



Psicologia USP
ISSN: 0103-6564
revpsico@usp.br
Instituto de Psicologia
Brasil

Klein, Thaís; Herzog, Regina
Angústia hipocondríaca e o eterno retorno do presente: considerações a partir do filme
Sinédoque, New York
Psicologia USP, vol. 28, núm. 2, mayo-agosto, 2017, pp. 247-255
Instituto de Psicologia
São Paulo, Brasil

Available in: <http://www.redalyc.org/articulo.oa?id=305151851011>

- How to cite
- Complete issue
- More information about this article
- Journal's homepage in redalyc.org

redalyc.org

Scientific Information System
Network of Scientific Journals from Latin America, the Caribbean, Spain and Portugal
Non-profit academic project, developed under the open access initiative

Hypochondriacal anxiety and the eternal recurrence of the present: considerations about the film *Synecdoche, New York*¹

Thaís Klein*
Regina Herzog

Universidade Federal do Rio de Janeiro, Programa de Pós-Graduação em Teoria Psicanalítica. Rio de Janeiro, RJ, Brasil

Abstract: It's the intention of this article, based on questions raised by the film *Synecdoche, New York* (2008), to discuss the articulation of hypochondriacal anxiety with temporality. It is noteworthy that the flashback feature is not used in the film; temporality, presented in light of the anxiety related to the hypochondriacal symptoms of the character, is fixed in an absolute present. Freud considered Hypochondria to be an actual neurosis and the anxiety articulated with it operates as an affective counterpart to the encounter with helplessness generated by the fragmentation of body image. We are, therefore, before the traumatic face of this affection that would once again be discussed, in the context of traumatic neurosis and through the concept of automatic anxiety, in 1926. Since then, the issue of the actuality of the symptoms, as indicated in the actual neurosis, gains a new meaning: it is a problem that could not be represented and therefore persists, establishing an eternal recurrence of the present.

Keywords: anxiety, hypochondria, psychoanalysis and cinema.

Talking about psychoanalysis and cinema is always a delicate task. In proposing to perform a psychoanalytical analysis of a film, a book or a work of art in general, there is a risk of turning psychoanalysis into a kind of *Weltanschauungen*, a totalizing worldview, a danger that Freud (1933/1976) insisted should be avoided. On the other hand, in numerous passages the author indicated that art, especially literature – Freud was not very fond of music and at his time cinema was taking its first steps – exposes questions about the unconscious that psychoanalysis could only bring out in a hard way. In this sense, as pointed out by Rivera (2011), it is not a matter of applying psychoanalysis to works in order to unveil a reality that only psychoanalysis could achieve. On the contrary, it is about looking at them almost as clinical cases, while it is clear that there are insurmountable differences between the two². Thus a film becomes of interest to a psychoanalyst to the extent that it can provide subsidies to provide some insights about the human issue, helping to guide the way through metapsychological predicaments. From this perspective, the film *Synecdoche, New York* from 2008, written and directed by Charlie Kaufmann, raises a series of questions in relation to the temporality of anxiety in its articulation with

hypochondria. It is worth noting that this film has many different dimensions and layers, therefore, our intention is not to exhaust its details and much less trace psychoanalytic explanations for the fates of Caden Cotard, the main character. Our goal is to simply extract considerations regarding the temporality of hypochondriac anxiety. Taking all of this into consideration, we will make a brief summary of the film to then discuss the metapsychological propositions that it encourages us to think about.

Hypochondria and angst in *Synecdoche, New York*

A child's singing voice appears in the credits. The song, which tells the story of a man's life, ends with these stanzas: "And when I'm buried / and I'm dead / Upstate worms will eat my head / . . . / But there's always a last time / you see everyone / There is always a never again."

In the last two stanzas, the first image of the film appears: a digital clock that marks the following time: 7:44. Then, the main character (Caden Cotard³, played by Phillip Seymour-Hofmann) appears lying on a bed. Caden is a renowned theater director married to Adele, an artist who makes miniature paintings, with Olive being the four-year-old daughter of the couple. The film can be divided into three parts: a first phase in which the family lives in the same house, another in which Adele breaks up with Caden, leaving to go to Berlin with Olive and the third in which Caden works

1 Funding information: Conselho Nacional de Desenvolvimento Científico e Tecnológico – CNPq.

* Corresponding address: thaiskda@gmail.com

2 One important difference is the transference dimension present in the clinical experience. When an analyst examines a clinical case, the material to which they have access is the result of the transference relationship, that is, it is composed of affections and representations which are displaced to the figure of the analyst. There is also the countertransference dimension, which is important in the construction of a clinical case. In what concerns a work of art, we cannot speak of a construction based on a transference relationship. In this sense, it would be unwise to approach a work of art in the same way as a clinical case.

3 "It is noticed that the last name of the main character is the same name of the famous French neurologist Jules Cotard. He became known for describing a syndrome, namely Cotard's Syndrome or Walking Corpse Syndrome. It is a rare syndrome, of psychological quality, in which individuals no longer react to stimuli, that is, they act as if they were dead. Another symptom is the belief that their internal organs are decomposing."

on a play, through which the real synecdoche⁴ of the film occurs. In the first part, the couple's routine already seems somewhat troubled. Each of them appears to be centered on their own lives. Adele centered on her miniature paintings and Caden on his plays. Furthermore, the main character is portrayed from the start as having issues with diseases that at first we do not know if they are real or not, worries that curiously are also expressed by his daughter. One of the first scenes shows Adele in the bathroom with Olive stating that her feces look strange and green, which results in the girl raising a fuss. Then, Caden emits his first line in the film: "I don't feel well." Already at this moment, Caden's concern for his own health and the fact he is sort of self-centered become noticeable. During the family breakfast (a scene which is repeated), Caden reads the obituary, saying the causes of death out loud. It is worth noting that from the beginning of the film the director confronts us shyly with a temporality that will be evident from the second part, namely: a non-linear timeline, akin to an eternal present. In the first scene, the radio announces that it's September, but soon after, when Caden goes out to check the mailbox (from where he retrieves a magazine about diseases and drugs) we see that it's already October. When he returns home, the character opens the fridge and, while he checks the validity of the milk, which is expired, to our surprise, we notice that a few more days have passed. Caden turns his attention back to the paper, he opens it to the obituaries page one more time, and then we realize that it is in the present in November. In the next scene, Caden repeats the gesture and we see that the paper is already in the month of May of the following year. The facts, therefore, run over each other and show the passage of time only in the details. The feeling we have is that we are in the same day, just a few hours later.

Although the second part of the film only consolidates itself when Adele decides to definitively leave with Olive to Berlin, one scene gives us a portent of things to come. Caden hurt himself while shaving, which triggers a series of visits to specialists due to complaints that his pupils were not functioning correctly anymore⁵. It is curious to note that the director leaves us confused as to the veracity of his complaint, since the opinion of the doctors is always vague and open to interpretation. The last and the first scene in which Caden and Olive are alone together are curious, as a sort of hypochondriac issue that seems to be shared by the two. Olive asks her father what he has on his face and claims it to be a dermatological problem called "sycosis" which is pronounced like "psychosis," explaining to the girl the difference between the two expressions. Olive tells her father: "You could have both though." The second moment of the film consolidates itself. Adele goes to Berlin with Olive and is now out of the picture. From then on, we are left with Caden Cotard alone and are somehow invited

to share his perspective. Throughout the second half, it is not known how long has passed since Adele's departure (who supposedly would be away for only a month). The film focuses on Caden, on his body, on his feelings of illness, on the visits to different doctors and to a psychologist who is completely self-centered. The only person that informs us about the passage of time is Hazel, a character who works at the theater box office, and who has an interest in Caden. When Caden states that 12 days had passed since the day Adele left with Olive, Hazel indicates that it's been more than a year. From then on, Caden begins to see himself in advertisements and cartoons, becoming obsessed with cleaning and apparently (note that we are sharing the character's perspective and that is why it is only apparently) develops rashes on his legs, loses the physiological capacity to salivate and cry, suffers from spasms and, above all, less and less becomes aware of the passage of time.

The third moment of the film begins when Caden receives a prize, a large sum of money to perform a work of his own. At the very first meeting with the cast, the director explains that his current reflection on death drives him to work on a play that involves a "brutal honesty" regarding the fatality of existence. A huge shed is then rented, the stage where a real synecdoche of the characters shall be operated. This play gains a megalomaniacal dimension and begins to have the pretension of representing his whole life and the lives of the people around him; hence the name of the movie that includes the figure of speech, synecdoche. Gradually it becomes clear that the play is not a representation, since there is a concurrency between what is lived and what is staged; although performed at the present time, it always refers to a past that did not become past⁶ (the disappearance of Adele and Olive).

From then on, Caden's life is intertwined with the characters chosen to stage the play. In the first scene, Caden marries the leading actress who represents Adele and has a daughter named Ariel with her. Everything happens as if this marriage was a repetition of that lost marriage, a repetition that is staged on the play. Caden often calls Ariel Olive and Claire (the actress with whom he married), and little by little begins to play herself in the play. Caden himself is represented by an actor, named Sammy, selected for having stated that he knew more about Caden than himself. From this mirroring between the actors and their characters, mediated by small written notes distributed by Caden, the events become scrambled as well as the notion of time. As viewers, we feel very uncomfortable, as if we are trapped in a temporal mess: when something seems to happen, we are brought back to the moment before. The

4 Synecdoche is a figure of speech by which a part is put for the whole.

5 Soon after, his daughter also has an exacerbated reaction when she is told that there is blood in her veins. "I don't want blood, I don't want blood," she repeats. To what her mother replies, "You don't have to worry, baby. You don't have any blood."

6 Although a greater deepening of the issue of melancholy is not within the scope of this article, it is worth noting that the idea of a past that did not become past is closely related to melancholy, which strongly characterizes Caden. This is because, for Freud, melancholic dynamics roughly concerns the loss of an object that could not be elaborated, becoming, through a radical identification with the object, a loss of the self. In this sense, it is a past that could not stay in the past and remains in the present.

characters are stuck to an absolute present where they enact their own lives. The present is, sometimes, interrupted by some events that mark the passage of time, such as the scene in which Caden meets his daughter (Olive) who is much older. From then on, Caden begins playing Adele's maid, marking a sort of dissolution of his identity which starts being traversed by several actors of this synecdoche in the form of a play. After the death of the actress who played Hazel, and Hazel herself, Caden says: "I'm dead" and ceases to be the director of the play, a role that is assumed by the character that played the director himself. Now at a certain age, Caden lives his last years playing the role of the maid in Adele's scenographic apartment, passively fulfilling the instructions of the new director of the play that gives him orders all the time through earphones.

Caden grows older, and at one point leaves the house where he played/was Adele's maid and realizes that everything is destroyed, the warehouse, the book of his former therapist, everything is in ruins. This is when he listens, apparently from the voice that comes out from his earphones, to the following excerpt:

What was once before you, an exciting and mysterious future, is now behind you. This is everyone's experience. Every single one. The specifics hardly matter. Everyone is everyone. So you are Adele, Hazel, Claire, Olive. You are Ellen. All her meager sadnesses are yours. All her loneliness. The gray, straw-like hair. His red, raw hands. It's yours. . . . As the world forgets you, as you recognize your transience, as you begin to lose your characteristics one by one. As you learn there is no one watching you and there never was, you think only about driving. Not coming from anyplace, not arriving anyplace, just driving, passing time. Now, you are here. It's 7:43. Now, you are here. It's 7:44.

At this moment, the same hour the film begins, time stops again. Caden finds Ellen's mother – a character who he had seen before in a dream and who stood out for having an idea of future, an aspiration towards her granddaughter. Sitting on a couch, amid the destruction, an image stands out on the wall: the picture of a clock that shows 7:44 exactly. We are back to the same time as the beginning of the film and time has not passed. A lifetime is covered during the narrative, however, it is as if we are still at 7:44 at the beginning and at the end.

Hypochondria, anxiety and helplessness in psychoanalysis

In the film *Synecdoche, New York* a sort of presentification of time triggered by hypochondriac anxiety may be noticed. The flashback feature which is so often used in films is not used here. Through flashbacks, the narrative, although not described in a linear fashion, is marked by an idea of the passage of time through the association of

past facts with present events. This feature is not a new cinematic language, although telling a narrative through images has trivialized flashbacks. In literature, for example, Proust (1983) uses a similar tool; his narrative is constructed through an association between signs of the present and a forgotten past, rebuilt through the experience of the encounter with these signs. Freud himself used this feature in the description of the case of Wolfman (1918/1976), when he proposes not narrating it in a linear fashion, but always revisiting, or rather, rebuilding the past based on associations with the discourse in the present (Laplanche, 2006). The film *Synecdoche, New York* feels strange precisely because of this: it does not use the flashback feature at any time. The time of the film is always in the present, a present that constantly repeats itself, causing a huge discomfort. The anxiety triggered by the hypochondriac state introduces a present without return, a life in which there is no past, no future, and in which the only "creation" possible is the identical reproduction of life itself. Time passes through instants that are repeated and sometimes through data that indicate the passage of time, such as, for example, the growth of the daughter which surprises the main character and we the audience, since we also become confused in relation to how long it has been since the couple's break up.

The flashback resource was used by Freud to discuss a temporality that is characteristic of certain unconscious processes: the *Nachträglichkeit*, in the French translation, *a posteriori* (Laplanche, 2006). Although a greater deepening of this concept is not within the scope of this essay, it is noteworthy that the anxiety associated with this temporal notion concerns a dimension that comprises a certain psychic elaboration. The idea of a paralyzed time, of a time without the passage of time, can be highlighted in Freud as the element that follows the different senses of anxiety in its traumatic aspect. This has been discussed over the course of Freud's work through the experience of pain, in the context of the "Project for a Scientific Psychology" (Freud, 1950/1977b), of the anxiety in neuroses, through the notion of terror (Schreck) from 1917 (Freud, 1917/1976) and, also, of the notion of automatic anxiety presented in the text "Inhibitions, symptoms and anxiety" from 1926 (Freud, 1926/1976). Different from signal anxiety, which assumes a time of elaboration of the psyche through thought, akin to the temporality of the *a posteriori*, automatic anxiety is the compulsive and imperative repetition of helplessness, of terror. In actual neuroses, for example, the word "actual," according to Laplanche (1987), refers to the present through two perspectives which are inextricably linked, of a problem during the present in which the act is updated. In other words, it is not a psychic conflict established by the repression of childhood impressions, but rather an update of something that cannot be elaborated. This update can also be seen in relation to traumatic neuroses through the notion of compulsion to repetition from 1920. According to Cardoso (2011) it was from this point that topicality acquired another status for Freud, and began being conceived as an impossibility of historicizing a psychic mark to make it

past. Unlike a representation, a trait, the compulsion for repetition refers to the impressions which are impossible to be registered in the psyche. That is, the word “actual” loses the meaning of something that occurs in the present and begins favoring the updating of something that occurred in the past, but which could not be experienced as such. While the mnemonic traits interact with each other and are retranscribed over time, the impressions remain isolated, without the possibility of being associated with other marks. These impressions refer to a kind of hole in the psyche that can be understood through the concept of excess (*ce trou est un trop*). In addition, compulsive insistence constitutes a representational memory inside out⁷. It is a repetitive, physical memory, that is always equal to itself. In the words of Knobloch (1998), it is an “unmemorable, unchangeable and repetitive” memory (p. 91). Now, would it not be precisely this dimension of anxiety that the film deals with?

The sensation of an eternal present that Caden conveys to us emerges while associated with hypochondriac incidents. How could we then metapsychologically articulate hypochondriac anxiety to the absolute present? Following the indications of Paraboni (2014), it is this temporal dimension that appears in hypochondria: hypochondriac manifestations seem to update what cannot become past. Hypochondria was described by Freud as the third actual neurosis next to neurasthenia and anxiety neurosis. Although the manuscripts sent to Fliess and the early texts on actual neuroses have few references to hypochondria, in Draft B (Freud, 1950/1977) we have a precise definition of this symptomatic nonspecific manifestation. It is defined as an “anxiety related to the body” (Freud, 1950/1977, p. 260). According to Fortes (2013), hypochondriac anxiety was conceived as one of the physical destinations of anxiety, without, however, being further developed in the Freudian text itself. The justification for its status as actual neurosis is clear, since, as in anxiety neurosis, it is an actual issue that manifests itself in the somatic: the anxiety that could not be psychically elaborated targets the body. The mechanism that characterizes anxiety neurosis, roughly speaking, concerns an inadequacy between excitement at the somatic level and its elaboration at the psychic level. The excitement of somatic origin, since it could not be elaborated, remains in the body. That is, the issue of anxiety in actual neuroses, and more specifically in anxiety neurosis, comprises two aspects: one intensive and another that has to do with the possibility of elaboration of the apparatus.

The discussion on current neuroses, though not completely disappearing, is scarcely developed throughout Freudian metapsychology. The text “On Narcissism: an Introduction” (Freud, 1914/1974), an important milestone in psychoanalytic theory, brings back the issue of actual neuroses. In relation to anxiety, the requirements that are imposed on Freudian thought from 1914 result in the formulation of the second theory on anxiety in the text “Inhibitions, Symptoms and Anxiety” from 1926. The

propositions presented in 1914 resume and require a further deepening of the dimension of anxiety worked within the context of actual neuroses. It is no wonder that, also in 1914, the theme of hypochondria reappears in Freudian writings.

To theorize the issue of hypochondria and through it talk about narcissism, Freud (1914/1974) resumes first the discussion on physical pain to then discuss hypochondria. According to his conception, the patient removes libido from objects and redirects it to him/herself. It may be noted that Freud claims that the statute of psychic reality allows us to treat pain and hypochondria through the same mechanism. In relation to the film, the same occurs: we are always in doubt if the visits to the doctors and the new symptoms that appear in the character are real or imagined. In hypochondria, therefore, the mechanism is the same as that of pain: there is a sort of retraction of the libido towards the self. But why does this retraction happen? Resuming the notion of the erogenous body presented in 1905, Freud (1905/1976) indicates that what occurs in hypochondria is a modification on the erogeneity of the organ. The painful body part behaves like the sexual organ in a state of excitement, that is, as an erogenous zone. The changes in the erogeneity of organs happen, a parallel modification may be verified on the libidinal cathexis of the ego – the libido moves towards the self. Fortes (2013) points out that the energy shift of objects towards a narcissistic return to the self puts hypochondriacal anxiety besides the libido of the self, while neurotic anxiety becomes more closely related to the libido of objects. Through the regression of libido to an erogenous zone, the disintegration of the egoic unit is experienced that, according to Freud (1914/1974), is forged by the narcissistic investment of parents. According to Paraboni (2014), hypochondriac complaints show a threatened self in its own unit, trying to recover and heal its own wounds. The auto-erotic mode of operation would be part of an attempt to restore the shattered narcissism. When this totalizing logic fails, or rather, when there is a rupture in the totalized representation of the body, a massive reinvestment in the fragmented body happens, an eminently auto-erotic investment. It is not, therefore, a silence of the body⁸; the organs speak and denounce this collapse of a forged corporeal unit. Freud, in this sense, reminds us why hypochondria can be conceived as an actual neurosis: hypochondriac anxiety is considered to be a somatic manifestation. This occurs due to the return of libido to the body which happens as an attempt to recover the shattered egoic unit. Hypochondriac symptoms can be understood as an attempt to recover the lost egoic unit, and anxiety, a consequence of the encounter with the helplessness felt due to this loss. Furthermore, Freud, both in the Schreber case (Freud, 1911/1976) and in the 1914 text associates hypochondria and paranoia. According to the indications of Paraboni and Cardoso (2013), the intersection point between paranoia and hypochondria lies in the mechanism of projection. As we have seen in the main character of the film,

7 “For an in-depth understanding of the Freudian metapsychological memory, see Antonello & Herzog (2012).”

8 “Silence of the organs” is an expression that René Leriche que Canguilhem (1995) used to characterize health.

as soon as he begins voicing hypochondriac complaints, he goes to several experts in search of the causes for his sensation of physical disintegration. Through the mechanism of projection, the afflictions of the subject are assigned to external mechanisms, such as the sensation reported by Schreber, namely that his body was being controlled by divine rays (Freud, 1911/1976).

Anxiety related to hypochondria is to be understood as an affection associated with the helplessness revealed by the shattering of the image of the self (Paraboni, 2014). Primary narcissism, a projection of the narcissism of the parents, is the result of a new psychological action that ensures a first body unit in light of the fragmentation of the erogenous body. According to this perspective, Jordão (2009) considers that narcissism is the counterpart of helplessness⁹, i.e., this forged image is built as a chance to stand up to the state of initial helplessness of the baby. Although, as pointed out by Pereira (2008), the state of helplessness may be inferred from three distinct meanings¹⁰, an important aspect is the inability of the baby to assign the thrills that invade him a destination. At first, they are experienced passively and have a traumatic aspect, because the baby is unable to assign them a destination. The “fellowman”¹¹ (*Nebenmensch*), when interpreting these excitements and appeasing them, also produces a psychological action so that the fragmented body is reassembled in a certain arrangement, an egoic unit. The fragmentation of the unit leads to the reunion with helplessness, and it is precisely here that hypochondriac anxiety lies. Hypochondriacal anxiety is associated with a state of helplessness and passivity, which would have a traumatic experience as a basis.

In the text from 1919, “The Stranger”, the association of anxiety with helplessness is reaffirmed, which helps us to clarify the statute of anxiety in hypochondria. To move forward on the issue of anxiety and on that which is strange, it is pertinent to evoke the meaning of the word *Unheimliche*, which is discussed at the beginning of Freud’s text. This expression, like so many others in the German language, has other words in its composition, one of them being ‘*Heim*’. In modern German, this word means home, shelter. Freud indicates, therefore, that the term *Unheimliche* “on the one hand, . . . means that which is familiar and congenial, and on the other, that which is concealed and kept out of sight” (Freud, 1919/1976, p. 242). It’s stated that through

semantic discussion it is possible to conclude that one only feels something is strange when there is familiarity. In this sense, we could consider that which is strange as a tributary of narcissism. The relationship of that which is strange with narcissism is indicated by Freud through the discussion on the double, i.e., on an image that is superimposed over the other, such as the famous scene of Freud looking at his reflection on the train without recognizing himself. It is the effect of facing one’s own image, spontaneously and unexpectedly. Narcissism, here understood as the constitution of a body image, is directly related to a specular image of the self¹². Roughly speaking, through the indication of the mother on the mirror of a unified image it is possible to forge a body unit where there was only a fragmented body. It is therefore a moment in which, through identification, the state of helplessness is camouflaged, when a unit constructed over a specular image of the self is formed. The feeling that something is strange, understood as a hesitation of this image of the self, is only possible from the constitution of the self, that is, narcissism and that which is strange are two sides of the same coin.

The phenomenon of that which is strange, according to Freud (1919/1976), triggers anxiety. However, what is this anxiety? It is noticeable that one can see two dimensions of anxiety which are present throughout Freud’s writings in this text: one with a traumatic aspect and the other, more elaborate, is related to the return of the repressed. Through the idea of a return of the repressed, the phenomenon of that which is strange would bear a dimension associated with the regression to a stage previous to narcissism, and with the strangeness of this forged specular image, as would happen in the phenomenon of hypochondria. On the one hand, that which is strange is defined as analogous to the phenomenon of the return of the repressed and anxiety would arise as a result of it. However, we can observe Freud’s oscillation between the relationship of that which is strange with a state of anxiety associated with repression, and the relationship of this phenomenon with another dimension that is disassociated from this mechanism. The phenomenon of that which is strange but familiar is discussed from two perspectives: through the idea of the return of the repressed, but also when associated with “a principle powerful enough to overrule the pleasure-principle, lending their daemonic character to certain aspects of the mind” (Freud, 1919/1976, p. 298). In this sense, that which is strange but familiar can also be the result of an intensive dimension connected to a drive beyond the representation that would be associated with a traumatic experience of anxiety. It is important to mention here that the text “The Stranger” (Freud, 1919/1976) was published at the same time that Freud wrote “Beyond the Pleasure Principle” (1920/1976). The ideas discussed in this article will be the foundation of those that will be published in this last article.

9 Unlike André (2001) who proposes distinguishing anguish from helplessness, being the former the producer of a psychological elaboration and the latter a paralyzing one, we consider two dimensions of anxiety. In this sense, helplessness would be associated with the traumatic dimension of this affection.

10 They are: “1) a given objective regarding the initial failure of the psychomotor functions of the baby and 2) the current and traumatic performance of the submersion of the psychic apparatus through drive excitement.” (Pereira, 2008, p. 201). In addition to these two, the author also distinguishes a meaning of the term helplessness which is associated with the limit that is inherent to the process of psychic elaboration, i.e., “the necessary dimension of everything that concerns language” (p. 201), a remnant that is unassimilable by language.

11 This translation of the term “*Nebenmensch*” was coined by David-Ménard (2000).

12 The specular relationship, the double issue and narcissism were studied in-depth by post-Freudian authors, among them outstands Lacan (1998), through the mirror stage theory, or even Winnicott (1975), when stating the role of the mother as a mirror for the subjective constitution.

It is precisely the traumatic dimension of anxiety that is treated in hypochondria, an actual neurosis. No wonder Cardoso (2011) himself proposes the tracing of lines of continuity and rupture between the actual and traumatic neuroses. According to the indications of Paraboni (2014), in hypochondria, that which is “strange” becomes a part of the body, an internal object which infiltrates itself in the corporeity of the subject, a primordial place for the recognition of the self. It is possible to note, as pointed out by the author, that in hypochondria the body’s silence is broken, punctuating the existence of a disruption in the narcissistic unit. It is the breaking of a sort of illusory “coherence” of the sense of the self that would enable the feeling of being healthy. For the author, hypochondriac sensations attest to the presence of a primary narcissistic wound, consisting in an attempt to psychically elaborate it. The film shows us that many times this attempt fails, which leads us to an eternal recurrence of the present. This can be visualized by the fact that the main character hires a number of people to elaborate and stage his life at the same moment in which he is living it. Thus, a life that is totally focused on the present ensues. In this context, how can we metapsychologically articulate hypochondriac anxiety and the present time? Paraboni’s hypothesis (2014) is that there is an over-investing of perception in hypochondria through an attention that is permanently focused on the body, i.e., the impossibility of registration causes a displacement to the field of perception. The hypervigilance exerted by the hypochondriac is an extreme defense against the action of that which is traumatic. Accordingly, there would be some kind of interruption of the psychic work’s process of elaborating other impressions (Figueiredo, 2008). Thus, “the bodily changes which hypochondriacs complain about are a pseudoperception built from the proscription of the perception process in a processual sense” (Paraboni, 2014, p. 119). There is, therefore, a narcissistic over-investing in the body that can be understood as a resource to resist automatic anxiety, to resist psychic death. Narcissistic omnipotence, built in light of impotence, would prevent the passage of time to avoid foreseen death. When one situates themselves outside time, the refusal of motion ensues, which prevents things from happening. We would dare say that this is a sort of deciduous signal, that is, an attempt to announce the proximity with the anxiety of death, but which itself leads to death, to the end of the passage of time.

Final considerations

As we have pointed out at the beginning of this article, what is intended is for the cinematographic work to raise questions about the human condition and not just settle for a psychoanalytical vision. Thus, a series of questions can be made from these considerations which deserve more thorough research; among them we highlight: how are time, anxiety and the creation of the play by the main character articulated? What would be the statute of this creation in hypochondria? Is it sublimation? How to discuss the issue of fantasy in this case?

In the film, the predominant temporal dimension is presentified, as a kind of “absolute present” which is described by Knobloch (1998) as a “present that is too wide, with nothing before or after it” (Knobloch, 1998, p. 141). The temporality of present has traces of a primitive time, prior to the establishment of a passage of time, a temporality that maybe refers to the auto-erotic operation which is characteristic of hypochondriac symptoms (Figueiredo, 2008).

In *Synecdoche, New York*, this eternal present is lived in a raw manner, without the possibility of desire or fantasy. Caden has no drives anymore, his own creation is but a repetition. For Freud (1908/1976), referring more specifically to literary production, artistic creation concerns the process of association of something in the present with the memory of a previous experience, more specifically, of a wish one had as a child. The literary work would be the result of this process: a sort of fulfillment of this wish through fantasy. It is a continuation, or a replacement, of the games one used to play in childhood. This event brings together, therefore, although virtually, past, present and future. In these terms, fantasy fulfills an important role, having a close relationship with time: it is as if it were floating between three times, consisting itself in the expression of the most archaic of desires in the present, transforming the future. (Freud, 1908/1976) Fantasies are not stereotypical or unalterable, they fit themselves to “the subject’s shifting impressions of life, change with every change in his situation, and receive from every fresh active impression what might be called a “date-mark” (1908/1976, p. 153).

This kind of dynamism, highlighted by Freud (1908/1976) as a characteristic of fantasy, cannot be observed in Caden Cotard’s creation. Is it an artistic creation in conformity with the standards discussed by Freud? As discussed above, what we have found in the synecdoche created by Caden does not even virtually admit the three times described by Freud. We must, however, not only define it by its negative aspects: its synecdoche indicates another way of creating fantasies. Although a greater deepening of this matter is not within the scope of this article, it can be said that fantasy in this case does not fulfill its function of articulating archaic desires to the present, modifying the future, but it is associated with a paralyzation, with the presentation of a traumatic mark. Fantasy, in this sense, articulates itself to the absolute present associated with anxiety in light of the disintegration of body image.

This “raw” presentation of the traumatic mark is established at the end of the movie when Caden, after noting that he is dead, cannot even perform everyday actions: all his actions are dictated by the director through earphones. From his megalomaniacal play that distances itself from a representation and becomes closer to an updating of the past in an eternal present, of a synecdoche of life, Caden Cotard literally reproduces the part for the whole or vice versa. Different from a neurotic fantasy, as described above, Caden’s creation is not a world altered based on wishes he had as a child, but on a literal reproduction of the world lived by him.

Finally, it is worth mentioning that the film itself causes a certain discomfort, which could be observed when it was screened at movie theaters due to the audience's restlessness: they would get up, sit down, eat popcorn, all of this being more than it is usually done. Such bewilderment is always lurking in our relationship with the image

(Riveira, 2011). That is, even when the image intends to act as a cover, there are gaps that indicate its possibility of disintegration: did Narcissus not drown himself when charmed by his own image? Charles Kaufmann was successful in his film by drowning us into Caden Cortard's strangeness, while also inviting us to confront our own.

Angústia hipocondríaca e o eterno retorno do presente: considerações a partir do filme *Sinédoque, New York*

Resumo: A partir de questionamentos levantados pelo filme *Sinédoque, New York* (2008), pretende-se discutir a articulação da angústia hipocondríaca com a temporalidade. Observa-se que no filme o recurso do flashback não é utilizado; a temporalidade, que se instaura diante da angústia relacionada a sintomas hipocondríacos do personagem, calca-se em um presente absoluto. A hipocondria foi considerada por Freud uma neurose atual e a angústia a ela articulada opera como a contrapartida afetiva do encontro com o desamparo gerado pelo desfacelamento da imagem corporal. Estamos, portanto, diante da face traumática desse afeto que torna a ser discutido no contexto das neuroses traumáticas e mediante o conceito de angústia automática em 1926. A partir de então, a questão da atualidade dos sintomas, já indicada nas neuroses atuais, ganha um novo sentido: trata-se de uma problemática que não pôde ser representada e, por isso, insiste, instaurando eterno retorno do presente.

Palavras-chave: angústia, hipocondria, psicanálise e cinema.

L'angoisse hypocondriaque et l'éternel retour du présent : considérations à partir du film *Synecdoque, New York*

Résumé : À partir des questions soulevées par le film *Synecdoque, New York* (2008), nous prétendons discuter l'articulation de l'angoisse hypocondriaque avec la temporalité. On observe que dans le film la fonction flashback n'est pas utilisée ; la temporalité, qui est établie sur l'angoisse liée à des symptômes hypocondriaques du personnage, installe un présent absolu. L'hypocondrie a été considérée par Freud une névrose actuelle et l'angoisse qu'elle articule fonctionne comme une contrepartie affective de la rencontre avec la détresse générée par la fragmentation de l'image corporelle. Nous sommes donc devant la face traumatique de cette affection qui est reprise comme objet de discussion dans le contexte des névroses traumatiques et à travers le concept d'angoisse automatique en 1926. Depuis lors, la question de l'actualité des symptômes, déjà soulignée quant aux névroses actuelles, obtient une nouvelle signification : il s'agit d'une problématique qui n'a pas pu être représentée et qui, de ce fait, insiste, tout en instaurant l'éternel retour du présente.

Mots-clés : angoisse, hypocondrie, psychanalyse et cinéma.

La angustia hipocondríaca y el eterno retorno de lo presente: consideraciones a partir de la película *Synecdoche, New York*

Resumen: A partir de cuestiones surgidas de la película *Synecdoche, New York* (2008), en este texto se pretende discutir la articulación de la angustia hipocondríaca con la temporalidad. Se observa que en la película no se utiliza el mecanismo de flashback; la temporalidad que se establece relacionada con los síntomas hipocondríacos del personaje se articula a un presente absoluto. La hipocondría fue considerada por Freud una neurosis actual y la angustia articulada a ella una contrapartida afectiva del encuentro con la impotencia generada por la fragmentación de la imagen corporal. Estamos, por consiguiente, frente a la faceta traumática de este afecto que vuelve a ser discutido en el contexto de las neurosis traumáticas y a través del concepto de angustia automática en 1926. Desde entonces, el tema de la actualidad de los síntomas, como señalan en las neurosis actuales, logra un nuevo significado: es un problema que no puede ser representado, por lo tanto, insiste, estableciendo un eterno retorno al presente.

Palabras-clave: angustia, hipocondría, psicoanálisis y cine.

References

- André, J. (2001). Entre angústia e desamparo. *Ágora*, 4(2), 95-109.
- Antonello, D., & Herzog, R. (2012). A memória na obra freudiana, para além da representação. *Arquivo brasileiro de psicologia*, 64(1), 111-121.
- Canguilhem, G. (1995). *O normal e o patológico*. Rio de Janeiro: Forense Universitária.
- Cardoso, M. (2011). Das neuroses atuais às neuroses traumáticas: continuidade e ruptura. *Revista Latinoamericana de Psicopatologia Fundamental*, 14(1), 70-82.
- David-Ménard, M. (2000). *Tout le plaisir est pour moi*. Paris: Hachett Littératures.
- Figueiredo, L. C. (2008). *Psicanálise: elementos para a clínica contemporânea*. São Paulo: Escuta.
- Fortes, I. (2013). A dor como sinal da presença do corpo. *Tempo Psicanalítico*, 45(2), 287-301.
- Freud, S. (1977). Rascunho B: a etiologia das neuroses. In *Edição standard brasileira das obras psicológicas completas de Sigmund Freud* (J. Salomão, trad., Vol. 1, pp. 247-254). Rio de Janeiro: Imago. (Trabalho original publicado em 1950)
- Freud, S. (1977). Projeto para uma psicologia científica. In *Edição standard brasileira das obras psicológicas completas de Sigmund Freud* (J. Salomão, trad., Vol. 1, pp. 381-394). Rio de Janeiro: Imago. (Trabalho original publicado em 1950a)
- Freud, S. (1976). Três ensaios sobre a teoria da sexualidade. In *Edição standard brasileira das obras psicológicas completas de Sigmund Freud* (J. Salomão, trad., Vol. 7, pp. 123-134). Rio de Janeiro: Imago. (Trabalho original publicado em 1905)
- Freud, S. (1976). Escritores criativos e devaneio. In *Edição standard brasileira das obras psicológicas completas de Sigmund Freud* (J. Salomão, trad., Vol. 9, pp. 147-159). Rio de Janeiro: Imago. (Trabalho original publicado em 1908)
- Freud, S. (1976). Notas psicanalíticas de um relato autobiográfico de um caso de paranoia. In *Edição standard brasileira das obras psicológicas completas de Sigmund Freud* (J. Salomão, trad., Vol. 12, pp.). Rio de Janeiro: Imago. (Trabalho original publicado em 1911)
- Freud, S. (1974). Sobre o narcisismo: uma introdução. In *Edição standard brasileira das obras psicológicas completas de Sigmund Freud* (J. Salomão, trad., Vol. 14, pp. 85-122). Rio de Janeiro: Imago. (Trabalho original publicado em 1914)
- Freud, S. (1976). Conferência 25: a ansiedade. In *Edição standard brasileira das obras psicológicas completas de Sigmund Freud* (J. Salomão, trad., Vol. 16, pp. 457-480). Rio de Janeiro: Imago. (Trabalho original publicado em 1917)
- Freud, S. (1976). História de uma neurose infantil. In *Edição standard brasileira das obras psicológicas completas de Sigmund Freud* (J. Salomão, trad., Vol. 17, pp. 13-156). Rio de Janeiro: Imago. (Trabalho original publicado em 1918)
- Freud, S. (1976). O estranho. In *Edição standard brasileira das obras psicológicas completas de Sigmund Freud* (J. Salomão, trad., Vol. 17, pp. 273-320). Rio de Janeiro: Imago. (Trabalho original publicado em 1919)
- Freud, S. (1976). Além do princípio do prazer. In *Edição standard brasileira das obras psicológicas completas de Sigmund Freud* (J. Salomão, trad., Vol. 18, pp. 89-182). Rio de Janeiro: Imago. (Trabalho original publicado em 1920)
- Freud, S. (1976). Inibições, sintomas e ansiedade. In *Edição standard brasileira das obras psicológicas completas de Sigmund Freud* (J. Salomão, trad., Vol. 20, pp. 95-204). Rio de Janeiro: Imago. (Trabalho original publicado em 1926)
- Freud, S. (1976). Novas conferências introdutórias sobre a psicanálise: Conferência XXXV: A questão de uma Weltanschauung. In *Edição standard brasileira das obras psicológicas completas de Sigmund Freud* (J. Salomão, trad., Vol. 22, pp. 193-222). Rio de Janeiro: Imago. (Trabalho original publicado em 1933)
- Jordão, A. (2009). *Narcisismo: do ressentimento à certeza de si*. Curitiba: Juruá.
- Knobloch, F. (1998). *O tempo do traumático*. São Paulo: Educ.
- Lacan, J. (1998). O estágio do espelho como formador da função do eu. In J. Lacan, *Escritos* (V. Ribeiro, trad.; pp. 96-103). Rio de Janeiro: Zahar. (Trabalho original publicado em 1966)
- Laplanche, J. (1987). *Problemáticas I: a angústia*. São Paulo: Martins Fontes.
- Laplanche, J. (2006). *Problématiques IV: l'après-coup*. Paris: PUF.
- Paraboni, P., & Cardoso, M. R. (2013). O rompimento do silêncio do corpo na hipocondria. In A. B. Freire (Org.), *O corpo e suas vicissitudes* (pp. 109-125). Rio de Janeiro: 7Letras.
- Paraboni, P. (2014). *Angústia e perseguição na hipocondria: a eterna atualização do mesmo* (Tese de Doutorado). Programa de Pós-Graduação em Teoria

- Psicanalítica, Universidade Federal do Rio de Janeiro, Rio de Janeiro.
- Pereira, M. (2008). *Pânico e desamparo: um estudo psicanalítico*. São Paulo: Escuta.
- Proust, M. (1983). *Em busca do tempo perdido*. Porto Alegre: Globo.
- Rivera, T. (2011). *Cinema, imagem e psicanálise*. Rio de Janeiro: Zahar.
- Winnicott, D. W. (1975). O papel de espelho da mãe e da família no desenvolvimento infantil. In *O brincar e a realidade* (pp. 153-162). Rio de Janeiro: Imago (Trabalho original publicado em 1967)

Received: 07/08/2015

Reviewed: 02/27/2016

Approved: 06/03/2016