

THEORY II: BEYOND WISH AND DEFENSE

CLASS 8

DEPRESSION AND MELANCHOLIA

Aim: The purpose of this class is to review the psychoanalytic theory of depression with reference to the current reading.

Reading: Freud S (1917 [1915]): Mourning and Melancholia. SE 14: 243-258.

Two fundamental quotations from *Mourning and Melancholia*

1. ... *the melancholic displays ... an extraordinary fall in his self-esteem, an impoverishment of his ego on a grand scale.*
2. *The occasions giving rise to melancholia for the most part extend beyond the clear case of a loss by death, and include all those situations of being wounded, hurt, neglected, out of favor, or disappointed ...*

Mourning and Melancholia is written in the same pattern as *Inhibition, Symptom and Anxiety*. In the latter paper Freud does not arrive at his theory of anxiety until he gets to Appendix C. In the present one the largest part of the paper is about a theory (loss of the object) that is something less than the theory that Freud is trying to introduce. It is only by the end of the paper that Freud has defined melancholia as a reaction to any situation of “being wounded, hurt, neglected, out of favor, or disappointed.” The emphasis is not on objects at all but rather on the vicissitudes of self-esteem regulation.

A Review of Basic Theory

Robertson¹ reviewed the work of the major contributors to the psychoanalytic theory of depression:

In 1911, after he had treated six cases of undoubtedly psychotic [N.B., endogenous, not necessarily delusional] depression, Abraham² recounted how the illness proceeded from an attitude of hate that was paralyzing the patient's capacity to love. Abraham felt that guilt arose from the repression of hatred, leading to depression, anxiety and self-reproach. The patient's feeling of poverty springs from a repressed perception of his own incapacity to love. In 1916³ he amended his views on depression to include libidinal regression, regression to the most primitive stage of development, that is, the oral or cannibalistic stage. There

was the suggestion that some of the self-accusations of melancholics related to guilt about their cannibalistic impulses ...

Turning to the self criticism and self reproach of the melancholic, Abraham⁴ inferred that the introjection takes two forms. First, the patient introjects his original love object on which he has built his ego ideal so that the object has taken over the role of conscience for him. The pathological self criticism emanates from the introjected love object [N.B., "I reproach myself as my love object reproached me"]. Secondly, the content of the self reproach is ultimately a merciless criticism of the introjected love object [N.B., "I reproach myself as I reproach my love object"]. Although Abraham did not make it clear how the reproaches against the external object are transferred to the internal object, functioning as superego after the introjection has taken place, this dual form or double introjection in depression presages subsequent theoretical formulations [N.B., it seems hard to me to imagine how one would "make it clear."].

Referring to the tentative nature of his ideas on melancholia, Abraham concludes by suggesting that when depressed patients suffer an unbearable disappointment at the hands of their love object, they tend in unconscious fantasy to expel the object as they would feces, and thus destroy it. A form of narcissistic identification, specific to melancholia, then takes place: the expelled (and destroyed) object is orally reintroduced by the patient [N.B., it is this theory that lies behind Bach and Schwartz' discussion of coprophagia in the Marquis de Sade]. From this Abraham concluded that the melancholic is fixated at an early anal level, but there is also fixation of the melancholic in the oral sadistic phase, which implies a destructive incorporation of the object. He regarded these oral sadistic tendencies as being the main source of the depressive suffering experienced in the shape of self-punishment. There is the idea in Abraham's work on depression that guilt feelings arise precædipally, suggesting that he believed there is an early superego, or at least superego precursors prior to the resolution of the œdipal conflicts.

[N.B., This demonstrates Abraham's use of embryology in psychoanalysis. As an embryologist he had noted the fact that the human being develops three kidneys in succession, the earlier one always being replaced by the later one. He adapted this to the growth of the mind, contending that there is an oral stage, which is followed by an anal stage, which is followed by a genital stage and that all impulses, by their nature can be assigned to an origin in one of these stages. These ideas were picked up and incorporated by Freud only slowly and partially.]

In *Mourning and Melancholia* Freud regarded both normal mourning and melancholia as being responses to the loss of someone or something loved. [N.B., Robertson has ignored the later passage in which Freud extends the precipitating event of melancholia to any "narcissistic injury."] The distinction between the two conditions he described with the statement that in contrast to the mourner, the melancholic suffers "an extraordinary diminution in his self regard, an

impoverishment of his ego on a grand scale". He draws attention to the importance of ambivalence in melancholia associated with both constitutional and experiential factors. [N.B., Notice that the emphasis on ambivalence is necessary only if you are trying to explain, paradoxically, that the identification with a loved object results in hatred directed against the self.]

The importance of introjection in melancholia ... is stressed with Freud's memorable phrase, "the shadow of the object has fallen upon the ego". In regard to this object, the melancholic's erotic cathexis undergoes a double vicissitude: part of it regresses to the oral stage of identification (the narcissistic or oral stage of libido development) [N.B., Note the trouble Robertson is having: he does not appreciate the changes in Freud's thinking announced in 1914 and attempts to conflate "narcissism" with Abraham's oral phase of development.], and the other part under the influence of the conflict due to ambivalence is carried back to the stage of sadism [N.B., Note again the difficulty Robertson is having: there never was a "stage of sadism" in Freud's thinking, and by the date of *Mourning and Melancholia*, sadism had been completely amalgamated into Freud's new descriptions of hostility and hatred.] ... In one of the most important features of the paper, the superego, as it were, emerges from the shadow of the introjected object. Impressed by the melancholic's self criticism and self denigration, Freud recognized that such criticism belonged also to the "lost" introjected object and that there must exist a critical agency - the conscience - which is split off from the ego. An object loss changes into an ego loss through narcissistic identification. In addition, he implies that the low self-esteem of the melancholic is directly related to the condition of the introjected object [N.B., a special award to anyone who can make sense of this].

In 1923, Freud⁵ reconsidered the problem of melancholia. In the course of a systematic elaboration of his new structural theory, he contrasted the superego-ego relationship in obsessional neurosis and melancholia. He stressed that in obsessional neurosis the ego rebels against the superego, but in the case of melancholia, the ego has no objections: it admits its guilt and submits to punishment. To explain the peculiar intensity of the sense of guilt in melancholia, he suggested that the destructive component (of the instincts) had entered the superego and turned against the ego. As he put it, following the formulation of the dual instinct theory in 1920, "what is now holding sway in the superego is, as it were, a pure culture of the death instinct" [N.B., But he also said, in the same paper, that the superego is nothing but the last, great salvage operation for the infantile narcissism. This would indicate elements of grandiosity and perfectionism in the composition of the superego which would be the basis for narcissistic rage directed at the self if the self does not fulfill expectations].

Comment

As we have seen, there are several problems in Freud's formulations. In the first place, although the bulk of the paper is devoted to the onset of melancholia after the loss of a (narcissistic) object, towards the end of his discussion Freud questions the suitability for generalization of the mechanisms he has postulated. Considering the insomnia of melancholia, he reverts to an observation that he had first made in 1895 and says, "the complex of melancholia behaves like an open wound, drawing to itself cathectic energies ... from all directions, and emptying the ego until it is totally impoverished". He continues, "These considerations bring up the question whether a loss in the ego irrespectively of the object - a purely narcissistic blow to the ego - may not suffice to produce the picture of melancholia..."

The second problem lies in the obscurity of the mechanism proposed. Even in those cases where the precipitating adverse event is the loss of the (narcissistically) loved object, taking this object back into the ego could only mean a magical re-identification with those elements in the ego ideal which were the basis for the original state of love. If the object was loved because it reflected self-representations of beauty, generosity, fairness, etc. then the patient would, after installation of the object as "a differentiating grade in the ego," regard himself as handsome, generous, fair, etc. This could serve as an explanation for elated states, but not for melancholic ones.

The third problem lies in the postulation that the self-directed aggression in melancholia comes from the conscience. This point becomes the *shibboleth* of subsequent clinical theory, and it is in analogy with this that the formulations of the 1920's regarding moral masochism were so heavily skewed in favor of the underlying (unconscious) sense of guilt. But, to the extent that the loss of the object renders the patient subject to self-reproaches, the relation with the lost object must have served as a talisman against self-reproach, i.e., must have served to effect congruence with the ego ideal. It is here that Freud's abandonment of the ego ideal concept (cf. the reading from Sandler for the class on the ego ideal) begins to make things less intelligible since now Freud has no place to locate the ideals except in the critical agency.

A fourth problem is that although Freud never claims that the syndrome of melancholia is co-extensive with that of depression, later authors slid all too easily over this distinction and ignored the clinical fact that the vast majority of clinical depressions are not marked by any melancholia-like attack upon the self. This makes the problem of self-directed aggression one that is encountered in some, but by no means all, depressive states, and this in turn means that we must have a theory of depression independent of, and of wider application than, the theory of melancholia.

Parkin on Melancholia

Parkin⁶ notes that Freud "did not distinguish between [the] fall in self-esteem and the rise in self-criticism, treating them synonymously, and he did not maintain his earlier distinction between the

ego ideal as the agency of the former and the 'conscience' as the agency of the latter. The lowered self-esteem as well as the heightened self-criticism were attributed alike to the 'critical institution in the mind,' the conscience [N.B., Parkin treats the ego ideal as *active* in the manner of Schafer's "loving and beloved superego", rather than as *passive*, a collection of desired shapes of the self, as Sandler did]. Nowhere did he mention the ego ideal (self-ideal)". He notes that "Freud saw [the] process of introjection of the aggressively charged object as fundamental to the building-up of the superego's identifications," and further notes that, "however, this formulation was at variance with his earlier conception (1917) that in melancholia the lost object was introjected into the *ego* ... moreover, there still was no place to be found in the state of melancholia for either the self-ideal or the fate of the 'good' object which is lost alongside, or as the other aspect of, the preambivalent 'bad' object". He continues:

The ambivalent stage of object relations achieved by the premelancholic, and from which he ultimately falls with the onset of the melancholic process, is typified by seeking in the object those characteristics of the self's own internal ideal that lie beyond its grasp. The attempt to gain the object is the attempt to gain the ideal. "What possesses the excellence which the ego lacks for making it an ideal," Freud said (1914), "is loved." The object is loved, that is, for its potential to restore the state in which the self was its own ideal. The self-representations of the ego attempt to attain through possession of the idealized object the perfection that lies outside its grasp in the unattainability of the self-ideal. They attempt to reach in reality what they cannot reach intrapsychically. The object then is loved as a longed-for extension of the self and is treated in accordance with the desire to bring it into the realm and under the control of the self - that is, to restore the narcissistic fusion. As long as the object complies with this desire, lends itself to the purposes of the other, submits to its domination, and demonstrates no wish for individuality of its own, all goes well. If the object remonstrates against this treatment, claims the right to follow its own path, thus establishing its separation from the lover and disrupting the narcissistic illusion, or if it succumbs to the anal-sadistic attacks and criticisms of the insufficiently fused "bad" objects lodged within the superego, and which sully its perfection in the lover's eyes, it loses its function to the lover as the projection of his own ideal and as the haven of the "good" aspect of his ambivalently loved and hated object. In terms of narcissistic satisfaction, it is a "lost object." In the ensuing reintroduction of the lost perfection, the lover is thrown back once more upon his own internal self-ideal, which lies outside his attainment. He feels depleted and helpless, and it is in this hopeless loss of self-esteem that depression is manifested.

This simple state of affairs may occur when what is sought in the loved object is some characteristic of perfection ... When, however, what is at stake is the recovery of more primitive forms of the self-ideal, the loss of the loved object may precipitate, not only a fall in self-esteem, but also a re-emergence of the "bad" object ... one which has hatefully frustrated the wishes of the lover. As such,

it ... becomes the target of reactive [N.B., narcissistic] rage ...

Comment

Parkin goes on to argue that it is this object of narcissistic rage which is taken into the superego and becomes the internalized hating figure in melancholia. It will be more in line with the emphases of this course to assert that the existence of narcissistic rage in the face of fallen self-esteem is likely to promote the formation of a compensatory, sadistic, grandiose, delusional self, of the kind we have seen in our cases of paranoia and in the Marquis de Sade, and that it is this personality organization that, in its hatred, takes as its object the helpless, imperfect, ego-ideal-distant self. That is, that the source of the self-criticism should not be considered exclusively, or even primarily, the superego. It is the compensatory grandiosity of the attacking part of the (split) self that explains the lack of humility which Freud found so striking in cases of melancholia. The melancholic salvages the grandiosity of the sadistic self by savaging the de-idealized self as its victim. It is thus a (partial) defense against loss of self-esteem. Loss of self-esteem without self-criticism is associated with non-melancholic depressions.

Bibring

The issue of the ego ideal was taken up by Bibring⁷ who denied a) that depressive affect was the same as depressive syndrome, b) that depression was linked to any particular psychosexual mechanisms, such as oral-incorporation, and c) that the development of rage had any role in the emergence of depressive affect.

Bibring insisted that the state of euthymia depended on an adequate degree of congruence between the real self and the ideal self and that depressive affect was generated when there was an insupportable discrepancy between the two accompanied by perceived helplessness to close the gap. He thus tied the experience of depressive affect to the vicissitudes of the ego ideal and of the instinct to mastery.

In all the instances [described], the individuals ... felt helplessly exposed to superior powers, fatal organic disease, or recurrent neurosis, or to the seemingly inescapable fate of being lonely, isolated, or unloved, or unavoidably confronted with the apparent evidence of being weak, inferior, or a failure. In all instances, the depression accompanied a feeling of being doomed, irrespective of what the conscious or unconscious background of this feeling may have been: in all of them a blow was dealt to the person's self-esteem, on whatever grounds such self-esteem may have been founded.

He noted that the ego ideals may be "staged" in accordance with the epigenetic sequence of fears that the child passes through. Corresponding to the fear of being abandoned is the ideal of being constantly attended to. Corresponding to the fear of not being loved is the ideal of being the recipient of love and adoration (or its negation, the ideal of being totally independent and needing no one). Corresponding to fears of being punished are ideals of being good, fair, and meritorious. Finally, corresponding to the frustrations of the oedipal situation are ideals of being triumphant, successfully competitive, and a winner. Paralytic inability to match any of these "narcissistically significant, i.e., for the self-esteem pertinent, goals and objects" gives rise to depressive affect.

Depressive affect can serve as a stimulus to defense. Trying again, changing goals, and "sour grapes" are some of the frequent defenses used to cope with the situation of helplessness. More pathologically, the individual may resort to an escape into grandiose identifications as a means of restoring the self-esteem. It is from the formation of such identifications that the rage against the self can emerge. Melancholia is thus a defense against depressive affect, the melancholic trading the abasement of the criticized self for the grandiosity of the criticizing one. Thus "the crucial factors of the accepted theory - oral fixation, ambivalence, incorporation, aggression turned round upon the subject - are relegated by Bibring's theory to the peripheral role of factors which complicate the basic affective ego state of depression"⁸.

Sandler and Joffe

From their work at the Hampstead Child Therapy Clinic, Sandler and Joffe⁹ described a basic depressive affective response which can be of long or short duration, of low or high intensity, and which can occur in a variety of personality types and clinical conditions. They found this affect arising in response to a specific type of threat to well-being: the feeling of helplessness or incompetence in the face of having lost or of being unable to attain something essential to the narcissistic integrity. They note that, "In Bibring's view, depression is measured by feelings of lowered self-esteem, and this again can be conceptualized as representing a feeling of being unable to attain an ideal and highly desired state of the self". They comment, "Our own conception of the basic depressive reaction in children is similar to Bibring's view..." They stress that while what is lost may be an object, it may equally well be a previous state of the self. It is the feeling of having been deprived of an ideal state (cf. our previous readings on Sandler's concepts of the ideal state and the ego ideal). The loss of any essential precondition for approximating the actual self to the ideal results in pain, i.e., discrepancy between the actual self and the ideal state. They suggest, "the depressive response must be considered within the wider context of all disorders of narcissism".

This experience of pain normally mobilizes aggression which is then directed against what is felt to be the source of the pain. If the child feels impotent in the face of pain, and cannot discharge his aggression, the accumulation of undischarged aggression may reinforce the painful state ... the analysis of depressive reactions frequently uncovers feelings of impotent and ineffectual rage which have not been allowed expression for internal or external reasons. It is not correct to say

that this aggression has simply been turned against the self *via identification with the hated object*, "It is our view that what is much more frequent in children is either the direct inhibition of aggression, or the direction of anger against the actual self, which is disliked or hated because it is unsatisfactory".

The role of the superego in producing the depressive response is an important one, which cannot be examined in detail here. We know that guilt occurs as a consequence of the ego's perception that the actual self cannot live up to ideals which have been dictated by the superego introjects. The superego exerts its influence in this connection in two main ways. The first is through the presentation to the ego of ideal standards which are unrealistic and incapable of attainment. It follows as a consequence of this that when instinctual gratification (in reality or in fantasy) occurs, gratification which would normally bring about a state of well-being, guilt is experienced. Guilt is, by our definition, a variety of mental pain and the child may respond to it with depression.

The second way in which the superego contributes to bringing about the depressive reaction is through the repression of aggression that it may engender. The expression of anger towards frustrating objects may evoke the fear of superego sanctions and this may result either in direct repression of the aggression itself or it may bring about a displacement of the aggression from object to self (which is not ... the same as identification with the aggressively cathected object). Masochistic trends and the need for punishment will reinforce this process.

References

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