Wollheim, Richard. *Art and Its Objects.* 2d ed. Cambridge, U.K.: Cambridge University Press, 1980.

Wollheim, Richard. *Painting as an Art.* Princeton, N.J.: Princeton University Press, 1987.

JOHN KULVICKI

DE PILES, ROGER. *See* Piles, Roger de.

DEPRESSION. The aesthetics of depression is concerned with more than a scientifically defined set of symptoms transposed into arts. It is both a question brought *to* art and a paradigm in which art actively participates. Inseparable from the historicity of depression as a major concept of psychiatry describing the underside of post-1960s subjectivity, it is informed by that historicity. If depression is indeed a spreading disorder to the point of disclosing the mutations of individuality at the end of the twentieth century (Ehrenberg, 2010), art—one of the important fields of deployment of subjectivity in and before the artwork—must somehow be affected by this evolution. But how do these two worlds, art and depression, exactly meet? How can they be said to ever meet? How is art relevant to the development of depression? This essay seeks to show that the aesthetics of depression is an investigation and exploration of the contemporary downfalls of the being-together. It sets into play rules of disengagement.

The depressive paradigm in contemporary art is never as manifest as in artwork that adopt as their own aesthetic rules, but for the sake of probing these 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 *in camera* sense of isolation, the rupture of communicational intersubjectivity, perceptual insufficiency. The aesthetics of depression manifests contemporary art's concern for new social subjects, both in and before the image, whose subjectivity is shaped not so much by laws of desire as by practices of disconnection; subjects mobilized by the repeated task yet concomitant fatigue of being a self without others. This concern for insufficient subjectivity is identifiable in the iconography of the artwork, but the aesthetic deployment of depression—and this is what accounts for it as an aesthetics—is mainly a performance of the image (its physicality, media materiality, and thingness) on the spectator. As in aesthetics, it corresponds to a specific form of "wanting" of the image (Mitchell, 2004) that engages the spectator in the precariousness, inadequacy, and difficulty of relations. The aesthetics of depression emphasizes the performative dimension of any artistic practice (the performance of insufficiency and disengagement; of a materiality that maintains, but only to weaken it, the relational quality of aesthetics) more than its signification and interpretation. In so doing, it fundamentally questions both the relational property of aesthetics and the predominance of interpretative methodologies in art history.

Before considering some key examples of the depressive paradigm in contemporary art, it is pivotal to insist on the historicity of that paradigm. The paradigm, as previously stipulated, is inseparable from depression as a chief concept of psychiatry describing the underside of contemporary subjectivity. It explores the displacement of the Freudian understanding of the subject, as a desiring yet lacking subject who must learn to repress its desires, to a neoliberal model of the subject who must learn to fulfill its desires. The dark side of the Freudian subject is neurosis, while the dark side of neoliberalism is insufficiency—the fatigue of performing the self and failure of achieving fulfillment.

Following is a brief description of the depressive potential of this new subject. According to the National Institute of Mental Health and the World Health Organization, depression is the leading cause of disability worldwide in terms of total years lost due to disability; it is also the third leading contributor to the global disease burden. The one-year prevalence of major depression—the proportion of individuals in a given population affected by depression in a given year—varies between 0.8 percent (Taiwan) and 9.5 percent (United States) to 9.9 percent (United Kingdom) of the adult population, while lifetime prevalence—the number of people who will experience an episode at some point in their life—varies between 4.4 percent and 19 percent. Prognostic studies, however, show that these rates are already too conservative since the occurrence of depressive disorders is on the rise. More recent figures speak of a one-year prevalence of 10 percent to 15 percent and of a lifetime prevalence of 50 percent, which means that half of the population is anticipated to have a depressive disorder at some point in their lifetime (Healy, 2001, p. 26). Large-scale epidemiological studies conducted within the last two decades have furthermore consistently shown that depression is a gendered phenomenon, typically reporting sex ratios (female/male) in the range of 2 or 3 to 1 (Stoppard, 2000, pp. 4–5). These alarming statistics disclose health sciences' growing reliance on the notion of depression in the diagnosis of mental illnesses. This inference, without the additional supposition of not knowing how to cure the disorder, combined with prevalence, implies the concept is slippery.

The current discursive field around depression is dominated by diagnosis 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 the debate revolving around the "true" nature of depression (is it an illness of the brain or of the mind?; is it a disease *tout court*?). A psychological complement to diagnosis psychiatry, it describes depression

as a maladapted coping style. 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 (Stoppard, 2000, p. 6). According to 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 fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*-IV, TR, 2000), conditions of depression are related to a set of 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 the difficulty in falling asleep or in staying asleep, too much sleep, and significant weight loss or weight gain; and possibly, suicidal thoughts or actions. Although conceptualized in these terms, these manifestations are diverse and deceptive. They furthermore have come to designate an assortment 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 selective serotonin reuptake inhibitor (SSRI) antidepressants (e.g., 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 (e.g., back pain, premature ejaculation). The Prozac generation of antidepressants has not only made treatment by medication more accessible and more generalized but has also significantly increased the number of disorders which may be generically regrouped under the term depression. 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 *DSM*. 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. Because of its vagueness and high rate occurrence, depression is one of the privileged categories through which the contemporary subject is being defined and designated, made and unmade, "biologized" and "psychologized." As such it operates as a new paradigm partially overlapping with but also gradually overturning the Freudian conception of subjectivity.

How do art and depression meet within this historical context of mutation of subjectivity? How is art relevant to depression? How is depression an aesthetic? These questions can be addressed by psychoanalyzing the subject (artist or beholder), by attending to the iconography of the representation of depression, or by applying theories of depression to art. But these types of approaches fail to acknowledge the current marginalization of psychoanalysis in the treatment of depressive disorders. Psychoanalysis's conceptualization of subjectivity as lack, desire, and repression of desire (with its focus on the neurotic subject) does not easily fit the symptoms of depression that are more fundamentally related to the subject's failure to fulfill one's desire, perform the self, and adapt to loss. Psychoanalysis theorizes melancholia more than depression, the category that has partly superseded it within the framework of cognitive science and neuroscience. Iconographic studies (notably Klibansky et al., 1964) have notably privileged melancholia over depression. Moreover, any art historical approach that would simply *apply* theories of depression to art is equally problematic: it would reduce art to an illustration of predefined symptoms and thus fail to address the performativity of the materiality of the artwork. To account for this art and science dialogue, it is more fruitful to examine how contemporary art rethinks aesthetics and its relational property to represent and interpellate subjects (in and before the image) whose memory, perception, attention, and intersubjectivity are impoverished. Crucial here, is art's performative *enactment* of depression as (let us follow Judith Butler's definition of performance here) a "reenactment and reexperiencing of a set of meanings already socially established," a reenactment of socially defined ideals of subjectivity impossible to reach, leading to experiences of fatigue and self-insufficiency (Butler, 1990, p. 140). Crucial here, is also art's questioning of the relational dimension of aesthetics so as to materialize the disengaging symptoms of depression. In his epistemology of contemporary aesthetics, philosopher Jean-Marie Schaeffer singles out the "relational" as the fundamental property of the viewer's attitude or conduct vis-à-vis the artwork: "The aesthetic dimension, he writes, is a relational property and not a property of the object" (Schaeffer, 2000, p. 17). Schaeffer's is a statement about the role of the beholder in the elaboration of aesthetics, insofar as aesthetics is an activity of discernment that is charged affectively—valued for the (dis)satisfaction or (dis)pleasure it provokes in the beholder. This formulation is highly significant to art's enactment of depression whose main characteristic is to depreciate intersubjectivity and the image-viewer relationship. Depression is precisely what fades the relation between a spectator and an image, a beholder and any other subject. It puts aesthetics into crisis by shattering one of its main properties. How then can it still be considered as an aesthetics? To raise the question is to partly answer it: depression does not abolish aesthetics but problematizes aesthetics'

post-1960s occurrence. Contemporary art performs depressiveness by *weakening* (which is not to dissolve) the relational quality of aesthetics.

Exemplary Artwork. There is no delimited corpus of contemporary artwork enacting depression. The aesthetics of depression is set into play in artworks that represent or perform contemporary subjectivity by reenacting the disengaging symptoms of the depressed. This is a paradoxical activity, insofar as "depressive" art materializes disengagement by exploring a realm—aesthetics—which is fundamentally relational. But the paradox is a productive one. It defines the aesthetics of depression as a process of investigation of the relational potentialities of depressed subjectivity. To understand the waning of the relational, therefore, it is useful to refer to some decisive artwork. *Mirror Maze with 12 Signs of Depression* (2002) by Ken Lum is emblematic of the depreciation of the relational. Its maze consists of a pavilion sheltering a set of crisscrossed mirror panes in between which the spectator is invited to circulate. The spectator's mental and physical incorporation into a zone of depression is made manifest by the etched inscriptions marking twelve of the mirrors that describe the main symptoms of depressive disorders (e.g., "I cry for no reason," "I feel like a failure," "I feel alone in the world," "I have no friends," and "There is no future for me"). But the symptoms of depression are mostly experienced when spectators make their way through the mirrored maze, which immerses them in a world of constant confusion between reflection and reality, virtuality and actuality. The maze engulfs them in their own reflections, slows down their mobility, and makes their appreciation of the presence of other spectators undecidable (are they close or distant?; are they virtually or physically there?). It enacts and enforces the rupture of intersubjectivity as intrinsic to depression. Vanessa Beecroft's VB performances made in the 1990s and early 2000s are also crucial to the development of the aesthetics of depression. They stage groups of young, predominantly white, underwear-clad or unclad girls with high heels, who are asked to stand still or move slowly and pose for two to three hours in front of an audience. But after a few minutes into the performances, the performers can never stand still: their body movements are about the continual effort to do so and the failure to meet the prescribed expectation of the pose. Unproductivity sets in. The models' lower backs start to ache and they begin to slouch, kneel, crouch, bend, sit, lie down, and withdraw. The performers attempt to reenact, but they cannot reenact the standard stereotypes of ideal femininity whose main prototype in these performances is the Helmut Newton female model. Depressiveness lies precisely there, in what Stoppard, Ehrenberg, and Butler have identified as the physical and mental fatigue involved in a subject's incapacity to perform an ideal, which is here the Newtonian ideal. But, as an aesthetic, it also lies in the absence of a reciprocity between the self-absorbed models and the gazing yet unacknowledged spectators (insofar as the models have been instructed by Beecroft not to look at them).

Ugo Rondinone's and Liza May Post's mid-1990s–early 2000s video representations of beings in a state of lethargy, isolation, and noncommunication are also disengaged from their own environment in ways that depreciate the relational feature of aesthetics. In both cases, the image screen is explored as a protective surface that uncouples the viewing subject from the represented subject. This is the "screen effect" of the image, one that discloses, participates in, builds, and capitalizes on the cognitive impoverishment of the depressed viewer to turn the image into a barrier somewhat indifferent to the viewer. The screen acts as a protective syndrome, which is endemic to depressive symptoms, what psychoanalyst Pierre Fédida has called the conservation of the living under its "inanimate" form (Fédida, 2001, p. 16). Finally, Geneviève Cadieux's large luminous box photograph *La Voie lactée* (1992), located on the roof of the Montreal Museum of Contemporary Art—the box 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 too tightly framed to function as an identity marker, 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. It has been frozen in its failed effort (or nondesire?) to communicate. In this work, as in all the works described earlier, the subject is imprisoned in time: she is stilled, seeking to suspend the passage of time in her failed reiterated attempts to reach an impossible goal, isolating herself, and isolated by the frame. The materiality of the works (the mirrors, the bodies, the screens, the luminous box) performs that disengagement: the works act as quasi subjects whose aliveness comes from their affective charge and whose disengagement effect comes both from the depressed beings they represent and the materiality of representation.

The aesthetics of depression can thus be considered as a major questioning of Nicolas Bourriaud's conceptualization of relational aesthetics initially formulated in 1998. In his study of relational art, Bourriaud speaks of an art that takes "as its theoretical horizon the realm of human interactions and its social context, rather than the assertion of an independent and *private* symbolic space" (Bourriaud, 1998, p. 14). Relational aesthetics considers intersubjectivity as its central objective and the being together as its central theme, so as to facilitate the "encounter" between the viewer and the artwork, together with the "collective elaboration of meaning." As speech and language therapist Jenny France has significantly pointed out, however, communicational disturbances in situations of mental illness "can result in the reduced intelligibility of messages, or in deficient listening skills. This imposes limitations on the communication of

thoughts and feelings. It frequently also engenders messages of intolerance, ridicule and rejection by society. This can encourage feelings of isolation, hostility and anger in those affected, which are frequently accompanied by feelings of low self-esteem, a lack of self-confidence, and worthlessness and uselessness" (France, 2001, p. 15). Psychiatrist Jurgen Ruesch states that most psychopathologies are in fact communicational difficulties. This is to say that, although one can only approve of art practices that aim to build intersubjectivity, it is also crucial to investigate how and why contemporary intersubjectivity is in crisis; how and why the goal of intersubjectivity is a difficult one in an era where depression is one of the main structuring undersides of subjectivity. The aesthetics of depression is an investigation and exploration of the contemporary downfalls of the being-together. The "depressed" is the very figure, the very symptom, of this failure, once depression is understood as a disorder of disconnection and misconnection. The aesthetics of depression corresponds to the Janus side of relational aesthetics, the dystopian flip side of the utopian belief in community as a being together, and of science's attempt to treat depression.

BIBLIOGRAPHY

Bourriaud, Nicolas. *Relational Aesthetics*. Translated by Simon Pleasance and Fronza Woods, with Mathieu Copeland. Dijon, France: Les Presses du Réel, 1998.

Butler, Judith. *Gender Trouble: Feminism and the Subversion of Identity*. New York and London: Routledge, 1990.

Coyne, James C., ed. *Essential Papers on Depression*. New York: New York University Press, 1986.

Cvetkovic, Ann. *Depression: A Public Feeling*. Durham, N.C.: Duke University Press, 2012.

Ehrenberg, Alain. *The Weariness of the Self: Diagnosing the History of Depression in the Contemporary Age*. Translated by Enrico Caouette, Jacob Homel, David Homel, and Don Winklet. Montreal: McGill-Queen's University Press, 2010.

Fédida, Pierre. *Des bienfaits de la dépression: Éloge de la psychothérapie*. Paris: Éditions Odile Jacob, 2001.

France, Jenny. "Disorders of Communication and Mental Illness." In *Communication and Mental Illness: Theoretical and Practical Approaches*, edited by Jenny France and Sarah Kramer, pp. 15–25. London and Philadelphia: Jessica Kingsley, 2001.

Healy, David. "The Antidepressant Drama." In *Treating Depression: Bridging the 21st Century*, edited by Myrna M. Weissman, pp. 7–34. Washington, D.C.: American Psychiatric Press, 2001.

Healy, David. *The Antidepressant Era*. Cambridge, Mass.: Harvard University Press, 1997.

Healy, David. *Pharmageddon*. Berkeley: University of California Press, 2012.

Horwitz, Allan V. *Creating Mental Illness*. Chicago: University of Chicago Press, 2002.

Jackson, Tanley W. *Melancholia and Depression: From Hippocratic Times to Modern Times*. New Haven, Conn.: Yale University Press, 1986.

Klibansky, Raymond, Erwin Panofsky, and Fritz Saxl. *Saturn and Melancholy: Studies on Natural Philosophy, Religion and Art*. London: Thomas Nelson & Sons, 1964.

Luhrmann, Tanya M. *Of Two Minds: The Growing Disorder in American Psychiatry*. New York: Alfred A. Knopf, 2001.

Mitchell, W. J. T. *What Do Pictures Want? The Lives and Loves of Images*. Chicago: University of Chicago Press, 2004.

National Institute of Mental Health. *The Invisible Disease: Depression*. Bethesda, Md.: National Institute of Mental Health, 13 August 2003. http://www.wvdhhr.org/bhhftest/ScienceOnOurMinds/NIMH%20PDFs/11%20Invisible.pdf.

Porter, Roy. *Madness: A Brief History*. Oxford: Oxford University Press, 2002.

Radden, Jennifer, ed. *The Nature of Melancholy: From Aristotle to Kristeva*. New York: Oxford University Press, 2000.

Ruesch, Jurgen. "Values, Communication and Culture." In *Communication: The Social Matrix of Psychiatry*, edited by Jurgen Ruesch and Gregory Bateson, pp. 3–20. New York: W. W. Norton, 1987.

Schaeffer, Jean-Marie. *Adieu à l'esthétique*. Paris: Presses Universitaires de France, 2000.

Stoppard, Janet M. *Understanding Depression: Feminist Social Constructionist Approaches*. New York and London: Routledge, 2000.

Timmermans, H. "Grand Challenges in Global Mental Health." *Nature* 475, no. 7 (July 2011): 27–30.

World Health Organization. *The Global Burden of Disease: 2004 Update*. Geneva, Switzerland: World Health Organization, 2008.

World Health Organization. *The World Health Report 2001—Mental Health: New Understanding, New Hope*. Geneva, Switzerland: World Health Organization, 2001.

CHRISTINE ROSS

DERRIDA, JACQUES. To treat the thought of contemporary French philosopher Jacques Derrida, this entry comprises four essays:

Survey of Thought
Derrida and Deconstruction
Derrida and Literature
Derrida and Kant

The first essay reviews Derrida's philosophy in general and its relevance to aesthetics. The second essay traces the origins and development of "deconstruction," a term introduced by Derrida and exemplified in many of his works. The third essay concerns his theory of literature, one of the main art forms he discusses when he analyzes matters of aesthetics. The fourth essay discusses Derrida's interpretation of Kant, a major aesthetic theorist in dialogue with whom Derrida articulated his critique of aesthetics.

See also Metaphor: Derrida and de Man on Metaphor; Postcolonialism; Postmodernism: Overview; Text; *and* Truth.

Survey of Thought

Jacques Derrida (1930–2004) emerged in the mid-1960s as a major figure within what came to be called "poststructuralism," and rapidly became an influential figure across a wide range of fields, including philosophy, literary theory, artistic and architectural theory, ethics, and politics. Throughout