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**Running Head: MOURNING AND MELANCHOLIA**

**Influences on Freud=s *Mourning and Melancholia*  
and its Contextual Validity**

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### Abstract

This article critically evaluates Freud's (1917) Mourning and Melancholia and challenges both the celebratory and reactionary views that treat this essay as an ahistorical and decontextualized Afoundation-stone@ (Barbato & Irwin, 1992) of depression. Although many biographies have been written on Freud, the possible influences on his thinking in the area grief and depression have not been examined. Moreover, no reviews have investigated Freud's understanding of mourning and melancholia from the perspective of his own experiences with these difficulties. Following a brief overview of Freud's seminal paper, the historical psychiatric views on depression and the influences on Freud's conceptualization of mourning and melancholia are briefly discussed. Finally, an exegesis of the contextual validity of this model is presented.

### Introduction

Sigmund Freud is inescapable (Gay, 1989; Jones, 1956; Leahey, 1994) and his reflections on the distinguishing characteristics and underlying dynamic processes involved in mourning and melancholia have influenced many current psychoanalytic and nonpsychoanalytic views of depression (Barbato & Irwin, 1992; Bemporad, 1992, 1995; Brenner, 1991; Gilbert, 1992; Haynal, 1978; Kaplan & Sadock, 1973; Kaplan, Sadock, & Grebb, 1994; Lewis, 1984; Mendelson, 1992; Milrod, 1988; Pedder, 1982; Robertson, 1979; Storr, 1989). However, contemporary reviewers have tended to decontextualize Freud's theory of depression in either a celebratory or reactionary manner. Many psychoanalytic theorists (e.g., Brenner, 1991; Mendelson, 1992; Pedder, 1981), for instance, have assumed that Mourning and Melancholia is akin to a unique seed from which subsequent models have germinated, almost as if all conceptualizations of depression began with Freud. Behavioral and cognitive theories, on the other hand, developed in part as a reaction against Freud's theory, as though his model was completely out of line with the data and derived without context (e.g., Beck, Rush, Shaw, & Emery, 1979).

The purpose of this article is to critically evaluate Freud's (1917/1971) Mourning and Melancholia and to challenge both the celebratory and reactionary views that treat this essay as an ahistorical and decontextualized Afoundation-stone@ (Barbato & Irwin, 1992) of depression. This examination will demonstrate that the distinction between mourning and melancholia was discussed in the literature long before the publication of Freud's paper and that many of the concepts advanced in his paper were deeply embedded in the socio-political and historical context of his time. Freud was, of course, clearly innovative in applying his tripartite metapsychological theory of human psychopathology on this framework. Moreover, he advanced a conceptualization of melancholia that went beyond mere description, and attempted to elucidate the latent processes involved while, at the same time, acknowledging the limitations of his approach. This article will also illustrate that many factors, in addition to his seemingly Apure@ extrapolation from observation to theory, seem to have influenced Freud's understanding of depression. An examination of the contextual validity of Mourning and Melancholia will follow this exegesis, with particular emphasis on the sample Freud used to form his theory, his later impressions of this work, his own personal experiences with mourning and melancholia, and how this model was construed circa 1917 in both psychoanalytic and nonpsychoanalytic circles.

### The Seminal Paper

In 1917, Freud published his landmark paper, Trauer und Melancholie (Mourning and

Melancholia), which was discussed by him as early as 1914 and written in 1915 (Boulanger, 1987; Gay, 1988; Gilbert, 1992; Hearty, 1989; Jackson, 1986). In it Freud contrasted the normal expression of grief related to mourning, with the abnormal mechanisms involved in melancholia. Freud also advanced a model to account for the etiology, maintenance and working through of both conditions.

Before he outlined the similarities and differences between mourning and melancholia, and purported his theory regarding their respective concomitants and causes, Freud discussed the limitations of his approach. In particular, he addressed the heterogeneous nature of melancholia and the fact that no clear definition has emerged within psychiatry.<sup>1</sup> He also noted that the sample size on which his theory rested was an important limitation to its generalizability: Aour material here is limited to a small number of cases the psychogenic nature of which was indisputable. Any claim to general validity for our conclusions shall be foregone at the outset@ (Freud, 1917/1971, p. 152).

Freud then proceeded to tackle the relationship between mourning and melancholia. The central exciting cause@ of both of these painful mind states, he argued, pertains to loss. Given that each condition involves states of dejection, abrogation of interest, decreased capacity to love, inhibition of activity and an intense focus on the lost object, mourning and melancholia are also comparable in their symptomatology.

While mourning and melancholia are symptomatically similar, the principle distinctive feature of the latter condition is self-reproach: AThis picture becomes a little more intelligible when we consider that, with one exception, the same traits are met with in grief. The fall in self-esteem is absent in grief@ (p. 153). In mourning the loved-object no longer exists and the world becomes poor and empty; in melancholia it is the ego which becomes poor and empty and one part of the ego (the conscience)<sup>2</sup> begins to critically judge the other part. Grief and depression were also postulated to differ in that the loss precipitating mourning is external (i.e., there is an obvious explanation, e.g., death) and dealt with within consciousness; the object-loss in depression, on the other hand, is more symbolic and unconscious.<sup>3</sup> Moreover, although grief sometimes involves grave departures from the normal attitude to life@ (p. 153), it is the normal reaction to the loss of a loved person: "it is really only because we know so well how to explain [mourning] that this attitude does not seem to us pathological" (p. 153). Melancholia is more difficult to explain and its provoking conditions extend beyond loss through death to include being wounded, hurt, neglected, rejected or disappointed which can bring opposite feelings of love and hate into the relationship or reinforce existing ambivalence@ (p. 161).

The work of mourning@ requires that libido, formerly attached to the loved object, be gradually withdrawn. This process necessitates a considerable amount of time and cathectic energy because the lost object is still represented in one's mind. The process is completed when the ego becomes free and uninhibited again and can be transferred to another love object. A different process is presumed to operate in melancholia, beginning with the initial attachment of libido to a certain person. The choice of one's love-object is determined through narcissistic identification and marked ambivalence (characterized by love/hate feelings) toward the object are also evident. The object relationship subsequently becomes undermined due to either injury, disappointment or rejection, which results in a freeing of libido. Rather than being gradually withdrawn, this libidinal energy, along with the anger felt toward lost object, becomes introjected on to the ego and expressed in illness so as to avoid the open expression of hostility. The free

libido (and its associated hostility) thus withdraws into the ego because of narcissistic identification with the love-object. As a result of this introjection the loss of the object becomes equivalent to the loss of ego. Consequently, the melancholiac demonstrates a lowering of the self-regarding feelings to a degree that finds utterance in self-reproaches and self-rivings, and culminates in a delusional expectation of punishment@ (p. 153). He/she also displays moral belittling which becomes expressed in insomnia, refusal to eat and suicidality.

In sum, three conditions were necessary for the development of melancholia according to Freud's model : 1) object loss; 2) a combination of strong narcissistic fixation on a loved object with marked ambivalence; and, 3) a regression of libido into the ego (the first two occur in mourning as well while the third is specific to melancholia).

### **What's Freud's, What's borrowed?**

Discussions of melancholia have a long and varied history, covering a time frame of over two millennia. In contrast to the seemingly novel distinction between mourning and melancholia made by Freud (and narrated as such by subsequent reviewers of Freud's work), this delineation had also been considered for several centuries prior to Freud. In his Treatise of Melancholy, for example, Bright (1586) illustrated the notion that melancholia is without apparent cause:

We do see by experience certaine persons which enjoy all the comforts of this life whatsoever wealth can procure, and whatsoever friendship offereth of kindnes, and whatsoever security may assure them: yet to be overwhelmed with heaviness, and dismaide with such feare, as they can neither receive consolation, nor hope of assurance, notwithstanding ther be neither matter of feare, or discontentment, nor yet cause of daunger, but contrarily of great comfort, and gratulation. This passion being not moved by any adversary present or imminent, is attributed to melancholie the grossest part of all the blood (cited in Jackson, 1986, p. 315; Emphasis added).

Throughout the 19<sup>th</sup> century, the symptoms of melancholia were considered by several individuals including Philippe Pinel (1745-1826), Benjamin Rush (1745-1813), Jean-Etienne-Dominique Esquirol (1772-1840), Henry Maudsley (1835-1918) and Emil Kraepelin (1856-1926) to name a few (see Jackson, 1986, Kaplan & Sadock, 1973 and Radden, 1987 for elaborate reviews). Contemporary thinking on the connection between mourning and melancholia tends, however, to be presented as though it originated with Freud's (1917) Mourning and Melancholia. The practice of distinguishing grief from depression did not begin with Freud; rather, Freud shared the view of both layman and expert they were different and began to investigate the nature of these differences (Jackson, 1986). The importance of Freud's conceptualization, in contrast to previous discussions which focused primarily on the descriptive aspects of the condition, and advanced few etiological hypotheses, was that it extended beyond traditional classificatory systems to address the variables responsible for melancholia.

In addition to the historical distinction between mourning and melancholia, many of Freud's other views on depression seem to have stemmed from earlier works as well (Boulanger, 1987; Haynal, 1978; Hearty, 1989; Robertson, 1979). The first official publication addressing depression from a psychoanalytic perspective, for example, was that of Freud's student Karl

Abraham in 1911. In his paper Abraham addressed the topic of severe depression and related it mourning: Anxiety and depression are related to each other in the same way as are fear and grief (Abraham, 1911/1927, p. 137). Abraham also narrated six cases and noted that these patients shared features similar to obsessional neurotics in that hostility and libidinal ambivalence impaired their ability to love. In a footnote to his paper, Freud acknowledged that Abraham, to whom we owe the most important of the few analytic studies on this subject also took this comparison as his starting point (Freud, 1917/1971, p. 152).

Presumably Freud had also borrowed the concept of introjection. In 1909, Ferenczi had introduced the introjection in the context of understanding both transference relationships and the formation of symptoms. In Freud's (1917/1971) conceptualization, this idea became the crucial link between mourning and melancholia and between identification and the "critical agency" that was later to become the "superego" (Boulanger, 1987; Gay, 1988; Pedder, 1982; Storr, 1989).

Just as these earlier views likely influenced Freud's understanding of and writing about melancholia, it is equally plausible to argue the reverse: that Freud's views influenced those of individuals such as Abraham and Ferenczi. Abraham (1924), for example, acknowledged the influence of Freud's thinking on his own work, especially with regard to the libido construct and the idea of introjection. He also recognized that Freud made the first real step towards the discovery of the mechanism of melancholia (i.e., via introjection) (Abraham, 1924/1927, p. 419) and credited Freud with emphasizing the underlying importance of object-loss in melancholia. However, earlier in this paper Abraham also alluded to the fact that his work not only predated but also influenced Freud's: Freud's Mourning and Melancholia confirmed my view that melancholia stood in the same relation to mourning for a loss (p. 418; Emphasis added). It is difficult to estimate how much Freud's ideas might have been picked up by Abraham. Freud was, after all, quite secretive about his work and feared plagiarism, especially from his students (Deutsch, 1940\1973).

Freud's views on depression also appear to have developed gradually over several years. In his various drafts leading up to the Project for a Scientific Psychology (a.k.a. the Fliess papers), Freud made several references to melancholia in the context of his ideas on neurosis. As early as 1892, he was already questioning the etiology of depression and posited that periodic depression was a form of anxiety neurosis (Draft A, 1892/1950). In his paper titled The Aetiology of the Neuroses, Freud argued that actual neuroses (e.g., neurasthenia, anxiety neurosis), as opposed to psychoneuroses (which were believed to stem from unconscious conflicts), derived from faulty sexual practices including excessive masturbation and extreme abstinence. Such practices were hypothesized to deplete sexual arousal, causing dammed-up libido which eventually transformed into anxiety. Melancholia was believed to develop when this excitation built up and remained unsatiated (Freud, 1893/1950). In an undated draft (attributed by the editors of Aus den Anfängen der Psychoanalyse to 1894), Freud outlined the framework of a book that was never written. In it he included the contents of melancholia and mania, and postulated that the neuroses were caused by disturbances of equilibrium owing to increased difficulty in discharge (Draft D, 1894/1966, p. 187). Up to this point, Freud's conceptualization appeared to foreshadow his 1917 discussion of the economics (i.e., energy flow) of melancholia. His early etiological considerations also seemed to have placed greater emphasis on sexual problems than on aggression. It is clear that Freud was dissatisfied with his specific theorizing during this time, but optimistic about his overall scheme: There are still a hundred gaps, large and small, in my

ideas about the neuroses; but I am getting closer to a comprehensive view and to some general lines of approach@ (Letter 18, 1894/1950, p. 188).

By 1895, Freud was already well underway in his attempt to explain the genesis of melancholia (see Draft G, 1895/1950; also see Gay, 1989 and Brown, 1961). This work was never published and is known only through a letter dated January 1895 (Jones, 1956; Mendelson, 1992). In this draft, Freud divided melancholia into three categories: the true melancholia (of the periodic and circular type), neurasthenic melancholia (associated with excessive masturbation, and a mixed melancholia/anxiety (what today would be called depression; see Jones, 1956). The connection of melancholia with mourning also intrigued Freud and he argued that melancholia was due to grief over some (probably libidinal) loss. He also presented a schematic diagram outlining how melancholia ensues when somatic sexual excitation dissipates. This was, of course the period during which Freud worked as a neurologist (to be discussed) and the language of psycho-physical parallelism, which was very much in vogue at the time, was clearly evident in this work (also see Drafts E, F, and L).

After the writing Mourning and Melancholia, but before its publication, Freud (1916-1917/1963) presented a series of lectures on his findings in which he expounded on the etiology of melancholia. These difficulties included problems in the allocation of libido (Lectures XXI & XXIV), narcissistic identification, ambivalence and anger-turned-inward (Lecture XXVI):

We have discovered that the self-reproaches, with which these melancholic patients torment themselves in the most merciless fashion, in fact apply to another person, the sexual object which they have lost or which has become valueless to them through its own fault (p. 427).

In his lecture on fixation to traumas and the unconscious, Freud (Lecture XVIII) also reiterated the commonalities between grief and depression.

While it is difficult, if not impossible, to determine whose views influenced who, it seems most plausible that there was a reciprocal exchange of information that led to the early psychoanalytic view of depression. Clearly Freud had considered the causes of melancholia for quite some time prior to Abraham=s (1911) paper; yet the early meetings of the Vienna Psychoanalytic Society (see Nunberg & Federn, 1967, Vols. 1 & 2), as well as Abraham=s publication on manic-depressive insanity, appear to have influenced Freud=s 1917 meta-theory on depression. Undoubtedly, Abraham=s contributions were understated (see Jones 1920) and the brilliance of Freud=s essay in the same field obscured some of the credit which Abraham deserved@ (Jones, 1926/1927). Interestingly, Freud never claimed Mourning and Melancholia to be an original work and he held the general view that psychoanalysis extends upon previous contributions rather than instigating many of them. In a letter to Stanley Hall, for instance, Freud stated, AYou will surely have observed that psychoanalysis creates few new concepts in this field, rather it takes up long-established ideas, makes use of them, and supports them with a great deal of evidence@ (Letter 166, 1913/1960, p. 304). Thus, Freud extended upon previous thinking in the area, more systematically delineated the processes involved and consistently applied his meta-theoretical principles (dynamics, economics and topography) to the understanding of mourning and melancholia. Unfortunately, historians and biographers of Freud have elevated his work on depression to the status of idolization.

## The Influences

### A Few Caveats

It is important to contextualize Freud's view of depression with the other elements of his general theory (e.g., his concepts of energy, instinct and libido) and with the many events that coincided with the writing of his renowned paper (e.g., Freud's break with Jung; World War I; Freud's own depression and mourning experiences). Given that reconstructing any historical event is a highly interpretive and speculative endeavor, it is important to present a few caveats to the following discussion on the influences of Freud's conceptualization. One important issue pertains to the fact that Freud wished to baffle his biographers and to leave few traces as to the influences on the development of psychoanalysis (see Gay, 1988). In December 1923, Freud wrote to Fritz Wittels a response to his book titled, Freud: His Personality, His Teaching, and His School. It seems to me that the world has no claim on my person and that it will learn nothing from me so long as my case (for manifold reasons) cannot be made transparent (Letter 205, 1923/1960, p. 345). One of these manifold reasons was that Freud burned several of the letters that he received, especially when his relationships (e.g., with Fliess) dissolved. He also attempted to destroy some of his scientific notes and manuscripts (Jones, 1956; Robert, 1966). This mentality, coupled with the fact that some of Freud's works have not been released for publication (Gay, 1988, 1989; Jones, 1956; Leahey, 1994; Robert, 1976), makes it exceedingly difficult to know what the influences on his model of depression might have been.

Another important caveat to this reconstruction is that psychoanalysts in the early 1920s rejected all attempts to assess the psychoanalytic model and contended that one needed to be an analyst in order to analyze the model (Appel, 1957; Hornstein, 1992; Leahey, 1994). In addition, Freud had the attitude that someone who knows as little about a person as you do about me is not entitled to write a biography about that person (Letter 209, 1924/1960, p. 350).

Freud was also involved in the construction of his own surrounding circumstances and was probably very aware of how he presented himself in his letters. Thus, it is important to be cognizant of the fact that this attempt to understand the influences on Freud is based on what he wrote rather than necessarily reflecting how he felt about certain things or what the true influences might have been. Ascertaining the influences on Freud's view of depression is an even more difficult endeavor because Freud did not mention what impacted his thinking in this area or pay any homage to Mourning and Melancholia in any of his personal or professional letters (i.e., in the letters that have been acquired). This finding stands in sharp contrast to his mention of several other of his works (e.g., The Interpretation of Dreams, Totem & Taboo, Civilization and its Discontent; see The letters of Sigmund Freud) and suggests either that Freud was not as proud of his work on depression relative to his other works or that he took seriously the limits of its generalizability mentioned in the 1917 text.

Finally, there are many variables, beyond the scope of this article, that appear to have influenced Freud's general theoretical developments (e.g., Darwinian theory; Bruner, 1973; Gay, 1989; Gilbert, 1992; Walker, 1959/1990; Ritvo, 1990; Roazen, 1973; Nietzsche's philosophy; Gilbert, 1992; Riek, 1942; Freud's Jewish background; Fromm, 1956; Klein, 1981; Robert, 1966, 1976, etc.). The objective of this article, however, is to concentrate more specifically on the factors that may have influenced Freud's view of melancholia (i.e., ambivalence, introjection



and anger turned inward). It must be borne in mind that this approach is necessarily limited in that it places less emphasis on some of the influences on Freud's general thinking that also may have played important roles in his formulation of melancholia. The speculative nature of this reconstruction should also be noted because neither Freud nor his biographers have attempted to determine the factors that may have impacted upon his thinking in the area of depression.

### Early Scientific Influences

To begin with, it is important to briefly chart Freud's career transitions in order to understand the possible cultural and scientific influences on his view of depression.<sup>4</sup> Freud was very much a product of the age of enlightenment and materialism (Bruner, 1973; Fromm, 1959), and his general theory of psychopathology was also unduly influenced by the now out-dated 19<sup>th</sup> century deterministic thought and patriarchal and Victorian culture of Vienna (Bostrom, 1975; Roazen, 1973). His early training and research experiences, however, shed particular light on the development of constructs that he later consolidated into his meta-psychological theory.

From an early age Freud had an insatiable thirst for grandeur (Gay, 1989, p. xiv) which seems to be related to his desire to prove his father wrong that he would never amount to anything (Jones, 1956, p. 18). When he recognized that he could not become a Cabinet Minister (due to antisemitism), Freud retreated from his search for power over men [and] turn[ed] to a more sublime power over nature, through science and intellect (Jones, 1956, p. 33; also see Robert, 1976).

In 1873, at the age of 17, Freud became a medical student at the University of Vienna where he worked under the supervision of Ernst Brücke. He took several courses in anatomy, biology and chemistry, during this time, and received a research grant for a project on the gonads of eels.

Brücke's lectures on physiology captivated the young Freud as they highlighted many of the pivotal physiological principles discovered by Mayer in 1842 and later popularized by Helmholtz. The crucial idea advanced in these lectures was that organisms differ from dead material entities in action in possessing the faculty of assimilation, but they are all phenomena of the physical world; systems of atoms, moved by forces, according to the principle of the conservation of energy...the sum of forces (motive forces and potential forces) remains constant in every isolated system. The real causes are symbolized in science by the word >force=...Progress in knowledge reduces them to two attraction and repulsion. All this applies as well to the organism man (Jones, 1956, p. 46). Although Freud's psychoanalytic theories officially emerged after his much later experiences with Charcot and Breuer, the Brücke Institute appears to have laid an important foundation for Freud's general principles.

At the age of 26, Freud, no longer desiring to be a physician and frustrated with his future prospects, resigned from Brücke's Institute. He had also fallen in love with Martha Bernays, but their union in marriage was to be delayed for several years because of Freud's financial difficulties and occupational pursuits. He took a position at the General Hospital in Vienna and was later transferred to work in Meynert's Psychiatric Clinic, where he served for 5 months. During his years as a neurologist, Freud published a number of papers elucidating the complexities of the spinal cord, the medulla oblongata, children's paralyzes, aphasia and the coca plant. For both fiscal reasons and to achieve notoriety, Freud was especially interested in discovering the medicinal effects of cocaine (which he frequently used to alleviate his own

depression); but, through a strange course of events that included being interrupted by his fiancée, the discovery was instead made by someone else. As a physician Freud also employed many of the neurological methods of the day in his practice including rest, massage, electrical stimulation, and hydrotherapy (Gay, 1989; Jones, 1956).

A significant transition in Freud's career began when he received a travel grant to study at the Salpêtrière (in Paris) with the famous Charcot. Although he had learned a great deal in neurology, it was this experience that made a lasting impression on Freud and initiated his fascination with psychopathology. It was also during this period that Freud was introduced to Joseph Breuer (1882-1895) and the classic case of hysteria (Anna O). Freud's collaboration with Breuer (who was, by the way, also an adherent of the Helmholtz School of Medicine), shifted his interests toward the study neurosis and its sexual etiology. Therapeutically, Freud also proceeded away from utilizing physiological treatments to employing more psychological ones (e.g., a revised version of Breuer's cathartic method) (Gay, 1989; Jones, 1956).

Early in his career, Freud was puzzled by the inevitable problem of Cartesian dualism and, along with his strongly held Helmholtzian principles, cherished the hope that he would one day find the physiological bases of mental functioning (Appel, 1957; Bruner, 1973; Gay, 1989, Quinton, 1972; Rosen, 1972). Instead of finding these physiological bases, Freud appears to have altered his world view from Naturwissenschaft (science) toward Geisteswissenschaft (romanticism) (Breger, 1981; Brown, 1961).<sup>5</sup> He began as an Aobjective@ scientist tracing the neuronal pathways at Brücke's Institute and attempted to treat patients with physical methods. Freud then utilized the ideas and concepts from his neurologist past and reworked them into a new meta-psychological theory: Aphysical force becomes emotional force; neural, electro-chemical energy becomes libido or psychic energy; the barriers to transmission of nerve impulses become psychological resistance, and so on@ (Breger, 1981, p. 27). In Mourning and Melancholia, and in several papers just prior to this work (e.g., On Narcissism, 1914), one sees the subtle hints of the physiological and physics-oriented concepts of the Helmholtzian tradition (e.g., opposing forces, economy of energy).

The above review of Freud's major career transitions is necessarily brief (for more thorough biographies see Gay, 1989 and Jones 1956), however, it serves to demonstrate: 1) that a major modification occurred in Freud's thinking from the physiological to psychopathological (Breger, 1981; Glover, 1939; Ferenczi, 1920); and, 2) that, like many contemporary theorists (see Gigerenzer, 1991), Freud was constrained by the tools available during his era, and adopted them as heuristic metaphors in his theory of melancholia. Thus, despite the fact that Freud abandoned his neurological past and appeared to have rejected many of the physiological concepts that he had advocated in his *Project*, the tools, experiences, and vocabulary of his day were ingeniously applied (metaphorically) in Mourning and Melancholia.

### Sociopolitical Influences

Growing antisemitism and World War I are two related influences that may also have impacted Freud's understanding of depression. Antisemitism was vividly exposed to Freud from an early age and recurred throughout most of his life (Brill, 1940/1973; Fromm, 1959, 1973; Jones, 1956). During Sigmund's youth, his father Jakob recounted an episode in which a native of his town knocked his cap into the mud and exclaimed, AGet off the pavement, Jew!@.

When Freud asked "What did you do?", his father replied, "I went into the roadway and picked up my cap" (Fromm, 1959; Jones, 1956). Appalled by this episode and surprised that his father did not retaliate, Freud vowed with a fighting spirit that he would never subordinate himself to such abuse (Heer, 1972; Jones, 1956; Robert, 1976): "As a Jew I was prepared to be in opposition and to renounce agreement with the compact majority" (Letter 220, 1926/1960, p. 366). Although Freud did not dwell on his Jewish identity, and was not a practicing Jew, he often spoke of it and was convinced that being Jewish helped him in his fight for psychoanalysis: "The fact that as a Jew it will be more difficult for you may, as with all of us, have the effect of stimulating your productivity" (Letter 134, 1907/1960, p. 267). Notwithstanding the difficulty of estimating the impact of antisemitism on Freud's thinking on depression, it is possible that being one of the despised minority (Fromm, 1959; Klein, 1981) fostered a greater degree of anger within himself and among his colleagues and patients than otherwise would have been the case (i.e., it may have produced a cohort effect leading to an understanding and/or expression of melancholia that was anger-based).

In a similar vein, the first World War may have generated a higher degree of anger than is typically seen today. Freud had lived through several wars including the 1866 war between Prussia and Austria, the Franco-Prussian war of 1870 and WWI; but none seemed to have influenced his personal life and theoretical work more than The Great War (Bernays, 1940/1973). Not only were there shortages in his basic resources (food, fuel supplies and his beloved cigars; see Gay, 1988, 1989) but Freud experienced other losses and frustrations during this period. For example, he worried constantly about his three sons, two of whom were fighting on the front lines and felt the loss of many of his friends and colleagues who had been recruited. Moreover, his psychoanalytic publications all but ceased (e.g., Mourning and Melancholia was completed in 1915 but its publication was delayed for two years because of the war; see Bemporad, 1995). The devastation and slaughter from 1914 to 1918 also revealed many truths about human savagery, and Freud began to assign enhanced stature to aggression (Gay, 1988) in his theories. Although Freud stated that his interest in aggression did not begin with the war, and that the war merely confirmed the psychoanalytic position on this perspective, one wonders what influence it might have had on the specific theories that were written during this period (e.g., Mourning and Melancholia). The war quite possibly could have influenced the expression of psychopathology that Freud saw during his writing on depression. In other words, anger-turned-inward might have been the symptom du jour and Freud may actually have seen more cases of depression that had anger as a main component of their symptomatology (i.e., a time cohort or geographically limited effect).

### Relationship Influences

Another set of wars that was also brewing within psychoanalysis, and broke out just prior to the Great War, may have also influenced Freud's theoretical position on depression. Freud's relationships with his colleagues (e.g., Breuer, Jung, Fliess) were characterized by a consistent interpersonal pattern beginning with intense dependency (usually lasting for several years), proceeding to a break (typically hinging on the libido concept, which Freud took as personal rejection) and ending in extreme hatred (Fromm, 1959; Jones, 1956; Robert, 1966). In analytic jargon, he perpetuated with a large number of people the love/hate relationship he had with his

father (Brome, 1967). In a letter to James Putnam, Freud (1913) wrote:

I am not very upset by these attacks because I understand too well the psychological necessity for such occurrences. I am thinking not so much of Stekel, the loss of whom was actually a gain, but chiefly of Jung, whom I overestimated and for whom I felt considerable personal affection. Scientific differences are after all inevitable...But that such deviations and reforms of a theoretical nature have to go hand in hand with so much wounding of justified personal feelings does little credit to human nature (Letter 162, 1913/1960, 300).

Six days later, another letter addressed to Max Eitingon revealed that:

all the evil spirits have been let loose against me, but I have been familiar with them for years and am not greatly afraid of them. Needless to say, it is the intention behind the wishes that matters to me, and in this respect I know I am safe with you. You were the first emissary to reach the lonely man, and if I should ever be deserted again you will surely be among the last to remain with me. I continue to work undeterred for the applause of the few who want to understand me (Letter, 1913/1960, p. 300).

In Freud's relationships, one sees many of the melancholic themes discussed in his 1917 paper (i.e., ambivalence, anger, identification) as well as some themes that he neglected to capture (i.e., [his] dependency). It seems possible that both the professional and personal aspects of his relationships influenced his thinking.

#### The Influence of Mourning and Melancholia on *Mourning and Melancholia*

Finally, two extremely personal experiences may have, to some extent, shaped Freud's views on depression or changed his perception of what he observed in the clinic. First, triggered by his father's death in 1896, Freud began his own self-analysis which, painful as it was, gave him an answer to the great psychological riddle that had been plaguing him for years (Robert, 1976, p. 63). Freud had also experienced a great deal of his own object-loss during this period: At that time (1896), I had reached the peak of loneliness, had lost all my old friends and hadn't acquired any new ones; no one paid attention to me, and the only thing that kept me going was a bit of defiance and the beginning of The Interpretation of Dreams (Letter 163, 1913/1960, p. 301). Second, Freud had his own dealings with melancholia which he initially attempted to treat through the use of cocaine and eventually recognized would lift only after completing some painful inner work (Jones, 1956). Rather than attempting to psychoanalyze Freud or to understand the structure of his personality (see Fromm, 1959, 1973 and Erickson, 1959 for such attempts) these events will be used to reconstruct their possible influences on Mourning and Melancholia.

Freud began his self-analysis in 1897, 9 months after the death of his father (Gay, 1989; Jones, 1956; Robert, 1966). In a letter thanking his good friend Wilhelm Fliess for his condolences, Freud expressed the impact that his father's death had on him:

By one of those obscure paths behind official consciousness the death of the old man

has affected me profoundly. I valued him highly, understood him very well, and with that combination of deep wisdom and romantic lightheartedness peculiar to him he had meant a great deal to me. His life had been over a long time before he died, but his death seems to have aroused in me memories of all the early days (Letter 111, 1913/1896, p. 232).

In this same letter Freud proceeded to relay a dream about a sign in his barber shop that read "You are requested to close your eyes." Freud believed this dream to symbolize his duties in the funeral and toward the dead, and to have provided an outlet for that tendency toward self-reproach which death invariably leaves among the survivors (p. 233). Parenthetically it may be reiterated that self-reproach was, in Freud's model, the distinguishing factor that characterized melancholia!

The death of Jakob Freud was the impetus for Freud's self-analysis and he attributed much of his understanding of psychopathology, dreams, Oedipal complexes, Freudian slips, and the importance of free association to this period of reflection. It is impossible to know what influence Freud's self-analysis had on his depression theory for he wrote several papers between his father's death and Mourning and Melancholia. On the other hand, self-analysis seems to have provided the foundation for his general theory (Gay, 1988) and likely carried through into his understanding of grief and depression as well. There were many other instances of loss and mourning (e.g., the death of his daughter Sophie) which appear to have impacted Freud's views on the grief process; as these experiences are more pertinent to the understanding of the contextual validity of Freud's model, they will be discussed in the following section of this article.

Throughout his life Freud also endured many physical ailments including small-pox, rheumatism, migraines, typhoid fever, and gastro-intestinal symptoms; but none of these problems caused him as much anguish as his psychological difficulties (Jones, 1956). For ten years or so, Freud suffered from depression (Brome, 1967; Gay, 1988; Jones, 1956) and felt chronically insecure, easily threatened, persecuted and betrayed (Fromm, 1959; Robert, 1966). He once mentioned that in a 14 month period he had only encountered 3 or 4 days of happiness (Jones, 1956). These neurotic reactions were exacerbated by his financial situation, the turmoil of his love affair with Martha Bernays and his lengthy engagement (Gay, 1988). It is worth mentioning the curious omission of Freud's insecurity, dependency and depression in reviews of his model. Although many of his followers may find this an unpalatable aspect of Freud (Fromm, 1959; Robert, 1966), his difficulties are likely part and parcel of his theory on depression and therefore deserve attention.

While the aforementioned hypotheses regarding the influences on Freud's theory of depression are recognized as speculative, it is safe to conclude that it was with this general framework that Freud observed, treated and interpreted his patients' data to write his theory.

### **Contextual Validity**

It is difficult to ascertain the immediate impact of Freud's Mourning and Melancholia given the paucity of discussion on this topic in the early psychological literature. A survey of several general psychological journals, for example, revealed an apparent lack of interest in the area of melancholia and only a few discussions related to Freud's classic paper.<sup>6</sup> Instead, the majority

of articles focused on intelligence testing, war selection processes, psychophysics, eugenics and the examination of racial differences. During the period in which Mourning and Melancholia was published (1917), and for many years following, it appears that the psychological literature was dominated by the war efforts. That a great number of individuals were killed in World War I makes it surprising that so few articles dealt with the issue of grief during these years. Abraham's (1924/1965) opening statement generally concurs with this impression:

More than ten years have passed since I first attempted to trace the aetiology of manic-depressive disorders on psychoanalytic lines. I was quite aware at the time of the shortcomings of that attempt and was at pains to make this clear in the title of my paper. But we should do well to remember how very little has been written as yet on any psycho-analytic subject (p. 418; Emphasis added).

This is not to say that there was no interest in Freud's paper at the time, but that there appeared to be less interest relative to a decade or so later when Rado (1928), Klein (1935), Bibring (1953) and others continued the psychoanalytic discussion on depression. Notwithstanding these limitations, the contextual validity of Mourning and Melancholia will be addressed by examining the population on which this model was based, the available literature reviews, Freud's later perception of this work, and its consistency with Freud's own personal experiences. This inquiry will demonstrate that while the descriptive aspects of Freud's paper are generally agreed upon, and concur with his personal experiences, the process elements of his theory is more controversial.

In the introduction of Mourning and Melancholia, Freud noted the limitation of his sample, and warned readers against overgeneralization. He then went on to state that "If one listens patiently to a patient's many and various self-accusations, one cannot in the end avoid the impression that often the most violent of them are hardly at all applicable to the patient himself, but that with significant modifications they do fit with someone else, someone with whom the patient loves or has loved or should love" (Freud, 1917/1971, p. 158). Freud may have presented the data as he saw it and, as aforementioned, may have witnessed a cohort effect that led him to believe that anger-turned-inward was ubiquitous in depression. In many of the patients that Freud saw throughout his career (e.g., Anna O., Emmy von N., Elizabeth von R., etc.), for example, death and object-loss were striking features of their stories (Breger, 1981; Brody, 1970/1973). Another hypothesis is that Freud's sample was biased in that it captured only a certain aspect of depression (related to narcissistic injury, anger and an overly punitive superego; Milrod, 1988), that he recognized this, and that subsequent psychoanalysts have falsely assumed that his model was meant to apply equally to all forms of depression.

Freud's theory of the mechanisms underlying grief and depression has been criticized by both psychoanalytic and nonpsychoanalytic factions (e.g., MacCurdy, 1922; Lewis, 1984; Stoodley, 1959). MacCurdy (1922) noted problems with the sample used and the processes postulated to be involved in depression: "This is a most ingenious theory of depression and a credible bit of speculation, just as speculation pure and simple. Unfortunately it does not fit the facts" (p. 61). MacCurdy's argument was based on several objections. First, he asserted that real or unconscious loss is not an invariable precipitant of depression. Given the unfalsifiability of the model (i.e., in the empirical sense) (Hornstein, 1992), however, it is unclear how

MacCurdy would have been able to conclude that unconscious loss is not involved. MacCurdy then stated that Freud's theory, like that of Abraham's before it, was based on a small number of clinically impure cases (e.g., comorbid anxiety, mixed psychosis). As mentioned previously, Freud would not have contested this point and was well aware of the limitations of the size and construction of his sample (also see Jones, 1920). Abraham (1924), on the other hand, emphasized how descriptively accurate Freud's model was despite the fact that it was based on a small sample of Victorian Viennese. MacCurdy (1922) also contended that it was unnecessary to include an Oral complex to account for refusal of food in depression and that this symptom is better accounted for by a general failure to respond to pleasure (i.e., simpler explanations would suffice): It would be just as logical to say that inactivity was a reaction against regression to muscle erotism (p. 62). MacCurdy (1922) believed that the main problem with Freud's model was that it was in many instances tautological. The problems of circularity and unfalsifiability were also picked up by other reviewers as well. Fritz (1927), for example, argued that it is difficult to accept the libido concepts used by Freud to account for depression on the grounds that these mystical forces are not neurologically localizable. Similarly, E. Klein (1927) stated that the perpetuation of mentalistic concepts in psychiatry and the endowment of the nervous system with certain characteristics it does not possess [e.g., libido; see Fritz, 1927], leads to many erroneous conceptions as to the nature, etiology and transmissibility of insanity (p. 285). He then asserted that psychology must be a critical tool in order for it to be explanatory - it must admit neither mentalisms nor behaviorisms, for they are both artificial and inadmissible abstractions (p. 287). Most criticisms, however, were lobbed against psychoanalysis generally rather than being specifically targeted at Freud's melancholia theory.

There was generally more agreement within the psychoanalytic realm, and subsequent models became extended versions each with their own particular focus (Bemporad, 1992, 1995). Rado (1923), for example, extended upon earlier work to argue that the problem in melancholia is a problem of self-esteem. Melancholic patients are believed to depend on others for their self-esteem which puts them at risk. When the love-object is finally lost, the depressed individual feels slighted and frustrated and reacts toward others, causing guilt. The previously introjected good object becomes divided into a good and bad object, and efforts to regain the lost object become conflicted with aggressive and libidinal forces. Eventually, there is an attempt on the part of the ego (identified with the bad object) to seek atonement and forgiveness from the superego (identified with the good object). Klein (1935; cited in Robertson, 1979) focused more on early ambivalence and the splitting of objects and the ego into good and bad (also see Pedder, 1982). Her main disagreement with Freud's view was that, while Freud believed introjection to involve a defense that distinguishes mourning from melancholia, Klein attributed the resolution of both conditions to introjection (Boulanger, 1987; Hearty, 1989).

While many of the descriptive components of Freud's theory have been agreed upon, his hypotheses regarding the mechanisms underlying depression have raised considerable controversy. In this regard, it is illustrative to consider the extent to which Freud's early theory of mourning and melancholia coincided with his own experiences. Gay (1989) argued that Freud's writings were more closely implicated in his personal situation than has generally been recognized; hence an arrangement that follows the calendar of his life is highly appropriate (p. xiv). This statement appears to be accurate in terms of the general societal influences on Freud's

thinking in depression. However, Freud's personal experiences with grief and depression (based on the letters he composed) do not seem to translate very well into his theory.

There is a wealth of information in Freud's letters which portray the losses he experienced through death, how he coped with them and how he empathized with others during their losses. The profound impact of his father's death, for example, is illustrated in several letters to Fliess. Another significant loss occurred on January 25, 1920 when Freud's daughter Sophie died of influenza and pneumonia. Freud wrote several letters about Sophie, and he experienced her death as a serious, narcissistic injury (Letter 186, 1920/1960, p. 328). Three years later, he grieved the death of Sophie's son who died at the age of four-and-half years: *I find the loss very hard to bear. I don't think I have experienced such grief...I work out of sheer necessity; fundamentally everything has lost its meaning to me* (Letter 203, 1923/1960, p. 344). While in many respects consistent with his theory regarding mourning, Freud's experiences appear to contradict his theoretical conceptualization when, in a letter dated on the Sophie's birthday (9 years after her death), Freud writes:

Although we know that after such a loss the acute state of mourning will subside, we also know we shall remain inconsolable and will never find a substitute. No matter what may fill the gap, even if it be filled completely, it nevertheless remains something else. And actually that is how it should be. It is the only way of perpetuating that love which we do not want to relinquish (Letter 239, 1929/1960, p. 386).

Not only does this seem to be an incredibly long mourning period for Freud but the idea that one gradually withdraws libido from the love-object and that *>time will heal=* seems to be disconfirmed by his own experience. This may have been one of the reasons that Freud later altered his views on mourning and melancholia (which he did in 1923 and 1933). In 1923 he rejected his theory and stated that the tendency to internalize lost love-objects is a normal part of dealing with the loss and not specific to depression. In 1933, he stated that depression is simply due to an excessively active superego (Bemporad, 1995).

Freud's experiences with depression also appear to be more consistent with his theoretical descriptions of melancholia than with many of the processes he postulated to underlie this problem. Freud did, of course, experience a great deal of loss throughout his life which concurs with his view of loss as an important antecedent of depression. Many of his personal and professional relationships (e.g., with Breuer, Jung, Martha Bernays) were also characterized by ambivalence and an admixture of love and hate. However, rather than introjection of a lost object resulting in anger turned inward, the precipitant of Freud's depressive episodes appear to have stemmed from a combination of loss and interpersonal dependency.

Many biographers have highlighted the extreme dependency that Freud had on others including Fliess, Breuer, his mother Amalie, his wife Martha and so on (Gay, 1988, 1989; Erickson, 1959; Fromm, 1959; Jones, 1956). Fromm (1959) argued that dependency and insecurity were central aspects of Freud's character and psychoneurosis. In one of several instances where Freud reveals his dependency on Fliess, for example, he writes: *I live gloomily or in darkness until you come and then I pour out all my grumbles to you, kindle my flickering light at your steady flame and feel well again* (cited in Fromm, 1959, p. 41). As portrayed in the following quotation, a similar form of dependency is evident in the many letters Freud wrote



to Martha Bernays (he wrote more than 900 letters to his fiancée during their engagement):

My darling, my girl, my little woman. Do you realize that it is two whole days since I heard from you and that I am beginning to worry! Could you be ill or angry with me? (Letter 38, 1884/1960, p. 98).

Freud's depression also seemed to lift Aas with a stroke of magic when he was in the company of Martha: I have not been in a good state for the last two years; life has been so hard that it really needed the joy and happiness of your company to keep me healthy (cited in Jones, 1956, p. 187). Jones (1956) argued that Freud experienced a perpetual uncertainty in his relationship with Martha, was tortured by aperiodic attacks of doubt about Martha's love for him and craved for repeated reassurances of it (p. 135; also see Fromm, 1959). Thus, Freud seemed more dependent than angry in the manifestation of depression. And, while he importantly elevated the role of loss in his view of depression, Freud may have interpreted his own dissatisfaction with and anger toward his dependency feelings as an indication of anger turned inward via object identification. Many psychoanalysts and nonpsychoanalysts currently view the interaction between loss and social dependency or sociotropy as an important predictive feature of depression (Barnett & Gotlib, 1988; Bemporad, 1992, 1995; Clark, Beck, & Brown, 1992; Hammen, Ellicott, & Gitlin, 1989). In summary, Freud's conceptualization of depression appears to have derived more from previous theoretical descriptions, his own neurological background, his desire to apply his dynamic, topographical and economic meta-theory to depression, the data presented in his clinic, and the general social and historical events that were occurring during the writing of Mourning and Melancholia than from his own experiences with grief and depression.

### Conclusion

Although psychoanalytic theories of the origin and mechanism of depression did not begin with Freud's (1917/1971) Mourning and Melancholia, Freud did expand upon several ideas about depression that are still widely accepted. He recapitulated and confirmed the notion that pathological depression has a normal analogue in mourning. On the basis of his clinical observation, and the myriad historical and cultural variables which influenced his theory, Freud also related depression with identification and with aggression. He also provided a fairly parsimonious theory for the onset, exacerbation and amelioration of depression: The insights and contributions of Freud have been epochal. Before his time, psychiatry was classificatory, and treatment was expectant and custodial. Since his discoveries, psychiatry has become etiological and dynamic, and therapy rational, psychological and hopeful (Appel, 1957, p. 22).

In his review of the progress of psychoanalytic theory, Jones (1920) claimed that later researches have shown that most of the [disorders] in question are a good deal more complex than was perhaps realised (p. 4). Yet one of the main criticisms of Mourning and Melancholia is that the reverse may be more accurate - that melancholia is not as complex as Freud's (1917) paper assumed it to be. In general, there appeared to be little difficulty accepting the descriptive aspects (e.g., loss, self-reproach) of the theory and considerable controversy surrounding its process aspects (e.g., introjected anger, libidinal forces). Interestingly, Freud himself eventually cast doubt on the complexity of his theory. Despite his early caveats and the fact that he later

revised his thinking in the area of melancholia, most psychoanalysts have continued to view the cause of depression as anger turned inward and to attribute this important discovery to Freud.

In retrospect, it is indeed remarkable how much Freud was able to elucidate without concepts and understanding of the present day (e.g., theories of emotion; the formulation of the self-concept; see Cushman, 1992; Lewis, 1984; Milrod, 1988). Many of the descriptive aspects of depression that Freud discussed (rather than discovered) are currently in use today. For example, aside from the arbitrary time criteria (i.e., 2 months) in our current diagnostic system, the distinction between uncomplicated bereavement and major depression is still based on symptom severity and self-reproach (American Psychiatric Association, 1994). Moreover, social dependency and (object) loss have been demonstrated to be among the most powerful predictors of depression (Barnett & Gotlib, 1988).

The validity of the process aspects of Freud's theory, on the other hand, has been contested. An examination of Freud's personal experiences with mourning and melancholia concurred with this impression. However, the decontextualization of Freud's views and the perpetuation of concepts that he later rejected are mainly the fault of those who believe that Freud would still hold these views today. As this review has demonstrated, Freud's theory was embedded in a particular historical and scientific context and was constrained by the metaphors of his day. It was Freud who raised the issue of limited generalizability and he who later questioned the complexity of his theory; yet researchers and theorists have continued to overgeneralize from Freud's work either by continuing to uphold the anger hypothesis or by reacting against it.

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### Footnotes

<sup>1</sup> That Freud used the term inconsistently throughout his own letters and writings probably reflects this general lack of agreement within medicine and psychiatry. Freud sometimes spoke of melancholia to refer to what modern nosological systems would call depression; at other times, his descriptions seem to indicate that he was referring to psychotic depression (Jackson, 1986).

<sup>2</sup> It should be noted that Freud had not yet developed the concept of the superego and his discussion of conscience here appears to anticipate this construct (Boulanger, 1987; Gay, 1988; Storr, 1989).

<sup>3</sup> The juxtapositions of Anormal@ with conscious and Aabnormal@ with unconscious had been discussed for a few years prior to the publication of this idea in Freud=s (1917/1971) paper. On December 5, 1906 at the Scientific Meeting of the Vienna Psychoanalytic Society (formerly known as the Wednesday Psychoanalytic Society, see Gay, 1988), for instance, Hirschmann spoke on Stekel=s recent pamphlet on the causes of neurosis in which he argued that what distinguishes the healthy from the nervous individual is that the ideational complexes are conscious in the normal, not conscious in the neurotic@ (Vienna Psychoanalytic Society, 1906/1962, p. 70). Hirschmann disagreed with this distinction and, interestingly, Freud fully agree[d] with Hirschmann=s evaluation of Stekel=s brochure@ (p. 71).

<sup>4</sup> There are, of course, several other life experiences than career transitions (e.g., developmental milestones; relationships in childhood and adolescence) that may have directly or indirectly influenced Freud=s conceptualization of depression (see Gay, 1989 and Jones, 1956 for biographies on Freud). Freud=s first experience with death, for example, occurred when his younger brother Julius died at the age of 8 months. Jones (1956) commented that before the birth of Julius, Freud had sole access to his mother=s love and milk and learned how strong the jealousy of a young child can be@ (p. 8). In a letter to Fliess (1897), Freud admitted that he had evil wishes@ against his rival and that Julius= death brought on considerable self-reproach that had since remained (Jones, 1956). Several other intriguing connections can be formed between Freud=s early experiences and the development of his thoughts on melancholy which he wrote at the age of 61. However, his transition from working as a researcher in neurological laboratories to studying the underlying psychological processes involved in various human conditions is especially important to address, because the metaphors used in *Mourning and Melancholia* appear to stem directly from this early scientific work.

<sup>5</sup> Reik (1942) argued that Freud=s *Interpretation of Dreams* was influenced more by the writings of Goethe, Shakespeare, Dostoyevsky, Schopenhauer and Nietzsche than by any psychological texts. He recalls, for instance, that Freud believed poets and philosophers to have come closer to the fundamental truths of psycho-analysis than had the physicians@ (p. 61).

<sup>6</sup> An attempt was made to explore a variety of responses to Freud=s paper, by surveying the general psychological journals approximately 10 years prior to its publication and 10 years after (e.g., *Psychological Review*, *Journal of Applied Psychology*, *American Journal of Psychology*, *Psychological Bulletin*, *Psychological Monographs*). Some journals did not appear until long after the publication of *Mourning and Melancholia*, but were examined because of their relevance to psychoanalytic theory (e.g., *American Imago*, *The Psychoanalytic Quarterly*). The limitations of this type of survey are recognized; however, this assessment of the available literature was meant to be illustrative rather exhaustive in its approach.