

Opinion article

## **Depression and suicide in the movie “The Hours”**

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## INTRODUCTION

Depression is a disease as old as mankind. In all times of history, men presenting a typically depressive behavior can be found. Although the growing increase of depression, mainly in the Western world, currently characterizes it as the “disease of the century,”<sup>1</sup> this status has been described since biblical characters.<sup>2</sup>

Cinema, **an art that imitates life**, through the development of its technologies and the sensitivity of screenwriters, directors and actors, has promoted the study and analysis of human behaviors in a wide range of situations. These situations and behaviors sensitize the audience, due to the possibility of identification and empathy, conscious or unconscious, with the pain, dreams and fantasies of the characters.

The present article attempts to identify features and vicissitudes of the depressive and suicidal behavior of the characters in the movie “The Hours,” by Stephen Daldry. Virginia Woolf, Laura Brown, Clarissa Vaughan and Richard Brown illustrate how it is to live together with people with depressive status in different times and levels of morbidity.

We do not intend to make an in-depth analysis, once the characters are fictitious – except for Virginia Woolf – and have no historic data that might lead to a more complete study of their lives. Through a theoretical review and discussion of the movie, we raise psychodiagnostic possibilities and inferences about the psychodynamics of the characters in their depressive characteristics and in their acts or suicidal ideas.

## BRIEF THEORETICAL REVIEW ON DEPRESSION AND SUICIDE

### *A synthetic history of depression*

A more careful research on depression through history shows men presenting a typical depressive behavior since early ages. The Gospel According to Matthew, chapter 27, versicles 3 to 5, shows that Judas – who had sold his friend Jesus –, as a consequence of a deep remorse for his error, suffered one of the most serious consequences of depression: the suicide.

In other historic narratives, there are indications that, 3,000 years ago, Egyptian priests used to treat a disease that was not defined yet, but whose description was similar to the depression. They observed that, after a loss, people started to suffer a kind of lasting gloominess, which could return in other stages of life.

Back in 5 BC, for Hippocrates melancholy was “the delirium with sadness; that is, the unreason with humor depression, with reduction in the participation of usual activities, reduction in physical and social activities.”<sup>3</sup> He attributed the melancholic symptoms to an excess of “black bile,” in comparison with the other three humors (blood, phlegm and “yellow bile”). Hippocrates was the first to attribute psychic diseases to brain disorders and the first to describe the phenomena of mania and depression.

Nowadays, according to Silva,<sup>1</sup> the population worldwide who suffers from depression may reach 20%, depending on the level of scientific rigor of the diagnostic criteria. He also states that the growing increase in the prevalence of depression, especially in the Western world, makes it, along with AIDS, the disease of the century or the fad disease. The author also stresses that, according to statistics from different authors, it is estimated that 75% of suicide cases have depression as their main cause.

For Missel,<sup>4</sup> women suffer twice as more from depression than men. Such results are related to social, physiological and cultural factors, once women are more emotional, seek for help more frequently and present monthly hormonal changes, which often end up having an influence on their behavior. Although this phenomenon affects the women more, Claro<sup>2</sup> highlights that it may affect people of all age groups, beliefs, ethnic groups and social classes.

### *Types of depression*

According to the classification criteria proposed by Mackinnon & Michels,<sup>5</sup> involving causes, presence of genetic components, types and severity of symptoms, depression can be diagnosed as follows:

- **Disassembling or equivalent depression:** A common syndrome that is treated by the non-psychiatrist physician. Patients present typical signs of depression, but the affective component is absent or denied, often expressed by somatic symptoms. The depression is revealed as the patient's defenses are penetrated.

- **Reactive or secondary depression:** It is a response to an identifiable stress, such as losses (reactions to mourning), severe physical diseases (brain tumors, hypothyroidism, etc.) or use/abstinence (corticoids, barbiturates, contraceptives, thyroidal hormone, etc.). They correspond to 60% of all depressions.

- **Minor depression or dysthymia:** Lack of chronic mood, which lasts at least 2 years in adults and is manifested by the depressive syndrome, in which the patient is able to work socially, but cannot experience any pleasure.

- **Major or unipolar depression:** Primary and endogenous disorder, characterized by depressive episodes in variable periods of the patient's life, genetically predisposed to the disease. It can be currently treated with drugs and psychotherapy. It corresponds to approximately 25% of all depressions.

- **Bipolar mood disorder:** Primary and endogenous disorder, characterized by depressive episodes alternated with stages of mania or normal mood. In a state of mania, people have their thinking jeopardized, as well as their judgment capacity and the social behavior; they are easily involved in fabulous deals or adventures; they present inadequate and uncertain attitudes. If not properly treated, it may progress to a psychotic condition. It corresponds to approximately 10% of all depressions.

Gabbard<sup>6</sup> adds the following types:

- **Melancholy (psychotic depression):** It is a more severe and rarer form of depression, characterized by the loss of self-esteem, unreactive mood to pleasant stimuli, marked delay or psychomotor agitation, delirium (thinking disorder) and hallucinations (perception disorder).

- **Postpartum depression:** The childbirth and the changes it brings, both hormonal and in the woman's routine, may be a powerful stressing factor, which triggers the depression in women who are given to it.

- **Seasonal depression:** It is related to daylight exposure, being recurrent in the fall/winter; it occurs more frequently in countries with a rigorous winter, and it can improve with phototherapy (daily and prolonged exposure to strong light).

- **Atypical depression:** Reactive mood to pleasant stimuli, inversion of the vegetative symptoms (hypersomnia and increase in appetite), marked anxiety, phobic complaints.

According to the duration time, Mackinnon and Michels<sup>5</sup> classify depression as: temporary, transitory, constant (or stable) and chronic, which is the most severe of all.

#### *Psychodynamic features and symptoms of the depressive state*

Among the features of the depressive state are the somatic manifestations, mood and thought changes, lack of motivation and concentration, sadness, pessimism, low self-esteem, anxiety and suicidal behavior.

The most frequent somatic characteristics are the loss of appetite and weight, dry mouth, constipation, sleep disorders and loss of libido, and hypochondriac manifestations might also be present. It is worth remembering that the choice of somatic symptoms is related to symbolic meanings given by the patients.

With regard to the mood, complaints of feeling sad and unhappy are frequent, so that people do not respond with interest to things they used to like. Moreover, it is common for them not to be able to explain why they feel sad, and the only possible answer is crying.

People with depression see great difficulties in simple tasks, are manipulated by negative thoughts, feel losers and blame themselves for their failures, which may be followed by lack of willpower, incapacity, difficulty of concentration and reduced motivation and ambition. One example is that many depressive people complain of the growing difficulty of working and taking

on responsibilities. In this sense, Mackinnon and Michels<sup>5</sup> state that the depressed individual can participate in everyday activities when pushed for that, but if they are left to their own will, they will probably isolate themselves, looking for activities that reinforce this, such as, for example, reading.

The appearance and posture usually denounce the depressed person. They do not normally want to dress up and may even be careless about their own personal hygiene, which is aggravated mainly in the state of psychotic depression. The psychomotor delay or an extreme state of agitation may alternate as the depressive behavior goes deeper.

The anxiety that characterizes some depressive syndromes (which may vary from personality traits to a psychotic depression, going through reactive depressions to real losses – mourning – and to other less limiting events) is, for Mackinnon and Michels,<sup>5</sup> a psychological response to the danger, which is perceived when the person feels that there is a constant threat to her well-being. In the case of endogenous depressions, anxiety and agitation related to them may become a chronic trait, whereas in the severe or chronic depressions, they tend to disappear and be replaced by apathy and isolation.

The depressive person is characterized by a “self-affliction” due to her situation and the effect it has on her life. They tend to ruminate about the past and feel remorse, trying to imagine solutions for their problems through a hidden, omnipotent power. They also have difficulty remembering happy moments of their lives and perceive their lives as being “gray, with periodic black periods.”<sup>5</sup> In most severe cases, such as in the psychotic depression – melancholia –, there is a loss of contact with reality.

Gabbard<sup>6</sup> mentions the self-depreciation as a common feature of depressive patients, caused by “inward anger” in the Freudian theory. For Melanie Klein,<sup>7</sup> anger would be the pivot of depression. This author considered the manic-depressive states as results of childhood failures to establish good internal objects, and depressed people would not have actually resolved the

depressive situations common to the childhood. Such individuals then believe that they destroyed the good and loved objects inside themselves, due to their avidity or destructiveness.

According to Gabbard,<sup>6</sup> depression is characterized by a partial or total collapse of ego self-esteem; this happens because the ego thinks it is unable to be at the same level of the aspirations of the ego or superego ideal. This collapse is therefore related to depressive characteristics, such as low self-esteem and feeling of failure.

In his relationship with others, the depressive individual wishes love, but cannot reward them. Thus, he can isolate himself from the social life or try to always be with friends, to end up by making them go away due to his dependence and egotism or not to confront his “silence.”

Depressive people use themselves to offend others, feel bad to show their dissatisfaction, since by gaining everyone’s attention and thus maintaining the control, they assure their secondary benefit. Nevertheless, as the depression gets more severe, the individual gives in, because he feels that the others do not want or cannot help him and that the circumstances will not improve.

Arieti<sup>8</sup> believes that the deeply depressed individuals do not live for themselves, but for another person, who would be the **dominant other**. By identifying this objective as unreachable, the individual feels helpless, sometimes angry; he realizes that living for someone or something cannot be working, but does not feel able to change this situation and thus starts to have an unreal life plan, from which he cannot find an alternative.

This apparent lack of possibilities, along with low self-esteem and to the feeling of failure to confront trivial and/or complex situations, real or fantasized, makes the severely depressed person feel bad with herself. These characteristics, in association with masochist and self-destructive tendencies, may lead the individual to the suicidal idealization. The idea of death is a possible alternative and has the following as psychodynamic etiology.

Gabbard<sup>6</sup> highlights that, for Freud, the suicide corresponds to the victimization of the ego by a sadistic superego. It is now considered that the suicide would have a passive aggression as cause, a self-punishment or a relief of suffering. According to the studies by Menninger,<sup>9</sup> three

wishes might contribute to suicide: the wish to kill, to be killed and to die; the wish to kill may be directed not only to an internal object, but also could be destined to destroy the life of those with whom one is related. There might also be situations in which the main motivation of the suicide is not the aggression, but “the realization of a wish of reunion, i.e., a reencounter with a loved person that someone lost, or a narcissistic union with a loving superegoist figure.”<sup>10</sup>

Silva<sup>1</sup> considers suicide a form of communication through death: “The suicidal person needs to die in order to speak.” The type of message usually left or the absence of it may help to detect different and subjective meanings of suicide. Such meta-messages may range from self-related and narcissistic references to explicit manifestations of accusation, comfort, will, farewell and protests.

In this sense, the chosen form of suicide brings indications about the existing pathology and the objective of the act. Durkheim<sup>11</sup> classifies the suicides into maniac, melancholic, obsessive and impulsive. During adolescence, the latter is very frequent, due to the need of omnipotent overcoming the limits of the body and the typical mourning of this stage.<sup>12</sup>

Besides the individual or “selfish” motivations, Durkheim<sup>11</sup> specifies suicides of the “altruistic” type, in which the subject is self-destructive due to social causes or as a protest against society, as well as in the case of kamikazes and suicide bombers.

Of all the etiologic vertices of the several theories studied, what can be concluded is that people who have a tendency to develop depression and, consequently, are subject to a risk of suicide present organic characteristics genetically inherited, specific family or social situations and especially failures or lack of development that make the confrontation of adversities and frustrations imposed by the external or internal reality difficult to deal with.

### *Triggering factors of depression*

According to Mackinnon & Michels,<sup>5</sup> the exogenous or reactive depressions are a result of traumatic experiences in the patient’s life; on the other hand, the endogenous depressions are seen as the standardized expression of a constitutionally conditioned reaction, little affected by external



factors, which suggests a more severe connotation or a psychotic state. However, for many authors, most endogenous depressive processes might be developed based on an external triggering factor. This fact leads to the understanding that the biological and psychodynamic explanations are not only compatible, but also interdependent.

The loss is the most common triggering factor of depression, which is generally represented by the death or separation of the object of love. Such loss may be real or imminent, as in the depressive reactions that anticipate the death of a loving person. It can sometimes be a real or fantasized internal psychological loss, as a consequence of the assumption of being rejected by the family and friends, or loss of social status (retired people, for example).

Another triggering factor of depression, according to Mackinnon & Michels,<sup>5</sup> is the reduction of self-trust and self-esteem. The depressed person bases the self-esteem in the continuous absorption of love, respect and approval by the important people of his life and, therefore, the rupture with such objects represent a threat to the source of dependent love and gratification that nurtures his narcissistic feelings, representing an amputation of the ego.

The individual often denies the loss or impact caused by it, avoiding an emotional reaction; however, faced with a new situation that refers to the initial trauma, such denial becomes inefficient and depression is started. In a certain manner, the depressive reactions of the adult are postponed responses, with the immediate triggering factor in the adult life, revealing feelings that could have been followed since infancy.

## MOVIE SUMMARY

The movie "The Hours" is based on the homonymous novel by Michael Cunningham. Both the movie and the book present the following main characters: Virginia Woolf, Laura Brown and Clarissa Vaughan. These three women experience similar conflicts in different times. The three characters have the feeling of not belonging to the ordinary world in common, which provides them with well-defined roles, with their amount of sacrifices and joys. All of them show a degree of

philosophical and existential depth in the most common experiences, such as: drinking coffee, buying flowers and making a cake.

The plot is presented in three different historic moments, developed in a parallel manner. It starts by portraying Virginia Woolf, in 1923, writing her famous novel *Mrs. Dalloway*. In Richmond, where, together with her husband Leonard (Stephen Dillane), she seeks the quietness necessary to her disturbed mental state, the movie reveals crucial moments, which symbolize her social, family and intrapsychic life, culminating in her suicide in 1941.

The second story takes place in 1949, in a suburb of Los Angeles. Laura Brown, married to a war hero – Dan (John Reilly) –, mother of a 5-year-old boy – Richie (Jack Rovello) – and pregnant of her second child, is anxious with her life and thinks about committing suicide. The plot only shows 1 day in the life of this woman, who is an avid reader of Virginia Woolf and is currently reading *Mrs. Dalloway*.

This character has a common family and life, apparently with no conflicts, which may discard any hypothesis of a current external reason for the depression. Her husband is on birthday and, as a wife, although unmotivated, Laura feels obliged to prepare him a surprise. Her distressed son realizes this and follows his mother's suffering. Laura is unable to think about something different than death, which is clear in her look, in her slowness and in her further action (to be described and analyzed in the discussion).

The third part of the movie is limited to reporting the day in which Clarissa prepares a party for Richard, due to a literary award he had received. They were lovers for one summer in their youth and have cultivated a strong friendship until the current days. Here Clarissa's feelings towards Richard are portrayed. They are made explicit in her routine visit to her friend and during the party preparations, when she starts to think about them. Richard is in a terminal health condition and insinuates to her his intention of committing suicide. In only 1 day, several and intense situations are dramatized by these characters.

## DEPRESSION AND SUICIDE IN “THE HOURS”

In the movie, the different behavioral and symptomatic manifestations of depression are found not only in the personal presentation of the characters (to be given in detail later on), but also in the setting of each story, both in terms of lighting and decoration. In Richmond, Virginia lives in an old house, with dark rooms and classic furniture, with vases containing purple flowers, which are usually a symbol of mourning. Laura in her turn lives in a suburb of Los Angeles, in a house with a standard and neutral style, beige walls and decorated with white or yellow flowers. Clarissa lives in a modern apartment, with wide and well-lit rooms, decorated with field flowers. Richard, on the other hand, can be found in a small environment, dark and decaying, exactly like his physical and mental state, also symbolized with dead flowers, which are replaced by Clarissa when she visits him.

Such characterization illustrates not only the particularity and subjectivity of each individual and their history, but also the different gradations and possibilities of manifestation of the depressive disease.

Virginia Woolf's biography, written by Ingram,<sup>13</sup> helps to have a better understanding of her history and family antecedents and of her disease. Virginia Woolf, a British novelist who lived from 1882 to 1941, stood out at her time due to her important contributions to literature. Besides being innovative, Virginia was a literary critic of *The Times Literary Supplement* and a key character in the Bloomsbury group – a group of liberal intellectuals of that time.

Virginia Woolf, the third of four children of Sir Leslie Stephen and Julia Jackson Duckworth, was born in London. Both her father and mother had been married before, and her father had a daughter from the first marriage (Laura), and her mother had three children (George, Gerald and Stella Duckworth). In fact, Virginia had two brothers and one sister from the same parents: Vanessa, Toby and Adrian.

Considered a peculiar woman, she was very intelligent, talented, creative and eccentric. Virginia Woolf's talent and prestige marked her history, as well as her mental disorder. She

suffered from bipolar mood disorder, oscillating between crises of mania and depression, which varied in intensity.

Virginia's childhood and adolescence were filled with difficult periods and traumatic situations, which help us understand the development of her mental disease. She had significant losses when she was young. Her mother died when she was 13 (age in which she had the initial outbreak), and 2 years later, her step-sister Stella, who had "taken the role of the mother," also passed away. At the same time, her brother Toby, by whom Virginia nurtured a great affection, and her father also died.

Another aspect that possibly also influenced the worsening of Woolf's depression was the genetic factor. In her family history, there are several cases of mental disorder: her sister Laura was born with mental problems and spent most of her adult life in psychiatric institutions; her brother Toby, who tried to commit suicide, suffered from "screaming attacks" and died young; her step-brothers George and Gerald Duckworth sexually abused Virginia and her sisters, Laura, Vanessa and Stella, several times. This fact certainly affected her psychological life and her sexuality in her adult life, so much that, in her marriage, there was no sexual relationship after the honeymoon. Woolf was sexually frigid in practice, but sexually liberal in the characterization of her characters. Her contact with some women during her life shows a homosexual tendency.

Woolf also had much in common with her father Leslie Stephen: they were both tall, helpless, detailed reviewers and loved poetry. Both could be charming and rude, they were extremely dedicated to their work and both defended the feminist causes. However, he was clear and logical in his thinking, whereas Woolf was essentially imaginative.

Woolf described him as being a difficult man. He suffered from insomnia and panic attacks. He had his first crisis in 1888, and then 2 years later. After her second wife, Julia, died, his condition worsened. Virginia and Vanessa used to listen to him walking home and talking to himself: "I wish I was dead, I wish I was dead..."

Her sister Vanessa had an episode of depression at 32, which lasted 2 years, after an abortion. It was a severe period, in which she reported fears and feeling of unreality.

Another factor that possibly strengthened the issue of pathological identification and the consequent outbreaks was Woolf's education and the absence of social life in her infancy. Since her parents were renowned literary critics at that time, her house was filled with an essentially intellectual atmosphere. Furthermore, her father taught her how to read and write; she had no contact with other children of her age, besides her brothers and sisters.

In the movie, the actress Nicole Kidman plays Virginia Woolf and shows the evident traces of psychotic depression through hearing hallucinations, memory loss, slow movements, lack of appetite, disheveled hair and shabby clothes. She lives under the threat of herself, which indicates the severity of her superego over her ego.

Like other people in a state of deep depression, Kidman's character is surrounded by people, who she control with her threats of suicide and by whom she is controlled in the attempt to avoid the suicide or the worsening of the symptoms. At that time, and until now, family members used to make all necessary efforts to be able to motivate and encourage the depressed person with functions, objects, outings that used to be pleasant, but in the current state are no longer of interest. The suffering of relatives and therapists (why not?) of this type of patient takes place through the intense and constant projective identifications, arising feelings of anger and guilt towards the severely depressed people.

Maybe the most striking scene of the movie is that in which Virginia lies down next to a dead bird, totally identified with its frailty and inanition, expressing an intense suffering and a strong wish to die. At the same time, her weakened life instinct seems to be projected in the others. The scene in which she avidly kisses Vanessa's mouth (Miranda Richardson), for example, may raise the hypothesis of the desire to absorb through her mouth the "normal" life of her sister, with children, joy and apparent buoyancy.

At the time when she lived, little was known about the disease, so she was a victim of the lack of a more efficient treatment, which is available nowadays. It is true that suicides still occur, but in the movie the suicide is portrayed as Woolf's only imaginable alternative of relief. Her determination to do it, as well as the farewell letters and the lurking for an opportunity, warn to the necessary care with this type of patient. In order to do so, hospitalization is often required.

The decision of Virginia's suicide was recurrent, and the intent was triggered by the perception of a new psychotic outbreak, through the "voices" that started to manifest themselves.

What can be thought of Woolf's suicide? Psychiatrically, as the possible outcome for her psychotic depression; psychodynamically, as the predominance of the death instinct over the life instinct,<sup>14</sup> or as the ego identified with her depressed and suicidal father giving in to a rigid and castrating superego, represented by the hallucinated voices. Still according to Klein,<sup>7</sup> the depression may represent a possibility of repairing, despite Woolf's attempts of literary creation during the manic episodes. Anyway, the message left by her shows all the ambiguity between guilt and protest, usually contained in the suicidal act, which implies a self- and hetero-aggression.<sup>1</sup>

The form of suicide chosen by the individuals reveals personality traits and unconscious motivations for performing the act.<sup>12</sup> Virginia chose suicide by drowning. Her determination and pertinacity are represented by the stones she put in her pockets to drown faster; she admits no failure this time, maybe because this time she is more certain than never about the wish to die.

The character Laura Brown (Julianne Moore), in her turn, seems to live in a state of dysthymia, manifested by her apathy, lack of interest and appetite and escape from reality; the latter takes place particularly through reading. With her husband, Laura dissembles her sadness, because she feels guilty not being happy with what he gives her. Her son perceives her unhappiness and tries to keep her alive by caring and showing his love. In the movie, it can be thought that the failed attempt to make a cake is the symbolism and the representation of her poor self-image, of a weakened ego, of unconscious anger at her husband, as well as the internalization of bad objects

incapable of affectively “nurturing.” The successful cake happens as the “last act” of repair and guilt before the decision for the suicide.

During a visit, her friend Kitty (Toni Collette) tells her about the suspicion of a malign disease; Laura kisses her in the mouth. With regard to this kiss, it could be said that it has similar functions to those inferred previously in relation to Virginia kissing her sister. On the other hand, it could be an allusion to the desire of orally absorbing the disease and the possibility of death, due to a feeling of envy of her friend’s morbid condition.

Despite thinking about taking pills to die – which denotes a desire of minor aggression to herself, since this form of suicide does not imply pain nor sufferings –, Laura cannot persist in her intention, choosing then to “kill her family,” leaving them, denying their existence, in what Menninger<sup>9</sup> understands to be one of the basic conflicts of the depressive suicidal, i.e., the wish to die, to kill, or be killed.

Laura reappears at the end of the movie for the burial of her son Richard. At the same time in which she thinks she does not fit in the social standards and that her attitude of abandoning her family as soon as her second child was born was something probably hard to understand and be accepted by the society, she seems to show no regret, no remorse for the decision made. She seems to be absolutely sure she made the right choice – life –, otherwise she would have certainly “died.”

Here the character’s option for a lonely and egocentric destiny is clear. Several reasons could be inferred for her attitude, among them the fact that she does not think she deserves a good life – success neurosis, according to Freud, determined by a very rigid superego or by early basic necessities that were not met, as a consequence of primary experiences of hopelessness, which did not allow the ego to develop capacities of frustration and continence of the others’ needs.

Parallel to the stories of Virginia Woolf and Laura Brown, the movie tells the story of Clarissa Vaughan (Meryl Streep), who, at the age of 50, is a successful publisher, mother of a young woman – Julia (Claire Danes) – and married to a TV producer. Despite all this, her life is directly linked to Richard’s (Ed Harris), the fourth character. He is a poet whom she has known for

a long time, with whom she had nothing more than a summer affair, but who has actually always been her great love. Affected by AIDS, Richard lives under his friend's care, having his routine entirely dependent on her, who also has strong traits of dependence towards him.

There is a moment in the movie in which Richard quotes Mrs. Dalloway: "Oh, Mrs. Dalloway... Always giving parties to cover the silence..." In the following dialogue, it can be easily seen the insinuation that Clarissa (whom he used to call Mrs. Dalloway, because she coincidentally has the same name and life style of the literary character created by Virginia Woolf) gave parties to herself, as a manic exit, in an attempt to hide from herself the banality of her life, except for her total dedication to Richard.

During the preparation of the party and Richard's favorite dish (crabs, which may symbolize the tendency of both characters to "move backwards," like these animals; the fact that they live in the past), Clarissa receives an anticipated visit from Richard's ex-partner, Louis (Jeff Daniels), with whom she remembers their lives. She has a sudden emotional "collapse" (cathartic moment), due to the occurrence of several recollections and feelings she had not felt for a long time. She also looks quite fragile with regard to Richard's insinuation about his desire to die in the morning of that same day, and ends up by expressing her impotence at the complex context.

Even having a more structured ego to stand frustrations, when compared to the two characters previously described, one can be certain that Clarissa is affected by what Mackinnon and Michels<sup>5</sup> classify as **dissembling depression**, considering that, although she has other symptoms typical of depression, she presents a psychodynamic standard of denial of the disturbance of the affective component (sadness, usually generated by an internal conflict between anger and guilt), struggling to preserve her subjective feelings at a non-conscious level. Clarissa is demanding, she sees herself "trapped" to the desire of being the eternal Mrs. Dalloway and, in this sense, she cannot admit nothing less than this idea and everything it should provide her. It could also be possible to relate Clarissa's depressive state to what Bibring<sup>16</sup> states as being the conscience of the ego of its



inability to be at the same level of its narcissistic aspirations (arising from the ego ideal), imposed as behavior standards.

With regard to Richard, the control made by Clarissa concerning his food, appearance and medication is clearly perceptible, once he in fact neglects such aspects. This character shows quite distinct psychological symptoms: apathy, sadness, hostility, pessimism, lack of motivation, loneliness, anger, fatigue, social withdrawal, lack of the notion of time. It is also clear a generalized status of moral inferiority,<sup>14</sup> dissatisfaction with the ego – deemed as “poor and empty” –, self-recrimination, low self-trust and self-esteem, in association with psychotic outbreaks manifested in the deliria and hallucinations, to which Richard refers as **dark fire and voices**. Such symptoms allow us to attribute to Richard a structure of melancholic personality, which is the most severe level of depression.

There is a scene in which Richard, deeply downcast, is shown looking at a photograph of his mother in a bridal dress and recalling some significant images from his childhood. At this moment we become aware of the fact that Richard was the little Richie, i.e., Laura Brown’s son. In the following scene, Clarissa goes to Richard’s apartment, in order to pick him up to go to the ceremony in which he would receive a respectable literary award, and finds him extremely agitated. He begins a speech in which, showing total loss of interest for his life, he accuses her of still living only to satisfy her and, at the same time, recognizes how much she had always been good to him; he admits that he “loved” her and believes that two people could not have been happier than they were. Immediately after that, he throws himself out of the window, committing suicide.

In a firstly superficial appraisal of this suicide, it is already possible to conclude that the impulsiveness required to perform this act was arisen in Richard due to the high level of anxiety caused by his mental and physical condition, as well as by the purposive ingestion of several types of medication. It is also possible to deduct that, considering the chosen method for the act, the unconscious meaning of such suicide was to make a passive aggression. By killing himself, Richard probably intended to affect Louis, Clarissa and his internalized abandoning mother. Furthermore,

with regard to the guilt directed towards Clarissa for still existing, Hendin's statement<sup>17</sup> fits here, when he says that one of the most deadly characteristics of the suicidal patient is the tendency to attribute to others the responsibility to remain alive.

It is also worth stressing that Richard's suicide represents only the most extremist attitude of a whole life pervaded by self-destructiveness. This may be verified by analyzing, throughout his personal history, the presence of risk behaviors, such as promiscuous homosexual relationships, which, one would suppose, could have been triggered by the lack of internalization of good objects and by the desire to look for the narcissistic fusion lost in infancy.

In the movie, when we get to know that Laura abandoned her family, it is possible to infer the weight that the family psychodynamic had on Richard's psychic life, and how much this is a determinant for his consequent mood disorder. The passive tone in Laura's voice, her slow talk, as well as the coldness and non-spontaneity of her speech, which she used to try to convince Richie that his concern towards her was groundless, that his exaggerated anxiety had no motive, communicated a double message, which also disqualified the boy's perception. Laura showed a general instability, thus transmitting great insecurity to her son. In a remarkable inversion of roles, Richie felt "obliged" to take care of his mother, to reaffirm some certainties to her – such as, for instance, telling her he loved her –, whereas Laura invariably manifested a clear indifference to what the boy was trying to express, confirming her inability to be able to establish a relationship based on positive affective attitudes.

Moreover, according to Mackinnon and Michels,<sup>5</sup> the death or separation of a parent still in infancy is a common characteristic to depressed patients. Considering as certain that Richard suffered the loss of his object of love, the abandonment of his mother, at an early age (around 5 years) and under unexpected circumstances, not being accidental, it is more plausible to understand the reason why Richard could not develop this mourning, resulting in its pathological character.

Finally, it is interesting to highlight that, when Richard kills Laura (represented by a character with the same name) in the plot of the book by which he would be awarded, the affective

ambivalence that the son felt towards her comes up, because after losing his object of love, Richard also ended up by breaking off with the one who should be the source of gratification of his needs, the safe harbor for his affective survival. In this sense, the statement made by Gabbard,<sup>6</sup> that the suicide is the only satisfactory revenge against one's internalized parents, may perfectly fit in this key issue of Richard's hate against his mother.

## CONCLUSION

Using the cinematographic technique, Stephen Daldry promotes the identification and the pondering of situations and feelings that are typical of people affected by depression. The condensation of different times and the interconnection between the characters – which takes place through the book written by Virginia, read by Laura and “acted” by Clarissa and Richard – reflect, although lived in a particular way by each of the characters, the universality and atemporality of psychic phenomena, as well as the evident implications and social communications in the depressive and suicidal behavior.

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#### *ABSTRACT*

*The stories dramatized in movie screens are striking, once they arouse feelings that are experienced by the audience. From this perspective, the present article attempts to identify, demonstrate and comment on the depressive behavior of the characters in the movie The Hours, by Stephen Daldry. The characters illustrate the people's coexistence with depressive states in different times and in different morbidity levels. The movie tries to show the different behavioral and symptomatic manifestations through the personal presentation of each character, as well as through the scenery of the stories. Traces of psychotic depression can be seen in Virginia Woolf's character and a depressive state that tends to dysthymia in Laura Brown's character. Clarissa suggests a "dissembling depression" which is strongly related to Richard, whose depression culminates in suicide. The combination of different times and the interconnection between the characters reflect the universal and atemporal character of the psychological phenomena, although they are privately experienced by each character.*

**Keywords:** *Depression, suicide, types of depression.*

**Title:** *Depression and suicide in the movie "The Hours"*

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