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Depression and the search for a "*Pharmakon*" to alleviate individual and social discomfort

Depressão e a busca do "*Pharmakon*" para aplacar o mal estar individual e social

Depresión y la búsqueda del "*Pharmakon*" para aplacar el malestar individual y social

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This essay aims at approaching the theme of depression from the points of view of neuroscience, psychiatry and psychoanalysis. Neuroscience and Psychiatry favor the biological aspect, considering the disease as a result of an imbalance of neurotransmitters. Psychoanalysis sees depression as the manifestation of an alienation of the pathways of desire, caused by the very constitution of its subject, established by relationships created since early childhood. Today, the search for a *pharmakon*, term used by Plato to indicate both medicine and poison, can perpetuate this ill-being instead of dissolving it.
Descriptores: Depression; Psychoanalysis; Neurosciences; Psychiatry.

Este é um ensaio que tem como objetivo abordar o tema depressão a partir dos pressupostos da neurociência, psiquiatria e psicanálise. A neurociência e a psiquiatria privilegiam o aspecto estritamente biológico, considerando-a como resultado de um desequilíbrio de neurotransmissores. A psicanálise vê a depressão enquanto manifestação de um sujeito alienado da via desejante, cuja causa está na própria constituição desse sujeito, nas relações estabelecidas desde a primeira infância. Na atualidade, a busca pelo *pharmakon*, termo que Platão utilizou para designar tanto o medicamento quanto o veneno, pode perpetuar esse mal-estar ao invés de dissolvê-lo.
Descritores: Depressão; Psicanálise; Neurociências; Psiquiatria.

Este es un ensayo que tiene como objetivo abordar el tema depresión a partir de los presupuestos de la neurociencia, la psiquiatría y el psicoanálisis. La neurociencia y la psiquiatría privilegian el aspecto estrictamente biológico, considerándose como resultado de un desequilibrio de los neurotransmisores. El psicoanálisis considera la depresión como manifestación de un individuo enajenado de la vía de deseo, cuya causa está en la propia constitución de este sujeto en las relaciones establecidas desde la primera infancia. En la actualidad la búsqueda del *pharmakon*, referencia al término que Platón utilizó para designar tanto la medicina como el veneno, que puede perpetuar este malestar en lugar de disolverlo.
Descriptores: Depresión; Psicoanálisis; Neurociencias; Psiquiatría.

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INTRODUCTION

Depression is a social and individual contemporary malaise, understood in several different ways when one considers it from a psychic approach that is represented by the point of view of Psychoanalysis or biology in the point of view of Neuroscience and Psychiatry.

Neuroscience is one of the fields of biological knowledge that studies the workings of the nervous system[1]. During the twentieth century, neurobiology and psychology joined interests and created the field of neuroscience, whose main objective was to advance the investigation and treatment of neurological diseases, through the production of knowledge related to the neuropathological aspects of mental diseases. On the other hand, neuroscience also sought to merge neurology and psychiatry, suggesting the brain as the true subject of the experiences. From interpretations of psychic and cerebral functioning, a psychic disturbance came to be considered as a biochemical dysfunction; therefore, acting upon the brain's chemistry would be capable of eliminating psychic suffering[2].

Psychiatry, as a medical specialty that deals with mental health, maintains a biological point of view, regarding mental illness. Considering the classification of mental illnesses elaborated by Kraepelin, which still influences modern psychiatry[3], diseases originate and manifest withing the human body. Despite all discussions and reflections that emerged from the Psychiatric Reform. The biomedical discourse still guides psychiatric-medical interventions, seeking to normalize situations, and considering as pathological individuals whose conduct is socially abnormal[4].

Depression, according to the Diagnostic and Statistical Manual of Mind Disorders (DSM V, 2013) is an affective disorder characterized by the presence of sad, empty or angry moods, accompanied by somatic and cognitive changes that impact the individuals functional life[5].

According to the World Health Organization, depression is a "mental disorder", characterized by sadness, loss of interest in daily activities, loss of appetite or sleep, and apathy, and according to the International Classification of Diseases (ICD-10), depression can be classified as light, mild or severe[6].

Psychoanalysis, developed by Sigmund Freud in the beginning of the twentieth century, is formed by a theory, a method and a technique, and approach psychic disorders through an investigation of the unconscious. It uses the interpretation of transference and resistance, together with an analysis of the free association of ideas. For psychoanalysis, disorders emerge through an impediment or requirement to do something, and the intervention is not addressed at a framework of normality, but at a process of recovery of the freedom of the subject. Psychoanalysis is a discourse that negotiates the relationship among between the subject and the external world, as it rescues his or her singularity, allowing it to emerge[7].

To psychoanalysis, depression is related to loss, and the psychoanalytical work involves the possibility of comprehension of the uniqueness of living through loss, and its elaboration through a subjective meaning[8].

There is an important differentiation between depression and depressiveness, as the latter is part of the psychic life and is necessary for the development of creativity[9].

Depression, to Freud, is linked to an affection, symptom or state that involves sadness, displeasure, inhibition and anguish[8].

This essay aims at approaching the theme of depression from the assumptions of neuroscience, psychiatry and psychoanalysis.

METHOD

This essay was created as an exigency of a Post-Graduation Course in Psychoanalysis, and it is based on a Freudian point of view, especially considering contemporary authors of Psychoanalysis, who contributed to the approach of the theme "depression".

RESULTS

Highlighting the theme "depression" as it relates with neuroscience, psychiatry and psychoanalysis, some themes were elected: "depression and social discontent";

"depression from the point of view of Psychiatry and the Neurosciences"; "depression from the point of view of psychoanalysis"; and "depression and the search for the *pharmakon* in contemporary times".

DISCUSSION

- Depression and social discontent

The "discontent" Freud discusses (1930; 1992) evidenced the incompatibility between the individual needs and the social and cultural requirements. Nowadays, the same feeling reproduces, under specific circumstances, the characteristics of the time[10].

Temporality has been changed, the speed of events, the multiplicity of options, they make everything intense and ephemeral[11]. The repression of the past has been replaced with a generalized lack of limits, as the apparent freedom hides a great insecurity, strengthen by the lack of consistent references. The infinity of consumer goods offered leads to a tyranny of having, of competing, of living through appearances, and achievements become blurred are fleeting. There is no maturity nor enjoyment, no time nor internal space, no possibility of experience subjectification, generating subjects who are empty of meaning.

Depression, though it is a social symptom that represents the illness of the century, emerges to show the incompatibility of the ideologies and beliefs that underpin the social life with the reality of the subject. This refers to the role of hysteria in Victorian times, also considered as a social symptom which denounces that the traditional ways to symbolize sexual differences no longer corresponded to the reality imposed to women after the revolutions in the XVIII century and the establishment of the bourgeois order at the end of the XIX century.

Thus, in the current context, the following will affect the constitution of the subject: accelerated temporality; the predominance of pleasure over traditional prohibitions; the lack of consistent references as identification; and the devaluation of experience, generating both neurotic people who get depressed and subjects with depressive structures[12].

To understand the change in temporality and its connection to depression, this study resorts to the origin of the contemporary representations of time which emerge from the work of Descartes and creates a science which suppresses the being, and bases itself on physics, mathematics and, more specifically, in geometry (turning itself to the instantaneous, where they are not inscribed) the conditions of permanence and the search for the being. It becomes difficult to experience a continuity between past and present when the perception of a discontinuous series of unconnected instants is considered as the most important. This difficulty is found exactly in depressed subjects, who experiment a sensation of inconsistency in their being. This satisfactory relationship of temporality (in spite of the precarious subjectivity) could be observed in the feudal civilization, where the rhythm of medieval times was defined by religious festivals and cultural activities, symbolically organized, in opposition to the modern time, which is abstract, unified, and reduced to ephemeral instants[13].

The accelerated temporality of our daily life affects the constitution of the subject, and can lead to a depressive process, due to the changes in maternal behavior, which now is marked by speed and efficiency, by excessive concerns, and anguish over the little time available, making it impossible to enjoy the *empty time* that is needed for the psychic work invested in the representation of the object. Therefore, the acceleration of time is transmitted through maternal discourse, and the alternance of their presence and absence, or their excessive presence, present the baby to the time of the *Other.* In addition, maternal experience is affected by the social transformations that lead to a change in habits, bringing insecurity to the young mothers[12].

The weakening of the patriarchal power in Western countries is related to the inconsistency of the imaginary formation that must constitute the symbolic place of the

father as a representative of the law. Thus, the father does not maintain his position of authority in the transmission of values and the imposition of limits to his children. He is a weak or violent father. That leads to a growing number of families in the clinics, in which the children are the only ideal of the parents, who say they are incapable of imposing limits to their children and meeting all their demands. The "transmission of values" becomes "giving everything they want", the "value of achievement associated to merit" becomes "the a priori right of having everything". Frequently, the parents see themselves as destitute of their own ideals or as failures to achieve the expectations of their families, looking for the recognition in the special performance of their children. The position of the father is closely connected to depression[12].

According to Lacan, subjective pathologies are linked to the history of societies. Freud, who had already connected the individual to the social, did not relate the clinical structures to historical changes. In this context, depression can be seen as a contemporary neurosis, whose neurotic effects were produced by a historical and social mutation. This mutation refers to the transformation of the position of the father and the change of the *Other*, considered as a determinant factor of the subject and composed by collective discourse[13].

- Depression from the point of view of Psychiatry and the Neurosciences

Antônio Damásio[14], an eminent neuroscientist, studies how the brain builds the mind and how the brain becomes that conscious mind, based on researches about neural bases, involving the knowledge of neuroanatomy and neurophysiology. Although he recognizes that much is yet to be discovered, his materialistic view becomes evident.

This purely biological point of view is shared by psychiatry, which considers depression as a result of neuronal imbalances that can be solved through medications.

Depression is diagnosed by allopathic medicine through a series of criteria, established by international institutions (DSM-IV e ICD-10)[6].

Abnormal behavior patterns - affective, cognitive, somatic and sensory - could be caused by problems in gene transcription as a response to internal stimulus (neuro-humoral or endocrine) and external that would make the individual vulnerable to psychiatric disorders[15].

Considering that, genetic vulnerability and stress would be key-factors for the etiology of depression. Depression neuroregulation becomes evident, as the deregulation of the hypothalamus-pituitary-adrenal axis involved in stress diminishes the volume of the hippocampus, and the activity of the prefrontal cortex in depressed patients. Antidepressant medication not only acts on the neurotransmitters, as it also increases the brain derived neurotrophic factor (BDNF), restoring neuronal activity and growth, as well as the interactions between anatomic and cerebral structures[16].

Currently, there are evidences that inflammation plays a major role in the pathophysiology of depression, since multiple inflammatory biomarkers have been detected in individuals affected by depression. Thus, the theory of inflammatory cytosine establishes the hypothesis[17] that:

a**.** Depression is a result of an increase in the production of pro-inflammatory cytosine that can be triggered by internal or external stressors;

b. Inflammation can induce to depressive symptoms through different routes, such as central neuroinflamation, tryptophan and an increase in the synthesis of TRYCAT neurotoxins (toxins that result from the catabolism of tryptophan);

c. The increase in oxidative and nitrosative stress can change the lipid component of membranes and modify structural proteins, triggering an immune response, as well as interfering in the functioning of these proteins.

d. The clinical efficacy of antidepressants, at least in part, is a result of their anti-inflammatory activity;

e. Anti-inflammatory compounds that include antioxidant natural substances can increase

the efficacy of antidepressants or have antidepressant efficacy.

From a neuroimmune perspective, evidences suggest that physical activity has beneficial affects over the brain in depression and in depressive behavior, whether it is due to the increase in some cytosines, such as the IL-10, or to the reduction of harmful substances, such as pro-inflammatory cytosine's, the reactive protein-C, and others[18].

Depressed patients with a history of childhood trauma present a neurobiology that is characteristic, and respond differently to treatment strategies when compared to depressive patients who did not suffer adversities in childhood[19].

Based on the current results, treatment strategies must use several methods[19], including:

1. Psychotherapy in a safe and trustworthy therapeutic environment, approaching a series of aspects, such as emotional regulation, cognitive reframing, careful exploration of traumatic past events, dependencies and interpersonal relationships;
2. A form of pharmacotherapy that is effective to contain the cascade of bodily reactions to stress and reverse epigenetic changes induced by trauma and stress;
3. Environmental interventions that generate a support network to mitigate the impact of childhood sexual abuse, comprehending maternal care, a positive family environment, and the support of a close friend. In addition, there is a great potential in the identification of gene biomarkers that are useful to identify individuals that are susceptible to depression in traumatic events and intervention of preventive treatment.

Studies show that depression is the clinical expression of inflammation, of the induction of the oxidative and nitrosative stress, of the activation of the microglia, of the neurogenesis diminution and apoptosis increase, that manifest through melancholic and anxiety symptoms, as well as in somatic tiredness. These mechanisms allow for an explanation of the association between depression and multiple comorbidities[20]:

a. cerebral disturbances, related to neurodegeneration, including, for instance, Alzheimer's, Parkinson's and Huntington's diseases, multiple sclerosis and strokes;
b. health problems, as cardiovascular diseases, chronic fatigue syndrome, chronic obstructive lung disease, rheumatoid arthritis, psoriasis, systemic lupus erythematosus, inflammatory bowel disease, irritable bowel syndrome, loose bowel, type 1 and 2 diabetes, obesity and metabolic syndrome, and HIV infection;
c. conditions, such as: dialysis, immunotherapy with interferon-α, postnatal period and psychosocial stressors. The common denominator of all these disturbances/conditions is the activation of the microglia and/or activation of the peripheral oxidative and nitrosative stress pathways. The presence of depression with other illnesses is strongly associated with a lower quality of life and with an increase in the morbidity and mortality in medical disorders. That can be explained due to the fact that depression increases the neuroinflammatory load, and therefore, can lead to inflammatory and degenerative progression. That shows that depression is a degenerative inflammatory disease.

Neuroanatomic and neurofunctional studies have contributed to a better understanding of the mechanisms involved in depression. Every hypothesis already suggested to explain the pathophysiology of depression (monoaminergic, neuroendocrine, neurotrophic, neuroplastic, glutamatergic, inflammatory, from oxidative and nitrosative stress) amplify the possibilities that effective treatments can be found regarding the latency period for the beginning of the effects of anti-depressants (from 7 to 15 days), the reduction of relapses, of refractory cases, as well as a diminishing of adverse effects and mortality, whether caused by suicide or comorbidities.

- Depression from the point of view of psychoanalysis

Psychoanalysis understands depression as the manifestation of a subject who is alienated from desire, and looks for its causes

in the constitution of this subject, that is, in the relationships established by them since early childhood.

Mario Fleig, in the preface to the work of Roland Chemama - "Depression, the great contemporary neurosis' introduces the theme, highlighting that, even if depression is not a clinical structure, it can be present in each structure, whether they are neurotic, perverse or psychotic, and states that "the depressive subject is the one who is not well inside their structure"[13].

According to her clinical practice, Maria Rita Kehl understands that what we call *depression* is closer to neurosis than to psychosis, while the reference to a *psychotic* or "endogenous" depression would probably fit for melancholia and not depression[12].

In his classic work, "Mourning and Melancholia", Freud compares Mourning and Melancholia. When mourning, the subject faces the real loss of an object, which consists in a natural process that leads to the acceptance of loss. In melancholia, the loss refers to an ideal object that refers to the dimension of narcissism, and a disturbance to the subjects self-esteem happens, evidenced by self-accusations, feelings of unworthiness, guilt and shame. Its pathological process perpetuates the ill-being, and the individual is incapable of elaborating the loss[21].

Depression, similar to grief, can be a creative process from a metapsychological process, since after the symbolization of the loss, new symbolic representations become possible, from the moment the absence, the lack, the emptiness, are named and given meaning. Depressiveness relates to the Freudian notion of helplessness, seen as the capability of the subject to withstand the original helplessness, a condition for the structuring of the psyche. This notion leads to the conclusion that the depression can be understood as a "time of subjectification" that is necessary for psychic organization[11].

Depression can compromise the structure, both in hysteria and in obsessive neurosis, whether considering the position of the subject in the structure or the defense mechanisms that are present in each neurosis. And what would direct the little subject towards becoming depressive, as opposed to a hysterical or obsessive? When the imaginary father presents himself as the rival of the child, during the Oedipus complex, the choice of the depressive future would be that of withdrawing from the field of phallic rivalry, remaining under the shelter provided by maternal protection[12].

When avoiding the confrontation with the father, as an attempt to reverse the loss that already occurred (castration), the depressive person prefers to remain castrated, not to accept the risk of defeat or the possibility of a second place. Such a choice will lead the subject to impotence, apathy and inappetence, when confronted with the challenges that will emerge during his life. Also, such a retreated position will not allow for the depressive person to create the resources they need to confront the threat and become the object of satisfaction of his mother. *"This place of passive object of maternal care is not equivalent to the place of the father as the one who creates the law for the mother's desire on an erotic level"*, it is, however, the place of a castrated subject[12].

Such frailty in the structure built upon the "choice" of depression, leads the subject to redirect their desire using the depressive behavior as a shield, while simultaneously bringing him closer to his repression concerning castration. However, upon insisting in this denial, that is always brought forth through dreams, Freudian slips and symptoms, the subject destroys his subjectivity.

"Depression is an affection whose characteristic is the change in time, the loss of intersubjective communication and, correlatively, an extraordinary weakening of subjectivity"[9]. The predominant affection in the "depressed state" would be psychic annihilation, and although sadness is already part of this state, it would correspond to a movement of life reanimation.

The "depressive state" is the one that brings on its wake a depressive capability, that is, an ability to create in every sense. Everyone experiences depressive situations

throughout their daily lives, due to setbacks, disappointments and mourning[9].

Considering depression as a position, the child was excessively cared for an extremely careful mother, and the mother was present before the child could notice she was not there, making it difficult for the child to experience absence. In that case, the child gave up his desire to favor the desire of the Other. These subjects, therefore, lack imagination, are incapable of dreaming, of believing in a better future, of making plans[12]. Depression, thus, would be a failure to symbolize absence[9].

It could be considered as a narcissistic pathology when the connection between depression and a disturbance of the relationship between the subject and the Ideal I is taken into account[13].

For some time the libido has been normally invested in the I, that is, in the narcissistic image, which is a necessary phase. However, when it is impossible to install a satisfactory narcissistic identification, the subject will not be allowed to be introduced to Oedipal problems, that would lead him to genital love relationships and desire. These questions are born from the clinical observation of depressed patients who seem unable to enter the field of sexuality, and according to Bergeret, are lacking "the possession of a phallus that is essential to their natural narcissistic completeness, allowing for an Oedipal access (with its own conflicts)[13]".

Patients who find themselves depending completely on the relationship with their analysis (since their affective and social lives are poor and uninteresting, they seek a refuge in the sessions) find themselves so fragile that it is impossible for them to elaborate their own desires. In this case, the conflicts that happen due to an Oedipal situation are not what is at stake, but the privation or complication of narcissistic relational factors[13].

Depression is constituted around an important narcissistic loss that will prevent the recognition and manifestation of desire[9].

It presents itself under two forms: pure depression, which would be a health depression, characteristic of the emotional development of a being; and impure depression, which would correspond to a pathological depression[22].

The type of depression is related to the possibility of integrating the experiences of cruelty and aggression that the baby goes through in his period of relative dependency. When the family environment allows for such integration, the baby acquires the capability of caring about others, that is, of recognizing alterity. This condition would lead to a healthy depression, linked to an ability to feel depressed, characterized by sadness, but on the other hand, offering the possibility of a full psychic recovery, intimately associated with the concept of ego strength and the discovery of a personal identity. However, when the integration of aggressiveness does not happen, destructibility emerges, preventing the capability of perceiving and caring about the other, and the depression process becomes pathologic[22].

In that case, many situations can be noticed: an organization of the deficient I due to the threat of disintegration; structuring the I in ways that allow for depression, including the presence of persecutory delusions, using external factors or memory from traumas to obtain relief from internal persecutions, covered by depressive humors; hypochondria or somatic diseases, as a way to alleviate internal tensions; maniacal defense as depression denial processes; manic-depressive oscillations; schizoid fears, melancholia and bad moods[22].

- Depression and the search for the *pharmakon* in contemporary times

Depression, anxiety, fear, panic, phobias, and/or the feeling of "ill-being" evidence that there is something in the subject that longs for subjective elaboration and internal comprehension[12].

However, the consumerist and market oriented logic of capitalist society allows for infinite instant and superficial solutions, such as compulsive acquisition of consumer goods, the quest for a perfect body, the practice of radical sports, the exacerbated professional competition, the pleasure of sex and drugs,

among others, which merely cover an underlying situation that will manifest itself in some way - either psychically or physically.

Neuroscientific ideology, which considers the biological to be more important than the psychic, endorse the exacerbated use of medications when it ignores that human suffering is an introspective moment that can be used to reflect and acquire knowledge about oneself, transforming the suffering, which is inherent to the human condition, in pain that should be treated through medications.

From that point of view, any problems that happen become simply health issues. Sadness after the loss of a family member becomes "depression", and the person a "depressed patient", subject to medication. That answers the needs both of the capitalist system and of the individual, who is exempt from any responsibility or action[12].

To Fédida (p. 123), "every cure by suggestion of substance is equivalent to Plato's *pharmakon*, whose therapeutic effect is temporary, because it was not produced from the inside." The phenomenon of dependency, in the toxicomania clinic, reveals a primordial state of depression, in which the search for a substance that can change one's state corresponds to the hope the gravely depressed patient has of being healed[9].

The same orientation the leads the depressive person to move away from their desire, brings them closer to pharmacological treatments and strictly psychiatric approaches as possible forms of diminishing their pain, their apathy, their emptiness, and their confrontation with underlying problems is neglected. The scientific-market oriented culture allows for this situation to happen, as it does not accept the state of pain and sadness, nor does it consider such states as something that can lead to knowledge and to a psychic strengthening of a subject[11].

However, the advances in Neuroscience and Pharmacology could be used together with a psychic treatment, in the cases where the beginning and the follow-up of analytical treatment become impossible without the use of medication.

In the current medical system, despite the identification of the symptoms of depression, the meaning of the signs that are presented cannot be identified, whether for the lack of training of the physicians or for the lack of time they can devote to observing and listening to the patients. Physician are less likely to perceive the difference between the several types of depression (reactive, neurotic, evolutionary, endogenous, exhaustive, etc.), since depression is reduced to the presence or reduction of certain neurochemical substances, normalized by the use of antidepressants[9].

Considering the aspect of medical treatment, Freud had already stated:

> *"Starting from the moment when physicians clearly recognized the importance of the psychic state for healing, they had the idea of not letting to the patient the ability to decide the degree of their psychic availability, and, on the contrary, to deliberately rip from them the favorable psychic state thanks to appropriate methods. With such an attempt begins the modern psychic treatment". Thus, healing can happen through "affections, resorting to one's will, diverting attention, credulous expectation"[9].*

These forces that can lead to success, however, fail in patients whose disposition push the analyst away, as they assume a "self-sufficient" psychic formation. That is common in obsessive neurosis, where self-sufficient psychic isolation is imposed as a desperate attempt to heal oneself, until it faces a compulsive repetition that leads to exhaustion[9].

Psychoanalysis is a means through which the psychic subject can find once more the temporality they lost, that will be sought by the depressive patient when they confront the impoverishment of interior life provoked by the prolonged use of antidepressants, as soon as they notice the treatment is no longer having an effect or stopped having one after a certain period. It can also happen when they

are still able to look for someone to listen to their expressions, even when some symptoms are diminished[11].

The diversion of attention from the "psychic", provoked by exclusive action on hypochondria symptoms that lead the ill patient to complain, will lead to a failure of the therapeutic intervention[9].

A clinical research conducted in the public health network of a city in the countryside of the state of São Paulo, between 2005 and 2010, found that most patients who obtained relief from symptoms through medication, interrupted their therapy too early, showing that once the feeling of ill-being is gone, the building of an analytical demand becomes much more difficult. Patients who presented conditions to confront a psychoanalytic psychotherapy were the ones who were unhappy with their continued use of medication since their first interview. These data may also indicate that the medication is the *pharmakon* that most people seek to alleviate their ill-being, once they cannot afford an analytical process. Therefore, the medication is not necessarily the cause of the abandonment of annalysis[12].

Some fragments of the analysis of depressed patients interviewed in this research, such as *feeling lazy and nothing else; feeling better, but note entirely; fear of getting addicted; wanting to stay numb and nothing else; feeling as if I was a vegetable and as if I didn't live,* illustrate the effect of the pharmacological treatment as something that suspends the ill-being or the production of other effects without solving the underlying conflict.

CONCLUSION

From the point of view of neuroscience, the brain generates conscience and behavior, and as such, correcting the metabolic pathways through medications is justified and would solve the problems that affect the individual.

This position is conveniently defended by the propaganda of the pharmaceutical industry, but is not supported by reality. Depressed individuals that are under pharmacological treatment alone, frequently maintain their symptoms, or lose their initial symptoms only to find their replaced by a state of apathy towards life. They do not recover their "joie de vivre", their ability to dream, to carry out their projects, feel affection and establish healthy relationships.

Psychoanalysis understands the biological changes as reflective of the difficulties of a subject whose symptoms will only be eliminated after psychic care that includes an elaboration of the representations involved. Analytical work also provides the subject with resources to question and position themselves when confronted with social demands, as it diminishes their dependency on others.

Questioning the idea of cure in psychoanalytic care is a criticism towards the elimination of the symptoms, and does not consider the capabilities of the psychic work that is developed throughout the analysis process. That, of course, does not prevent one from recognizing that the patient experiences relief and an improvement of the symptoms that affected them in the past.

However, it is necessary to highlight the importance of the advances of psychiatry and neuroscience - especially in cases in which there is a serious psychic involvement that would prevent analysis to be conducted without the aid of medication. There are also cases where the medication can diminish the suffering of the subject during analysis, since the elimination of some symptoms does not necessarily discourage those who are conscious of the importance of analysis in the recovery of their quality of life, which here, is understood in a Freudian sense: the ability to love and produce.

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CONTRIBUTIONS
Rosmarie Hajjar was responsible for bibliographical research and final writing. **Araceli Albino** oriented and reviewed the study. **Álvaro da Silva Santos** developed the critical review of the study.

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