowsky's video projection *Schwimmerin* (2000), shows a female swimmer who repeats the same crawl stroke but whose movement has been edited so as to remain cut off from the moments when the mouth normally resurfaces for new air. Finally, Geneviève Cadieux's large luminous box photograph *La voie lactée* (1992), located on the roof of the Musée d'art contemporain de Montréal, displays the mouth of a woman covered with red lipstick, mimicking a Cover Girl ad but with a discrepancy. The mouth is slightly open, a bit older, and somehow too tightly framed, photographed at the very moment it is about to talk or has just finished talking, sufficiently frozen and stilled by the camera to convey the sense of effort it takes to keep it precisely there, between talk and silence, without being heard.¹ It has been frozen in its failed effort (or nondesire?) to communicate. In all these works—and I follow here P.S. 1 curator Klaus Biesenbach's description of recent media arts—time is "caught in a loop by constant repetition of the same action."² The subjects are imprisoned in time; unable to learn from their failures, self-absorbed, and disengaged from the other, they are amnesiacs reenacting the mythic figure Sisyphus, who repeatedly pushes a stone up a hill only to see it fall down again under its own weight. But the works also systematically stage individuals putting a huge effort into actions that don't produce anything other than predictable repetition. This contrast is important: the effort is both huge and unproductive, and it is the very unproductivity of the repeated effort that condemns the individuals to isolation. The loop structure or cramped framing of the image contributes to this remoteness. From the perspective of the represented subject, it is as though nothing is lost or will be lost in the actions he or she persistently seeks to repeat. It is more up to the neglected viewer to feel impoverishment—the loss of breath of Baranowsky's swimmer, the loss of voice in Cadieux's photograph, Siltberg's falling man, *Nr. 18's* fatigue, the viewer's own lack of recognition by the image.

Statistics are quite overwhelming as to the current rate of depression. The World Health Organization has established that psychiatric disorders are now the third most common type of disease and that the leading mental disorder is depression, followed closely by alcoholism, bipolar disorders, schizophrenia, and obsessive-compulsive disorders.³ According to the National Institute of Mental Health, major depression is the leading cause of disability worldwide.⁴ The one-year prevalence of major depression—the proportion of individuals in a given population affected by depression in a given year—oscillates between 0.8 percent (Taiwan) and 9.5 percent (United States) to 9.9 percent (United Kingdom) of the adult population, and lifetime prevalence—the number of people who will experience a depressive episode at some point in their lives—varies between 4.4 percent and 19 percent.⁵ Prognostic studies, however, show that these rates are already too conservative, because the occurrence of depressive disorders is on the rise. They speak of a one-year prevalence of 10–15 percent and a lifetime prevalence of 50 percent, which means that half of the population is anticipated to have a depressive disorder at some point in life.⁶ Large-scale epidemiological studies conducted within the past decade, furthermore, have consistently shown that depression is a gendered phenomenon, typically reporting sex ratios (female : male) in the range of 2 or 3 to 1.⁷ Not only is it one of the most common mental disorders diagnosed among women, but it is more prevalent among women than men.

These alarming statistics disclose health sciences' growing reliance on the notion of depression in the diagnosis of mental illnesses. Although this reliance seems to suggest that depression is a well-known disease, it reveals in fact the reverse: depression is the slippery notion par excellence of psychiatry, both because of the present impossibility of finding the precise causes of and effective cures for the disorder; and because of its symptomatic definition, which includes a variety of mental conditions. As psychologist Janet Stoppard has observed, divergences persist not only between ordinary and specialized uses of the term but also among researchers and health professionals who apply dissimilar, conflicting, or sometimes irreconcilable approaches to depression.⁸ For specialists, conditions of depression are related to a set of more or less precise symptoms, including feelings of sadness, dejection, and hopelessness associated with a sense of worthlessness; loss of pleasure, often taking the form of irritability or negative thoughts about oneself, one's world, and the future; withdrawal, inhibition, and inwardness; fatigue (listlessness, reduced energy, and diminished motivation); psychomotor agitation or retardation; difficulty in mental processes involving concentration, memory, decision making, and speech; different vegetative symptoms, such as difficulty in falling asleep or in staying asleep, too much sleep, and significant weight loss or weight gain; and, possibly, suicidal thoughts or actions. These manifestations are diverse and deceptive; they, furthermore, have come to designate a panoply of incapacitating states, including major and minor depression, dysthymic disorder, premenstrual dysphoric disorder, melancholia, and a growing quantity of subthreshold depressions. This increasing diversity must be related to the development of SSRI antidepressants (for example, Prozac, Zoloft, Paxil, and Luvox), currently the most recommended treatment for depression, whose range of action is extremely wide. SSRIs act as much on a broad spectrum of mental disorders (including anxiety, bulimia nervosa, and obsessive-compulsive disorder) as on more physiological disorders (such as back pain and premature ejaculation). The Prozac generation of antidepressants not only has made treatment by medication more accessible and more generalized but also has significantly increased the number of disorders that may be generically regrouped under the term *depression*.⁹ Differences between ill and normal reactions to loss or stress have been surprisingly banalized by the systematic categorization of depression as a disease in the main manual used by professionals in North America and increasingly throughout the world for the diagnosis of mental illnesses: the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*, which is now in its fourth (*DSM-IV*, 1994) and revised fourth (*DSM-IV-TR*, 2000) editions. In short, the status of depression can be compared to the place occupied by neurasthenia at the end of the nineteenth century, in that it has become a crossroad from which all possible diseases can emerge.¹⁰ Because of its vagueness and high rate of occurrence, depression is now one of the privileged categories through which the contemporary subject is being defined and designated, made and unmade, biologized and psychologized. Although the contemporary subject can never be fully defined, deducted, anticipated, or homogenized into a single affective state, sociological studies show how much subjectivity and depressive disorders are increasingly convoluted. In other words, depression

says something about who we are, who we think we are, and who we want to be or don't want to be, consciously and unconsciously, even if the "we" must always be situated in terms of gender, race, and culture.

This book is about contemporary art's enactment of depressive disorders in an age that materializes, at least in its Western developments, the paradigm of depression. It rests on the assumption that if depression is indeed the disorder that "discloses the mutations of individuality at the end of the twentieth century,"¹¹ then art—one of the important fields of deployment of subjectivity—must somehow be affected by this evolution. But how do these two worlds exactly meet? How can they be said ever to meet? How is art relevant to the question of depression? I contend that these questions can be answered not by psychoanalyzing the artist or by applying theories of depression to art but by being attentive to the interactions between art and science, notably the ways in which art is influenced by the sciences of depression that currently occupy most of the field of depression studies. Concomitantly, emphasis must be placed on the performing dimensions of the artwork despite and apart from science—not only what but also how art represents, how it addresses the viewer, how it says something about the subjective ramifications of depression, how it questions aesthetics and science in its apparent depressiveness.

Concerned with the performative dimension of art, I am arguing that contemporary art (in some of its most original deployments) does not so much represent as *enact* depression in the triple sense of the verb: it simultaneously performs and contributes to the depressive paradigm, but it also acts out depression discursively, structurally, formally, and symptomatically. I use *enactment* following Judith Butler's definition of the term as an act or action that "requires a performance that is *repeated*." This enactment, however, cannot be narrowed down to "a reenactment and reexperiencing of a set of meanings already socially established; . . . the mundane and ritualized form of their legitimation."¹² To say it more precisely, not only does art reiterate and challenge the already-established set of meanings of depression, but it is also fully active in its own terms in the establishment of meaning. Its specific contribution lies in the aesthetic elaboration of a salient rule of depressive disorders: disengagement. There, I believe, is the meeting point of contemporary art and depression. The depressive paradigm is never as manifest as in artworks that adopt as their own aesthetic rules, but for the sake of probing these very rules, the disengaging symptoms of the depressed—the withdrawal into the self, the radical movement of protection of the self from the other, the subject's signaling (through reduced nonverbal communication) to "keep my distance," the *huis clos* sense of isolation, the rupture of communicational intersubjectivity, perceptual insufficiency. The artistic reiteration of depressed disengagement, I contend, transforms disengagement into an aesthetic strategy of disclosure of the ways in which individuality and depression intertwine today; more important, it uses disengagement to reach the depressed viewer. In this process, art not only changes aesthetics but also casts doubt on some of the leading scientific understandings of depressive disorders.

The Aesthetics of Disengagement is not a generalized statement that aims to cover or elucidate the highly heterogeneous field of contemporary art. Nor do I wish here to

provide a detailed survey of artworks occupied by the question of depression. The objective of the book is, rather, to show that contemporary art cannot be isolated from the depressive paradigm, to attempt to historicize the subject contemporary art represents, performs, assumes, and addresses instead of reducing it, as is still much too often the case in the field of art history and new media studies, to an abstract, disembodied, acultural position or entity. Preferring an in-depth analysis of key art productions to an overview of what would problematically become the new category of "depressive art," I have chosen the work of Ken Lum, Ugo Rondinone, Vanessa Beecroft, John Pilson, Liza May Post, Douglas Gordon, and Rosemarie Trockel not only because of their aesthetic investigation of depressive symptoms—one that first and foremost concerns the image-viewer relationship—but also because of the complementary ways in which they act out disengagement without reinscribing the modernist quest for detached or disinterested autonomy. They have this in common: they consistently rethink aesthetics through a depreciation of its inherent feature, the relational, that is, not only the viewer's connection to the image but also intersubjectivity, communication, community, interpellation, and, still more important, the attachment to the other. In so doing, they must be seen as imagining the disengaged subject of the turn of the twenty-first century, what could be called the individual (the independent being who supplants the autonomous subject as it was defined at the origins of modernity), *l'homme comportemental* (the cognitive-behavioral man), the biological being, or the subject without others. But they are equally an exertion to activate the current debate around depression and to show how art is a significant player in that debate.

As a way to introduce and delineate the issues that will shape this study of contemporary art through the special lens of depressive disorders, it is helpful to consider one of the pivotal artworks to have marked the aesthetic enactment of depression: *Mirror Maze with 12 Signs of Depression*, an installation initially presented in the gardens of the Documenta exhibition in Kassel, Germany, in 2002. For this interior maze, Canadian artist Ken Lum (b. 1956) has juxtaposed a series of mirror panes that plunges the viewer into depressive affects by consolidating a rupture of communicational intersubjectivity. This rupture occurs not only between viewers but also between the viewers and their reflected selves. A closer look at this installation shows how depressed disengagement might be—*is*—aesthetically derived. It also shows how both aesthetics and science are disputed in this very process.

First and foremost, the viewer's mental and physical incorporation into a zone of depression is literally made manifest by etched inscriptions marking twelve of the mirrors, which describe the main symptoms of depressive disorders. Extracted from the world of pop psychology, the inscriptions consist of first-person self-test replies typically found in popular media, which voice the experience of the depressed, such as "I cry for no reason," "I feel like a failure," "I have no friends," "There is no future for me," "I am afraid of doing something bad," "All I ever do is sleep," "I am tired all the time," and "I feel alone in the world." These immediately expose the viewer to the subjectivity of depression and favor

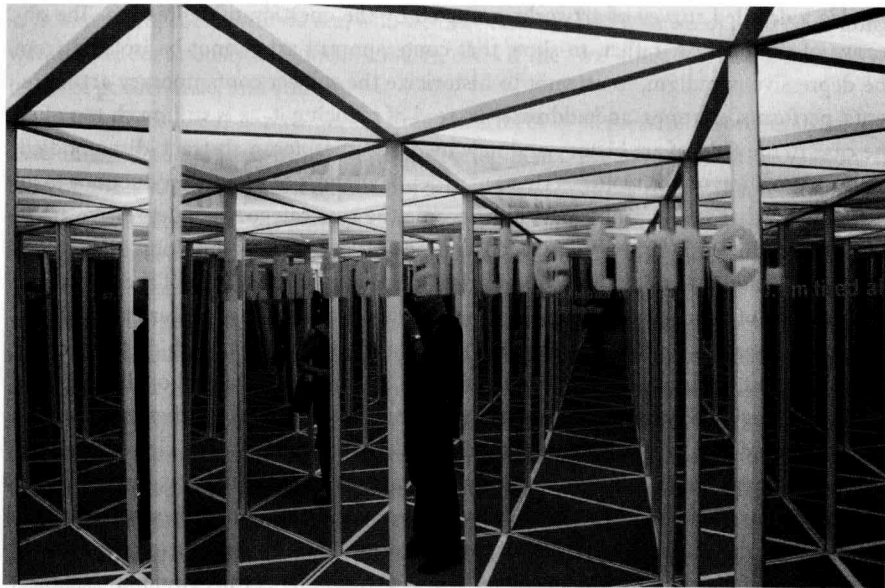


Figure 1. Ken Lum, *Mirror Maze with 12 Signs of Depression*, 2002, Documenta 11, Kassel, Germany. Three steel containers with plywood, frost-touched 1 × 2 m mirrors, Plexiglas, ceiling panels with fluorescent light bulbs and plasticized paper, approximately 10 × 10 m. Courtesy of the artist and Andrea Rosen Gallery, New York. Copyright Documenta Archiv. Photograph by Richard Kasiewicz.

identification with at least one of the symptoms, but they do so through the use of stereotyped formulations of the disorders, which trouble the disorders' apparent authenticity. The lived affects are displayed not as false or manipulated (such a display would prevent the visitor from identifying with the descriptions) but as inevitably coded and constructed through popular science. The inscriptions also gender the viewer from the start, inscribing him or her within the predominantly feminine world of health and lifestyle magazines. From the moment this viewer—let us designate her as a user, given that the maze is more a world of immersion than one of vision—enters the maze, she is engulfed in a kaleidoscopic environment of multiplied mirrors that confuses the passageway between the entry and the exit of the architectural construction. To walk in the passageway is to adventure oneself into a space whose configuration is continuously confused by mirrors that reflect not only the different spectators circulating inside the maze but also the other mirrors of the structure. As the user wanders in the space, she is thus never quite sure whether what she sees is an actual opening or the reflection of an opening, an actual user or an image of a user. Condemned to a mirror-injected form of blindness, spectators have to grope their way along the panes of the maze.

Lum's installation thus sets about to ascribe and convey to the user what mainstream pop psychology has identified as the main symptoms of depression: disorientation, a diminished ability to think and concentrate, an impoverished sense of the past and the

future, fatigue, negative thoughts about the self, a quest for but also ineptness in securing one's identity. It ascribes depression discursively, emotionally, and experientially through first-person descriptions that incite identification and through the distressing assembling of the mirrors, which multiplies the reflection of the users and dissolves social unity. Although much of Ken Lum's art practice, as curator Kitty Scott has observed, "explores the anxiety, confusion, and contradictions that arise when people of disparate backgrounds meet,"¹³ the Documenta installation pushes this exploration a step further by asking the viewer to physically experience confusion and disparity following a trajectory that keeps associating reflection, depression, and the rupture of intersubjectivity.

Reflection here is a depressive experience on at least four accounts. First, instead of reinforcing the self as self, it opens up the self to a multiplicity of possible selves. The continuous confrontation with the mirrors brings the user back directly to Jacques Lacan's mirror phase—the key phase in which the child experiences for the first time a sense of self through a gestalt reflection of its body as a whole—but the multiplication of mirrors and the fleetingness of the reflections (in contrast to photography, the mirror fails to fix its image) activate a regression to that phase by preventing the stabilization of identity, bringing us closer to what the mirror phase apparently denies, according to Lacan: the actual lack of coordination of the infant, its noncohesiveness. Second, as the wording of the symptoms illustrates, this inability to fix one's identity is disclosed as a deficit or lived as a negative occurrence. Indeed, as the spectators introduce themselves deeper and deeper into the environment of continuous reflections, these inscribe the self in a growing negative rapport with itself, because the meeting with one's image is repeatedly equated with one's failure to find the passageway. Third, reflection is an experience of self-absorption. By multiplying self-reflection, the specular maze may be said to accentuate one's absorption into even an obsession with the self—a key feature of depressive disorders—to the point of trivializing the presence of the other users in the maze. Finally, accentuating this isolating effect, the multiplied reflections significantly mislead one's sense of spatial relation to the other. Although the beholder can see other users, she never knows for sure whether they are virtual or physical realities, whether they are close by or far away, whether they are sharing the same space or inserted into another corridor, whether they are directly reachable or mirror panes away. To be in the maze space is in fact not to know how the place is shared or whether it is shared at all. When many users circulate in the installation at the same time, the multiplication of reflected mirrors creates a community of atomized units. This inability to relate to the other only increases the spectator's sense of isolation.

How does *Mirror Maze with 12 Signs of Depression* define the depressed if not as this individualized, isolated being—recalling the passerby of contemporary glass-and-mirror architecture or the consumer of fair or carnival architecture—more or less paralyzed by the spatial uncertainties of the panes and condemned to dubiety as to his or her actual relationship to others? The specular image's main functions are to de-secure identity, absorb the self into the self, articulate the break of intersubjectivity, and designate the user's difficulties of orientation as a failure of adaptation or mere deficit. It does so by

multiplying the mirrors and blurring the distinction between specularity and reality, closeness and distance, here and there. These enacting operations by which art adopts the disengaging action of depressive disorders have the effect of consolidating the relative but disturbing autonomy of the mirror image: liberated from the function of relating the user to herself and to others, the image loses its aesthetic, relational dimension.

This work is decisive in many ways, in that it sets aesthetically into play salient symptoms of depression not only to suggest the intertwining of depressive disorders and contemporary individualism but also to question, in so doing, some of the key relational premises of aesthetics. It is this correlation that will form the center of this book. Depression in art is not—and let us insist on this point—just a question of subject matter: artworks representing depressed beings in a moment when depressive disorders have become the leading mental disorder or even the leading cause of disability worldwide. Although statistics are critical for the understanding of today's subject, art does more than simply represent empirical data. In the work I've just delineated, depressiveness unfolds as not so much a theme as an aesthetic depreciation of connectedness. First and foremost, the mirror reflections of the self are not only multiplied but also installed in such a way as to envelop the user; this multiplication and the related enveloping effect immunize the beholder from any sentiment of void, emptiness, or absence to oneself. But in doing so, they also insulate the beholder. The reproduction of mirrors, furthermore, inscribes the user into a logic of endless aggrandizing and proliferation of the self, a logic that counters any residual psychoanalytical perception of the self as emerging from the loss of loved objects so as to propel us into the belief that we can endlessly initiate and re-create ourselves without any other to be lost or gained. Finally, the devising of a labyrinthine space transforms the user into a laboratory rat whose behavior and cognitive reactions are to be measured either positively (for those who are able to circulate more or less freely in the maze) or negatively (for those who experience claustrophobia or agoraphobia)—not as a manifestation of the fear to be trapped, to suffocate, and to die but as a maladaptation, a deficient coping style. Aesthetic melancholia or aesthetics as melancholia, as a discourse of loss, has been utterly reversed here, replaced by an architectural setting that favors the reproducibility, enlargement, expansion, and even immortality of the self to the detriment of the other. Depression—the *insufficiency of self*—could well be, as recent sociology has suggested, the fatigue that results from the individual's compliance with neoliberal norms of independence based on the demand for the *reiterated creation of self* so strongly formulated in Lum's installation.¹⁴

In such a logic of disengagement, it is easy to seize—and this brings us to one of the central arguments developed throughout this study—that the other becomes somewhat peripheral to the self. To marginalize the other is to protect oneself from the losses that come about in any relationship with any other. This is what *Mirror Maze with 12 Signs of Depression* activates and discloses by its self-absorbing mirrors that keep obscuring the location of the other users. The aesthetic deployment of depression corresponds to a rupture of intersubjectivity. Even the specular image has been liberated from its relational modus operandi of linking the reflected self to the self and to others. It is not that

the other is lost; rather, it has become inappropriate or inconsequential. In this, as it solicits the spectator to experience the disengaging actions of the reflections, the maze must be seen as critically deploying a microcosm of a highly individualized society. It echoes sociologist Alain Ehrenberg's periodization of depression as a disorder that emerged as a leading mental illness in the 1970s, a time of decline of norms of socialization based on discipline, prohibition, and repression, and the concomitant rise of norms of independence based on generalized individual initiative (personified by the model of the entrepreneur), self-sufficiency, and pluralism of values (exemplified by the dictum "It's my choice").¹⁵ These norms of independence structure the users' (non)relationships. They produce individual beings in a search for identity. In such a fragmented microcosm, subjectivity still constitutes itself normatively, but it is as though social constraints have become insignificant or irrelevant, producing a multiplicity of postmodern law-giving selves who dissolve what philosopher Alain Renaut, in his study on individualism, has designated the modern subject's "valorization . . . of a sphere of supraindividual normativity around which humanity constitutes itself and intersubjectivity recognizes itself."¹⁶ If the modern subject, as Étienne Balibar has shown, instituted itself with Kant, both as *subjectum* ("an individual substance or a material substratum for properties") and as *subjectus* ("a political and juridical term, which refers to *subjection* or *submission*, that is, the fact that a [generally] human person [man, woman or child] is *subjected* to the more or less absolute, more or less legitimate authority of a superior power"), then the independent individual of Lum's environment is a *subjectum* who has come to devalue the *subjectus*.¹⁷ The mirror maze—and this is a constant in artworks enacting depression—shows that the problematic requirement today, in matters of identity formation, is to devote oneself to the progress and destiny not of the supraindividual but of the self, that is, to incessantly initiate, create, and claim one's identity instead of being disciplined to do so. This psychic economy brings in new possibilities but also, paradoxically, new forms of depressive suffering—notably, for a growing number of people, a reiterated identity crisis, the increased difficulty but related need to identify "the Self as itself."¹⁸ Art revolving around depressive dispositions enacts but also often succeeds in disclosing this individualism by strategically making fragile, although in a fundamental way, the relational function of aesthetics.

Closely related to this shift is art's apparent abandonment of emancipatory intent, that is, the depreciation of art as a field that believes in the possibility of enfranchising the subject from its subjection to the sphere of supraindividual normativity. This is yet another ramification of art's actualization of depression's disengagement affect. *Mirror Maze with 12 Signs of Depression* is not obviously occupied with any operation of transgression and subversion. It participates in what it denounces so as to criticize it from within, inserting the viewer into the devaluation of connectedness without offering any critical distance from which to observe and act on this decline. Immersed in the mirror passageway, disoriented, confused, and self-absorbed, the user is at a loss as to what causes such an alienated state (the labyrinth borrows from the architectural language of entertainment, but it is persistently labyrinthine). This is true not only of the inside

but also of the outside structure. Indeed, after exiting the installation, the user is confronted with an architecture that fails to reveal any of its interior morphology, preventing any form of reflection on the structural organization of the disorienting apparatus. Abandoning emancipatory discourse, the installation refuses to the depressed the neoliberal belief in self-re-creation and insists on the depressed sense of self-insufficiency. It activates depression as a *subjectus* experience. This is a stunning departure from the aesthetic strategies (montage and distancing, for example) that were fundamental not only to the twentieth-century historical avant-garde known for what Peter Bürger, in his *Theory of the Avant-Garde* (1984), has called the critique of art as an institution (the bourgeois concept of autonomous art),¹⁹ but also to post-1960s art and its critique of the discursive constructs of capitalism, patriarchy, and colonialism (class, gender, ethnicity, the commodity, and the gaze, to name the most obvious).

The aesthetic exhaustion of engagement with the other forces us to rethink criticality outside processes of transgression and subversion, a language that tends to disappear in the world of depression. Historian of psychoanalysis Elisabeth Roudinesco speaks of depression's absorption of hysteria, for example—a disorder that has not simply vanished but is treated today as a form of depression—as emblematic of a new social paradigm that cancels out hysteria's language of opposition formulated against the patriarchal bourgeois order of nineteenth-century Vienna: "To this powerless revolt but highly significant in its sexual contents, Freud attributed a liberating value that was beneficial to all women. One hundred years after this inaugural gesture, we are witnessing a regression. In democratic countries, everything is as though no rebellion is possible, as though the very idea of social, even intellectual, subversion had become illusionary. . . . Hence the sadness of the soul and the impotence of sexuality, hence the paradigm of depression."²⁰ This is one of the main manifestations of what Roudinesco calls the paradigmatic shift from hysteria, neurasthenia, and melancholia to depression, which brings with it the decline of psychoanalysis as a subversive force.²¹ In such a paradigm, the belief in psychic conflict as a potential form of critique of social rules has been subsumed by a claim for identity norms in a period when fixed identity has been devalued (although for different reasons) by both neoliberalism and poststructuralism:

If the emergence of the paradigm of depression means indeed that the claim for a norm has superseded the valorization of conflict, this also means that psychoanalysis has lost its power of subversion. . . . [L]ike hysteria, it has been dislodged from the central position it occupied not only in the fields of knowledge with a therapeutic and clinical aim (psychiatry, psychotherapy, clinical psychology) but also in the major disciplines it was supposed to invest (psychology, psychopathology). . . . Whereas woman's body has become depressed and the old convulsive beauty of hysteria, so admired by the Surrealists, has been replaced by an insignificant nosography, psychoanalysis is suffering from the same symptom and seems not to be suited anymore to the depressive society, which prefers clinical psychology. It tends to become a discipline for notables, a psychoanalysis for psychoanalysts.²²

Depressive fatigue thus sets in as the consequence not so much of identity critique (the desire to subvert the norm) as of identity quest or imperative (the desire to be the ideal propagated by the norm as long as it concerns the self and not the other). This begs the question, is depression aesthetics the end of critical art? Not necessarily. Philosopher Jean-Marie Schaeffer has already showed how aesthetics has gradually been liberated from the philosophical quest for transcendental truth, one that was an inherent part of the speculative tradition from Novalis, Schlegel, and Hölderlin, to Hegel and Schopenhauer, to Nietzsche and Heidegger.²³ More recently, art historian Rose-Marie Arbour has also questioned the simplistic equation of art and emancipation, asking, "[S]hould [art] necessarily be subversive, namely aim to 'change the world'?"²⁴ This questioning is salutary, for it relieves art from the often dogmatic definitions of what is subversive or not. It allows for new ways of envisaging criticality and suggests that art can be productive even if it succeeds merely in moving us. But, to push this questioning further, how can a seemingly nonsubversive art be critical? Can depression, "a flaw of adaptation and creativity,"²⁵ be critical? Should it be? These investigations are clearly at the center of the Documenta piece and of any artwork concerned with the paradigm of depression. They are at the center of this study.

The emergence of the individual (the independent being who supplants the autonomous subject as it was defined at the origins of modernity), or subject without others in Lum's installation, is thus not possible without substantially modifying the practice of criticality and aesthetics. But neither is it possible without indicating the discursiveness of depression and without challenging, in its attention to subjective voice and experience, the devaluation of the subjective that has come to exemplify scientific understandings of depressive disorders. The formulaic inscriptions make quite clear their reliance on popular-psychology culture, and the maze obviously appropriates the structure-of-entertainment architectural setting. The installation doesn't reduce depression to these discourses but discloses it as signified by them. In this, the installation shows that to write on, to think about, to represent, or to enact or live a depression is necessarily to inscribe oneself in a complex intertwining of discourses that define depressive disorders. If we follow sociolinguists Adam Jaworski and Nikolas Coupland's definition of discourse as "language use relative to social, political and cultural formations . . . language reflecting social order but also language shaping social order, and shaping individuals' interaction with society,"²⁶ then depression is not merely a suffering state that is reflected in language but also a discursive construct. This is to say not that suffering is not felt and lived or that it doesn't exist as a physical reality, but that as sufferers or companions of sufferers we draw on discourses to give meaning to pain, to feel pain, and to construct identity in relation to this pain.²⁷ As Deborah Schiffrin has already argued, language is more than an individual possession, capability, or "instrument" that represents experience. It allows us to "make sense" of experience. Thus, discourse (and language in general) is a part of culture: because culture is a framework for acting, believing, and understanding, culture is the framework in which communication (and the use of utterances) becomes meaningful.²⁸ To state that depression is a kind of pain is already to inscribe oneself in a discursive field, because the nature

of that pain is necessarily different when experienced in a society in which depression has reached the state of a paradigm; it is also different if we live in a society that values such an experience rather than a society that devalues it as a deficit or mere dysfunctionality. This is especially true of depression today, which is increasingly defined as a disease, a disorder, or a maladaptation, but that is also described, for those who disagree with the predominant discourses and want to establish a distinction between depression as a normal reaction to the stresses of life and more severe forms of depression, as a vulnerability or as an individual's adaptation to stress and loss.

Mental disorders are not found as such in nature. Like all concepts, they are human constructions. They exist only culturally, although they cannot be reduced to culture. I follow here J. C. Wakefield's definition of mental disorders as "internal dysfunctions that a particular culture defines as inappropriate."²⁹ Such a definition entails that (1) mental illnesses "arise when psychological systems of motivation, memory, cognition, arousal, attachment, and the like are not able adequately to carry out the functions they are designed to perform" (this corresponds to their internal dysfunctionality); and (2) although the functions that are not adequately carried out are not social constructions but human properties, mental affections are "only mental disorders culturally, that is when the functioning of the internal psychological system is inappropriate, unreasonable, excessive, abnormal—terms whose meaning stems from the norms of particular cultures and not from natural processes" (this corresponds to their inappropriateness).³⁰ Indicative of the constructed nature of depression is the current discursive field around depression, which is now dominated by diagnostic psychiatry and its sister disciplines, neurobiology and psychopharmacology, both of which specify depression as a disease of the brain that is comparable to other physical illnesses. Cognitive psychology is another important dominant voice in that debate. A psychological complement to diagnostic psychiatry, it describes depression as a maladapted coping style whose perceptual deficits must be corrected in psychotherapy. These approaches can be said to operate according to what psychoanalyst Pierre-Henri Castel has called the dementialization of the subject,³¹ a terminology that highlights psychiatry's banalization of the psychic dimensions of subjectivity. In the field of depression studies, the mind has been somewhat replaced by the brain. Dementialization is the scientific withering of a conception of subjectivity that emphasized the losses inherent to the self and to its relation to the other. Such a depreciation is one of the manifestations of disengagement this book will try to circumscribe. Emphasizing the subjective voice and experience of the depressed (despite or perhaps because of the discursiveness of depression), Lum's *Mirror Maze with 12 Signs of Depression* brings back the lived, embodied, and critical subject, a subject in search of both experience and meaning, in the understanding of depressive disorders. Thus, it must be seen as a critique of scientific dementialization. This critique, I argue, is a guiding thread that ties together artworks questioning the depressive paradigm today.

Hence, although the discursive reality of depression is certainly an underlying premise of this study—I do adopt a critical perspective on disengagement as a general set of social rules, what Michel Foucault has defined as the set of prescriptive laws "that

govern the different modes of enunciation, the possible distribution of the subjective positions" specific to a discursive formation³²—discursive analysis is not what the book does or intends to do. The focus here is on how contemporary art inscribes itself in the discursive debate on depression. The book aims to show that art is not only an important yet unacknowledged player in that debate but also, and most important, a player that changes some of its major aesthetic functions as it plays the game. *The Aesthetics of Disengagement* suggests that although art borrows from scientific definitions of depression, it also translates and questions them in a significant way as it produces its own employments. The book also maintains that the understanding of mental illness as a form of subversion, and any practice associated with this understanding—be it art or psychoanalysis—collapses in the depressive paradigm. I see no productivity in trying to reinforce the modern relationship between creativity and madness, which has served to either pathologize aesthetics or posit mental illness as a subversive, antisocial force while denying not only its incapacitating aspects but also the historicity of that force.³³ At issue here are the resonance and dissonance between art and science, between aesthetically defined and medically defined insufficiency, between the artistic field and the main scientific disciplines engaged in the study of depression. I contend that art's original contribution to contemporary debates about depression lies in its fundamental concern for the subject, a subject that art increasingly stages and addresses following a paradigm of depressiveness and whose depressive symptoms are transposed in the actual constitution of the image. Such a symptomatology shatters the relational function of aesthetics as it also complexifies prevalent scientific evaluations of depressive disorders in which the depressed's protection against loss is considered to be the antinomy of creativity and *poesis*. Depression, criticality, and creativity are not necessarily incompatible.

The present study is structured in five chapters, all of which investigate the different ways in which a reformulation of aesthetics and science takes place in contemporary art's enactment of depressive disengagement. The movement of the chapters is best described by the following trajectory: from the disciplinary conditions of possibility for depression aesthetics, to the examination of this aesthetics, to its inscription in the larger scientific debate on depressive disorders.

Chapter 1 addresses the withering of melancholia. The book starts with an examination of contemporary art's investigation of the melancholy tradition as a disappearing aesthetic strategy in an era when melancholia has been absorbed by the category of depression. Melancholia is the main notional ancestor of depression. It is, furthermore, a disposition that has been traditionally and consistently equated, since the Aristotelian association of melancholy with genius, with (masculine) creativity, with *poesis* per se. In its modern formulation, as a discourse about the inevitability of loss and one's attachment to the other through loss, melancholia became in many ways a major aesthetic strategy between the late nineteenth and late twentieth centuries, at a moment when psychoanalysis itself had integrated the notion in its theorization of the subject as a subject of desire. Such an association begs the question, what does the ingestion of melancholy by a disorder

predominantly defined as a flaw of adaptation and creativity entail if it brings with it the devaluation of the subject's engagement with the other (even in loss) and the adjournment of creative capacity, of art as such? The multimedia work of Ugo Rondinone is a crucial production in light of this question: it investigates the role and status of the artist when modern melancholia is itself withering, so as to disclose the manifold dissolution of the relations melancholia generally redeemed in extreme situations of bereavement. To speak about the artistic enactment of depression requires that we speak about the conditions of possibility for such an enactment, that is, about the degree to which the paradigm of depression challenges the very possibility of the discipline of art.

Chapter 2 articulates the crystallization of art's participation in the paradigm of depression: the staging of the depressed subject, that is, the insufficient (feminine) self. This staging genders depressive disorders, showing them to be a feminized experience. It also represents the subject of depression as an individual obsessed with questions of identity, struggling but failing to measure up to predominant norms of femininity and self-absorbed to such a degree that the other becomes marginal or irrelevant. Such a staging significantly alters feminist art as a critical acknowledgment of the "sphere of supra-individual normativity around which humanity constitutes itself and intersubjectivity recognizes itself." Ken Lum's installation does not attempt to transgress the gendering of the depressed individual as female; rather, the maze enacts that gendering. This shift takes place through the unfolding of two concomitant operations: the abandonment of the belief in the possibility of subverting the discursive categories of femaleness and femininity; and the replacement of this critique by a disclosure of women's paradoxical hardship and failed claim for feminine identity in an era of feminism. The passage—which I hope to make clear through an examination of the performance work of Vanessa Beecroft—from a critique to a display of idealized femininity, from a condemnation to an exposure of feminine insufficiency in relation to the ideal projections, appears to me to indicate a major change in the field of art. Not only does it sound the death knell for a specific tradition of feminist aesthetics that had become inseparable from any vibrant understanding of contemporary art—a practice that sought to expose and change, in the field of representation, the construction, erasure, objectification, or submission of "woman" in relation to "man"—it also announces the emergence of depressed individuality as a devaluation of the other (elaborated for the sake of self-re-creation). To put it differently, the work shows the correspondence between the individual's disengagement from the public sphere and his or her engagement with the self. This disengagement is defined as a coping style, one that is evaluated by the viewer according to the individual's ability to adapt to failure. This definition is fundamentally cognitivist. Such is the laboratory setting of Beecroft's performances.

Chapter 3 focuses on image disengagement or, more precisely, disengagement as the depressive symptom now materialized in the texture of the image. The prevalence of this operation implies the destruction of the relational property of aesthetics and the attempt, through this destruction, to reveal the depressed insatiable need to protect the self from the losses that come about in any relationship with any other. If we follow Jean-Marie Schaeffer's definition of aesthetics as inherently relational—as an embodied practice

whose fundamental feature lies in the viewer's attitude or conduct vis-à-vis the artwork, which he names the cognitive act of discernment—then what can be said of an aesthetics that exhausts its relational property? This question is highly significant for the aesthetic enactment of depression, whose chief characteristic is to depreciate not only intersubjectivity but also the image-viewer relationship. Liza May Post's exploration of the image-screen as a protective surface that actively disengages the viewing subject from the represented subject acutely discloses this depreciation and the concomitant reformulation of aesthetics as a nonrelational practice in an era of depressed subjectivity. Art has become a producer of depressive screens that "conserve the living under its *inanimate* form"³⁴ so as to introduce the viewer into an experience of rejection and denial, one that is lived in relation to a represented subject obsessed with the need to preserve itself from the possible loss of the other.

The subject of chapter 4 is the aesthetic renewal of the symptomatic functioning of the image from within the strategy of disengagement. In such a deployment, the image as symptom is conceived as a mere sign, a summary semiology that disfavors interpretation but might also favor perceptual or mnemonic regeneration. When art either represents in the image or activates in the viewer the depressive symptoms of perceptual insufficiency and memory deficiency—the symptoms par excellence of the depressed disengagement from the other or from any outside object—when it seeks to reach the dementalized subject of depression, how can art be a rich visual site to be seen and looked at, producing visibility and attentive viewers? If one cannot perceive or interpret what's there in the image, what is the function of the image? As two specific installations by Douglas Gordon (*24 Hour Psycho* [1993]) and Rosemarie Trockel (the triptych of *Eye, Sleepingpill, and Kinderspielplatz* [1999]) make manifest, art's enactment of depression elaborates a radical move away from the psychoanalytical model of the symptom as a site of interpretable conflict, desire, dream, and phantasm into an aesthetics that merely exposes the viewer to two of the most remarkable symptoms of depression: the need for time and the need for sleep. What does this passage entail? What is the value of an artwork whose main effect is not to solicit interpretation but to produce temporality and weariness for the one who looks? I contend that in this very valorization of depressive symptoms, art is critical not only of the social conditions but also of the scientific discourses that currently frame depressive disorders.

The final chapter addresses the scientific dementalization of the depressed. Although each chapter elaborates an art-science confrontation that situates aesthetics in the scientific debate on depressive disorders, this section closely examines the debate to show how the implementation of the *DSM* and the related development of the main sciences of depression (diagnostic psychiatry, neurobiology, psychopharmacology, and cognitive, behavioral, and interpersonal psychology) have devalued the psychic life and subjective experience of the mentally ill in their marginalization of the psychoanalytical discourse. The objective here is not to reinstate psychoanalysis but to map out the ways in which scientific dementalization has proceeded in the past decades. This mapping both complicates art's practice of disengagement and enables us to assess the unique productivity of the aesthetic enactment of depression discussed in the previous chapters.