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Being marked as different: The emotional politics of experiences of depression and migrant belongings

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ABSTRACT

This article asks the question: "What does it mean to think about 'home' and 'belonging' when migratory experience is enmeshed with the story of depression?". The article focuses on the personal story of a woman who migrated from the United States (US) to Australia, and whose sense of disconnection and displacement in relation to everyday life is embedded within a narrative of depression. Our discussion of her twin narratives of emotional distress and migration is located within theoretical debates about depression, migration and the constitution of subjectivity. In particular, we draw on psychoanalytical approaches to subjectivity to argue that her emotional distress and the medical diagnosis of depression together represent a form of 'experienc[ing] oneself as a subject' (Butler, 2005), and function as a precondition to her narrative of migration. Ultimately, we conclude, the woman's intertwined narratives of depression and migration operate simultaneously to provide retroactive order to her subjectivity.

> If anybody lives away from their homeland, no matter how difficult their experience is when growing up, you need to go home on a regular basis. I can say that unequivocally to someone …. I hadn't been home for eleven and a half years and that's when I developed a more sincere form of depression then. … eleven and a half years was far too long, and you actually feel you lose your grounded, you, you lose your grounding, you lose your fiber, you lose your identity. You lose everything when you don't go home to your homeland. It's a part of your identity, of who you are and how you identify yourself to yourself and to other people, you know. (Jane)

1. Introduction

What does it mean to think about 'home' and 'belonging' when migratory experience is enmeshed with the story of depression? What does it mean to talk about the 'place of origin' when experience of home is shaped by feelings of emotional distress that become central to the production of identity? In this article we explore such questions by focussing on a life story told by a woman, Jane, who migrated from the United States of America (the US) to Australia when she was eighteen, and whose sense of disconnection and displacement in relation to everyday life resulted in prolonged emotional distress and in receiving a medical diagnosis of depression. Jane's story was collected as a part of a larger narrative study on experiences of depression in Australia. She was forty-seven years old at the time of the interview, and described herself as an immigrant, of German-American descent, to Australia. She is a qualified book-keeper, but was not in paid employment at the time of the interview through her own choice. She also described herself as an artist. Jane felt that she lived her entire life with the 'spectre of depression'. She always tried to please her family, both in the US and Australia, but felt nothing she did was 'good enough'.

Until relatively recently, a focus on 'narratives' and 'life stories' about illness (Buchbinder, 2010) have been notably absent from social science research, particularly in relation to migrant experiences and the constitution of subjectivity. Here we take the narrative account of depression as our starting point, in order to elucidate dynamics of depression and feelings of anxiety as specific practices that contribute to the constitution of subjectivity. Specifically, we demonstrate how the production of Jane's life narrative as a constant search for 'the authentic self' is shaped by the telling of her story of depression as a medical condition. It is in this space that migration and longing for home are described in terms of a failure of the self and the loss of identity.

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2. Emotional distress as a basic social response

According to Taylor, to know who we are is to be oriented to a 'moral horizon', where questions about what is good or bad, and what is worth doing are played out (Taylor, 1989: 28). In post-modern culture, there is recognition that universal norms and values are not possible, but there is an emphasis on 'self-understanding' as a precondition for living a moral life according to one's own moral horizon. In his seminal book, *The Weariness of the Self* (2010), French sociologist Alain Ehrenberg approaches depression as a key feature of contemporary individualism. For Ehrenberg, the modern depression 'epidemic' stems from personal feelings of inadequacy in a cultural context that demands success and achievement from autonomous individuals. The depression label brings together 'in one pathological entity', all the obstacles that prevent us from realizing our social ideals and contributing successfully to liberal society (Ehrenberg, 2010: xiii).

Similarly, Ann Cvetkovich argues that in recent years there has been a tendency to discuss emotional distress and depression primarily along a 'personal/medical' axis, and this dichotomy both relieves individuals of responsibility for their emotional distress – 'it's just genes or chemicals' – and provides opportunities for agency – 'you can fix it by taking a pill' (2012, 24). Much of the social science literature raises concerns that the increasing emphasis on this dichotomy (personal/medical) fails to take account of the emotional, cultural, social and gendered contexts that shape experiences of emotional distress (see Fullagar, 2008; Horwitz and Wakefield, 2007; Kokanovic et al., 2012; Kokanovic & Philip, 2014). Cvetkovich notes that while social explanations of depression usefully highlight the social and cultural context of emotional distress, they risk reducing subjects to victims of various forces such as racism, capitalism and so on. In other words, even when depression is thought of as a cultural or social phenomenon, the use of the term remains problematic because its complexity could be reduced to examinations of the effects of its naturalization and normalization. What is needed, Cvetkovich argues, are readings of depression narratives as narratives 'that can mediate between the personal and the social' (Cvetkovich, 2012: 15) and that can explain the violence of culture that produces feelings of despair and anxiety.

On a personal level, these feelings can bring about what Taylor (1989: 27–28) calls 'an acute form of disorientation' or 'radical uncertainty'. Individuals describe a sense of not knowing who they really are, or where they stand in relation to significant events and possibilities in life, which is painful and frightening (Taylor, 1989: 27–28). But, as Joan Copjec argues, whilst experienced as personal and isolating, these feelings are also 'a basic social response' (2006: 165). In this context, emotional distress and the medical diagnosis of depression could be seen as a way 'to experience oneself as a subject', as one who is 'fundamentally split from oneself' (Copjec, 2006: 167). In what follows, we draw on theoretical work influenced by psychoanalytic approaches and discourse theory that stresses that processes of *identification* underline the ways we narrate 'who we are' and 'who we were' (Ahmed, 2000; Butler, 2005; Copjec, 2006; Laclau, 2007; Žižek, 1997). In examining Jane's life story our major aims are: (1) to understand the way she experiences her migration from US to Australia and (2) to explore the articulation of her account of that experience with her identification and experience of the medical diagnosis of depression.

3. Subject as the lack of being

According to Copjec, a subject is always split (2006: 167), 'the lack of being' (Laclau and Zac, 1994: 32) that simultaneously demands the closure of an identity and prevents it. Here Copjec, Laclau and Zac rely on Lacan's theory of the emergence of the subject in the 'mirror stage', where the primacy of the act of identification is stressed in the process of subjectification. For Lacan, the mirror stage is formative of the first image of the self as a unity. He explains that the child, in a series of fragmented movements, perceives itself in relation to the mirror world of reflections for the first time as 'I'. This is an ideal 'I', a spatial imaginary identity since it cannot eliminate the real un-coordination of the body. So the child tries to accomplish in language a stable identity, to gain an adequate representation through the world of words (Stavrakakis, 1999: 18). But by submitting to the world of words, the child is also submitting her/himself to the symbolic, and becomes a subject in language.

The symbolic is something that we usually perceive of as 'reality'; it includes language, law, social rituals, science, customs etc., it is the world of words, of representations. Ernesto Laclau and Chantal Mouffe (1985) argue that the symbolic (the social) does not exist as a given object, but is always a process, incompleteness, and a fissure. All societies and identities are constructed within specific discursive formations, and they are results of articulatory practices. The practice of articulation consists of different discursive attempts to fix the meaning of the social. Laclau and Mouffe call these partial fixations of the social 'nodal points'. The full closure of society is impossible, but it is exactly the idea of closure that functions as an ideal.[1]

In the symbolic, the subject becomes a subject in language and accepts the laws of language: '[t]he symbolic provides a form into which the subject is inserted at the level of his being … [and it is] on this basis that the subject recognises himself/herself as being this or that' (Laclau and Zac, 1994: 35). But the world of words (signifiers) fails to represent the subject and in that way the subject becomes an effect of the word, of the signifier. As Laclau and Zac (1994: 32) put it:

> Every signifier fails to represent the subject and leaves a residue: something fails to be reflected in the mirror-world of reflections. There is an essential asymmetry, between projection and introjection, for although the image is brought in, it remains outside; the inside 'starts' outside. In other words, not everything is reflected in the image-mirror, and what remains on the other side is the impossible, the primarily repressed. This asymmetry points to the faults that install uncertainty and trigger identifications. The moment of failure marks the emergence of the subject of lack through the fissures of the discursive chain.

The subject, 'as the lack of being', is constitutive, it constantly generates new identifications. All of these identifications are misidentifications in the sense that they hold out a false promise of 'suture', of closure of identity formation. Our theoretical approach to understanding both, a migrant's narrative and an illness narrative, the notion of 'the good life' and processes of re-imagining home mediated by the experiences of disruption and displacement as one tries to re-orientate, is informed by these assumptions and ideas about the self in society; that the subject experiences itself as lack and constantly tries to fill this lack through different

[1] It is a fantasy that emerges in support of this ideal, and it is a fantasy that covers over the impossibility of any closed system. In Žižek's (1996) words, it is through fantasy that we experience our world as a wholly consistent and transparently meaningful order. Hence we can say that fantasy structures our social relations. On the one hand fantasy has a stabilising dimension, 'the dream of the state without disturbances out of reach of human depravity' (Žižek, 1996: 24). On the other, fantasy's destabilising dimension creates images that 'irritate us', images that try to conceal the lack in 'reality' itself.