

The scope of the virtual in the treatment of melancholy

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Contemporary attempts to conceive and treat melancholia, including various syndromes of depression, inherit and continue a rich tradition of therapy. In the transition to modern society, particularly with the differentiation of medical discourse (in its various paradigms) the sense of melancholia benefited from a greater precision, both in its etiology and symptomatology. In order to grasp it, personal complaint became increasingly important, particularly once it became evident that it could hardly be contained within a strict biophysiological approach. Already in the influent transformation of “mechanized” forms therapy induced by the subscribers of “moral treatment” in the transition to the nineteenth century, the social dimension of the melancholic condition became evident. Resorting on various forms of treatment focusing on individual sensibility and memory those conceptions tried to access a private configuration of the psychic system. However, the full implication and repercussions of the social dimension as origin and eventual source of relief for melancholia only became discernible with the advent of experimental Psychology and Psychoanalysis. These disciplines maintained a pedagogic dimension since recovery of one’s autonomy and self-determination is unconceivable outside the relational construction of expectations and practical duties formulated and contracted along the course of therapy.

Based on psychiatric and psychoanalytical discursive practices related to melancholy, I propose a general approach to the various dimensions of virtuality involved in diagnose and treatment of melancholy. I begin with a contextualization of the idea of melancholy and its gradual circumscription to a particular form of depression and then proceed for an analysis of the main sequences observed and worked within the conditions of recursivity of therapy. One must consider the various series that are required in therapeutic work concerning deep forms of sadness and its specific figures of self-loathing, emotional rigidity (sometimes preserving and even enhancing the cognitive awareness of one’s self-decay) and lack of vitality. No doubt, that the biological dimension has an eminent role in the depressive condition but one can only access and adjust its influence (for instance with psychopharmacs) with the interpersonal mechanisms improved along the

differentiation of the therapeutic medium conceived as a particular system with a specific form of sequentiality and self-reference.

Therapeutic medium grounds its autonomy on conversational recursivity. My aim is to explore and circumscribe the virtual dimension of this medium, particularly the way it enables the virtualization of psychic and communicative configurations inherent to the melancholic condition. Psychoanalysis advanced the groundings of this enterprise, but it maintained a wavery position concerning the autonomy of the communicative dimension and its role in retrieving and transforming one's complaint. Contrary to other generalized therapeutic offers, conversation and observation of the therapeutic medium proceeds through an undetermined and uncertain path, although strictly contained and regulated.

Instead of presenting a way, a predetermined path towards relief and self-determination, Psychoanalysis and counseling aim a dynamic discovery, or attending to von Foerster's distinction, a dynamic creation of cognitive and practical possibilities. These are not necessarily repressed or negated in the ordinary sense of the terms. They can only be thought through the insertion of the subject on a virtual field of self-determination that readdressed its own selectivity. This reframing of one's own selectivity, namely the ability to adhere to a conception and "reinforce" one's disposition, cannot be foreseen at the beginning of the therapeutic process. Only through the adequate thematization of one's operative distinctions of therapeutic sequences can it be achieved and adequate path of therapy. Ultimately, this means that the transformative capacity to address and treat melancholy depends also on the self-observation of the therapist and the way the operating distinctions of therapy's observation and interventions are object of reflection. An effective access to the deep "anchoring" of melancholic personality, namely the configuration of the relation with the primary objects, requires the grounding of this level of self-observation. It depends on the modal thematization of distinctions, its second-order observation that enable the acquisition of new competences.

Keywords: Therapy; Melancholy; virtual; self-reference; negation.

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