

How Can You Mend a Broken Heart?: Revisiting Mourning and Melancholia

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I. Introduction

It may come as no surprise that mourning and melancholia, or depression as it is more commonly called, have a lot to do with love and relationship, since it is most often the loss of these that precipitates our grief and depression.

I cannot claim to be an expert on this topic, especially when it comes to the title question, “How Can You Mend a Broken Heart?” I confess that my purpose in writing this paper was mainly for my own instruction. I wanted to learn more about it, especially to see if there is any value and purpose to this suffering that seems to be an inevitable part of being human and to inquire into the process of mending.

When I say I want to learn about depression, it is not because I’ve never encountered it myself. I can trace its underground course throughout my life since childhood and can remember very well the times in my life when it has broken through to the surface, most notably and intensely as an adolescent and young adult. I say I want to learn about it because I think it has something to offer and because it **is** such a frequent experience in human life. It seems to extend across cultures and its sufferers can be found around the world.

So, what is the pain of loss? Essentially it is a separation from what we hold dear - love, companionship, dreams, security, our hopes and visions for the future. We are reminded that there are forces at work that are not in our control. This realization of our “thrownness”, as Heidegger says, can bring with it a terrible sense of being all alone in the world. We feel helpless and vulnerable without the security and familiarity of the close relationships we have developed and our world is thrown into disarray. Mourning and depression both bring an anguished vulnerability that threatens the cohesiveness of the self and identity. “Who am I without you or this?” The sufferer experiences a lack of connection to others, resulting in withdrawal and isolation and even a feeling of withering away. It can be felt as a kind of dying. Indeed, the etymological root of the word **Mourn** is to pine away, to die, to wither. Ultimately, it brings us to rock-bottom of ourselves - or even worse - to the fear that there is no bottom.

Depression is an absence, a loss, an emptiness. On the physical level it is a loss of energy. On the emotional level it is a loss of affect. On the mental level it is a loss of self-regard. On the spiritual level it is a loss of hope. It strikes at our very essence. In his book The Noonday Demon: An Atlas of Depression, Andrew Solomon writes:

“The opposite of depression is not happiness, it’s vitality.”¹

¹cf Solomon, Andrew. The Noonday Demon: An Atlas of Depression. p. 443

If we look at the root meanings of the words we use to describe loss, mourning and melancholia, we can get a sense of the experience involved:

Loss: destruction, breaking up of the ranks of an army

Lose: perish, destroy, unable to find

Depress: to press down, a weight

Grieve: to burden, encumber, heavy, grave

Bereave: deprive of

Melancholy: derived from the Greek word for black and bile, an excess of which was believed to cause depression. Black humour, one of the four chief fluids (cardinal humours) was thought to determine physical and mental qualities and disposition.

II. Mourning

Let's look, first of all, at the experience of mourning.

In his book Loss: Sadness and Depression, Volume III in his **Attachment and Loss** series, John Bowlby wrote:

“What is impressive about mourning is not only the number and variety of response systems that are engaged but the way in which they tend to conflict with one another. Loss of a loved person gives rise not only to an intense desire for reunion but to anger at his departure and, later, usually to some degree of detachment; it gives rise not only to a cry for help, but sometimes also to a rejection of those who respond. No wonder it is painful to experience and difficult to understand.”²

Looking at the state of mourning from the point of view of attachment theory, we can appreciate how it is that the difficult and contradictory experiences of the mourner arise. The loved one has gone away and there is, at first, an unwillingness to believe that it could be so. The hope remains that the loved one will return, that they haven't really gone away forever. All of the signs of intense separation anxiety appear. At first there may be disbelief - a feeling that this simply cannot be happening. Shock and numbness may be present. This may be interrupted by intense outbursts of distress or anger, and eventually gives way to yearning and searching for the lost one. Bereaved persons have reported looking for the lost one, calling their name and searching for them. They may forget their loss for awhile, but, in the course of everyday activities they are once again

²cf Bowlby, John. Attachment and Loss: Volume 3, Loss: Sadness and Depression, p.31

reminded that they will never again be able to call or speak to the lost one again. They are gone, never to return. This gives place to fresh grief and yearning.

Grief may give way to anger at the departed one. Anger for leaving, anger for dying. The anger may turn inside, directed towards oneself with accompanying guilt and self-reproach. "I should have done this or that; the last words we spoke were harsh ones....." and of course, guilt at the anger one feels. The anger may be directed at others; they may be blamed for the loss. Hospitals and doctors, for instance. Or relatives, or the new love interest, or anyone who was present or felt to be responsible in some way.

There may be difficulty sleeping and when one does sleep, vivid dreams may occur where the loved one is present and life is as it has been. The dreamer may feel relief and happiness. "Oh, it's not really true. You didn't die or go away. All is well." Upon awakening, there is renewed grief on realizing that it was a dream and the cruel reality is that the loved one is really gone.

Those who try to help and give comfort may have a difficult time as the bereaved person may lash out and refuse all help, refuse to be comforted. Bowlby writes:

□Loss of a loved person is one of the most intensely painful experiences any human being can suffer. And not only is it painful to experience, but it is also painful to witness, if only because we are so impotent to help. To the bereaved nothing but the return of the lost person can bring true comfort; should what we provide fall short of that it is felt almost as an insult."³

In the later stages of mourning, the bereaved person encounters confusion, despair and questioning of identity, self and what is possible for the future. If all goes well, she gradually withdraws emotional investment in the departed one, although it is never completely withdrawn, nor should we expect or want this to be so.

If it is a parent, a spouse, or anyone else upon whom the bereaved depended, then the bereaved person has lost the one figure to whom they could turn in need. The very person who represented security to them is gone. Hopes and dreams for the future, in which the lost one figured, must be revised and relinquished.

The time of loss is also a time of transition. It demands that we consciously accept the ways of a new stage of life and relationship and experience. We find ourselves at a crossroads, needing to start over and break new ground in some way. It is a time of isolation and withdrawal. Our engagement with the world of others suffers. We abstain from human society. It is difficult if not impossible to play, to rest, to relax, and to feel secure. Bowlby says of this:

³ Ibid. pp. 7-8

□...there is a tendency to underestimate how intensely distressful and disabling loss usually is and for how long the distress and often the disablement, commonly lasts. Conversely there is a tendency to suppose that a normal healthy person can and should get over a bereavement not only fairly rapidly but also completely.□⁴

In a letter to Ludwig Binswanger who had lost a son, Freud affirms the endurance of the bonds to those loved and now lost as a condition of one's own existence.

“Although we know that after such a loss the acute state of mourning will subside, we also know that we shall remain inconsolable and will never find a substitute. No matter what will fill the gap, even if it be filled completely, it nevertheless remains something else. And actually this is how it should be. It is the only way of perpetuating that love which we do not want to relinquish.”⁵

If all goes well, eventually, although, as Freud so eloquently puts it, “we shall remain inconsolable and will never find a substitute”, the bereaved person begins to take the steps towards reorienting herself to and rebuilding a new future without the departed one.

This is the accomplishment of healthy mourning. Bowlby comments on the subject:

“(Healthy mourning is)...the successful effort of an individual to accept both that a change has occurred in his external world and that he is required to make corresponding changes in his internal, representational world and to reorganize, and perhaps to reorient, his attachment behaviour accordingly.”⁶

This is possible because of our ability to internalize our relationships in such a way that they become a part of ourselves.

In his paper “Internalization, Separation, Mourning and the Superego”, Hans Loewald says of it:

⁴Ibid. p. 8

⁵cf. Freud, Ernst L. (ed.) The Letters of Sigmund Freud. p. 386

⁶cf. Bowlby, John. Ibid. p. 18

□Internalization as a complete process implies an emancipation from the object. To the extent ...to which internalization comes to completion, the individual is enriched by the relationship he has had with the beloved object, not burdened by identification and fantasy relations with the object.”⁷

III. Melancholia

Apart from biological depression, where the cause is physical, the genesis of depression is generally agreed to spring from the same causes which engender grief and mourning; namely the loss of that which one holds dear, be it a loved person, ideal, vision for one's future, security, meaning and a sense of one's own self-worth. As Harry Guntrip points out, the loss involved does not necessarily need to be the loss of a significant object-relation. It can also be due to a narcissistic loss. When a person is confronted with a situation where they become aware that their lives or they themselves are lacking in some way, a deep depression can settle in.

Bowlby posits that depression in adulthood stems from experiences of loss or threats of loss in childhood and of childhood mourning. Seen from this perspective, melancholia, or depression, is pathological mourning.

The depressed person is full of self-reproach and self-criticism. The super-ego is especially harsh and punishing. Here Freud makes an interesting observation. All of the complaints the sufferer makes against herself, for example, that she is worthless and incapable of love, that she hates herself, that she is weak and despicable, have their derivation in reproaches and criticisms of the lost love object. (Or, as Groucho Marx famously put it: “I wouldn't want to be in a club that would have me as a member.”)

Freud says of this:

“Their complaints are really ‘plaints’ in the old sense of the word. They are not ashamed and do not hide themselves, since everything derogatory that they say about themselves is at bottom said about someone else. Moreover, they are far from evincing towards those around them the attitude of humility and submissiveness that would alone befit such worthless people. On the contrary, they make the greatest nuisance of themselves, and always seem as though they felt slighted and had been treated with great injustice. All this is possible only because the reactions expressed in their behaviour still proceed from a mental constellation of revolt, which has then, by a certain process, passed over into the crushed state of melancholia.

⁷cf. Loewald, Hans W. The Essential Loewald: Collected Papers and Monographs. p.260

There is no difficulty in reconstructing this process. An object choice, an attachment of the libido to a particular person, had at one time existed; then, owing to a *real slight or disappointment* coming from this loved person, the object-relationship was shattered. The result was not the normal one of a withdrawal of the libido from this object and a displacement of it on to a new one, but something different, for whose coming-about various conditions seem to be necessary. The object-cathexis proved to have little power of resistance and was brought to an end. But the free libido was not displaced onto another object; it was withdrawn into the ego. There, however, it was not employed in any unspecified way, but served to establish an **identification** of the ego with the abandoned object. Thus the shadow of the object fell upon the ego, and the latter could henceforth be judged by a special agency, as though it were an object, the forsaken object. In this way, an object-loss was transformed into an ego-loss and the conflict between the ego and the loved person into a cleavage between the critical activity of the ego and the ego as altered by identification.”⁸

Here Freud refers to the phenomenon in depressive states of internalizing an object-relationship in a very particular way. It is as though the lost object is identified with oneself and thus preserved. In spite of the conflicts between love and hate, anger and disappointment in the object, the relationship with the object need not be surrendered and it is continued internally as a particular part of the ego. Here the hate that is bound up with the love for the object can be safely expended, punishing it and taking pleasure in its sufferings. Never mind that it is oneself who is punished and who suffers. The super-ego is severe and punishing in melancholia. The incorporated objects, from the very earliest, are part of the structure of the superego. The persecutions and demands of bad internalized objects; the necessity to meet the expectations and live up to the ideals of the good objects and to protect them from the bad objects; the inability to completely protect the good objects resulting in doubts as to how good the object really is; a good object's propensity for turning into a bad object - all these elements combine to gang up on the ego, especially when it is most defenceless.

Melanie Klein explains it in this way:

The ego tries to keep the good apart from the bad and the real from the phantastic objects. The result is a split between extremes. It is like the nursery rhyme about the little girl with the curl - when she was good she was **very** good and when she was bad she was horrible. The good objects, which are loved, are also very ideal and can be intensely judgmental, critical and exacting. Also, since the ego can't really separate completely the good and bad objects, some of the cruelty of the bad objects and of the id becomes related to the good objects and increases the severity of their demands. These strict demands support the ego in its fight against hatred and bad attacking objects, with whom the ego is

⁸cf. Freud, Sigmund. *Mourning and Melancholia*, On Metapsychology: The Theory of Psychoanalysis. pp.257-258.

partly identified. The attempts by the ego to incorporate whole objects, rather than the part-objects of the earlier paranoid-schizoid position are accompanied by anxiety. Klein sees this as an inevitable part of the ego's development. Its attempts at mastering a new level of development are coupled with anxiety and increased demands from the super-ego.

In her paper, *A Contribution to the Psychogenesis of Manic-Depressive States*, Klein writes:

“The stronger the anxiety is of losing the loved objects, the more the ego strives to save them and the harder the task of restoration becomes the stricter will grow the demands which are associated with the super-ego.”⁹

She accords a very central place for hate in depressive states.

“In the last analysis, it is the ego's unconscious knowledge that the hate is indeed also there, as well as the love, and that it may at any time get the upper hand (the ego's anxiety of being carried away by the id and so destroying the loved object) which brings about the sorrow, feelings of guilt and the despair which underlie grief.”¹⁰

Anxiety, too is essentially mixed up in all of this.

“I consider the depressive state as being the result of a mixture of paranoid anxiety and of those anxiety contents, distressed feelings and defences which are connected with the impending loss of the whole loved object.”¹¹

To Klein, it is the despair felt by the child negotiating the depressive position, or by the adolescent or adult in a depressed state that is at the root of the self-reproach of the super-ego and of the anxiety that is felt. The despair is due to feelings of hopelessness at ever being able to restore the harm done by hatred and attack. Sometimes the despair is so difficult to bear that we retreat to the paranoid and persecutory anxiety of the paranoid-schizoid position. Thus anxiety is a part of the experience of depression.

But what of the ego-loss Freud speaks of, which we can confirm from our own experiences of depression and those of our clients? Harry Guntrip sheds light on this phenomenon in his paper “*The Manic-Depressive Problem in the Light of the Schizoid Process*”. He posits that underlying depression, as it is understood in the classical sense,

⁹cf. Klein, Melanie. *A Contribution to the Psychogenesis of Manic-Depressive States*, Mitchell, Juliet (ed.) The Selected Melanie Klein. p. 123

¹⁰ Ibid. p. 125

¹¹ Ibid. pp. 130-131

with its problems of love, hate, ambivalence and guilt to do with one's object-relations, is a problem of earlier cracks in the foundations of ego-development. He says:

□...*the real trouble is fear, flight from life at deep mental levels, and the failure of basic strong ego-formation, resulting in consequent inadequacy, both felt and factual, in coping with life.*"¹²

He goes on to say that depression can only be fully understood if it is seen against the background of underlying schizoid problems.

□(Depression) is a mixed condition, and denotes a very complex state of mind in which a basic problem is countered by defences which in turn call for further defences.It seems that one can see the schizoid problem always pushing through the depressive defence."¹³

In Guntrip's view, depression results from the failure of the ego's defences against the threat of ego-loss, and the fear of a regressive breakdown. He does not deny the place of guilt in depression, but he thinks it is produced by insecurities that exert powerful urges to escape. He feels that there are two levels to the complex psychological state we call depression - the struggle to maintain object-relations and the struggle to maintain the ego. He writes,

“We do not, however, adequately distinguish and properly relate together these two different levels of this complex illness, unless we emphasize that the *importance of object-relations lies in the fact that without them the ego cannot maintain itself.*”¹⁴

Depression is the result of a disruption in the development of the self, brought about through loss on two different levels. One level is the level of object-loss, with its ambivalent feelings of love and hate. The other is the level of ego-loss with its terrors of psychic death. Deeper schizoid problems of isolation, withdrawal and depersonalization underlie the depressive picture.

It is not a case of one or the other, separation from the object or separation from the ego. These are forces that play off each other in the unconscious mind. The state of depression is not only concerned with object-relations, but with ego-strength as well.

Guntrip writes:

¹² cf. Guntrip, Harry. Schizoid Phenomena, Object Relations and the Self. p. 137

¹³ Ibid. p. 139

¹⁴ Ibid. p. 143

□It is not a question of object-loss and ego-loss being alternative precipitating factors, nor of the split-off and denied parts of the personality being either or both aggressive features and ego-capacity to bear pain. The situation I have found with patients is that in order to escape the terrors of ego-loss as a result of an object-loss in reality, throwing them back on their underlying schizoid detachment from object-relations (depersonalization), they have fled back into ambivalent object-relations only to find their hate threatens them with object-loss again and now also guilt, and depression, and recurring fear of ego-loss once more.”¹⁵

Depression proceeds to excavate, both internally and externally, for this is a tearing away of the foundations of object relations, and anything cracked, weak and faulty is exposed. One’s total aloneness, solitary and unique, is revealed. It is indeed the dark night of the soul. And the soul encountered is anguished and bereft. The threatened ego can react, as it does to any danger, by fighting, fleeing or freezing.

For some, this is the point where the choice is made (if choice it can be called) to flee this existence, to end the struggle. The foundations will not be rebuilt. The ground will lie fallow. Despair has won.

Another aspect of flight can manifest as a flight into a pseudo vitality. A new structure is attempted without any repair of the foundations. This leads to more cracks and crumbling until at last the building crashes to the ground and the weak foundations lie once more exposed, perhaps even faultier than before. Thus in a manic-defence a person careens between an escape into a semblance of life, all too keenly felt and falls back to earth, wings burnt from flying too close to the sun.. The wings of Icarus were made of wax after all.

As Guntrip writes, there can also be a fleeing into regression. In the state of depression, one can regress to the earlier position of a helpless child, trying to manage a life-threatening anxiety.

Some sufferers freeze - a chronic depression sets in. The winter of the spirit stills all life, all hope. The nights are long and the days are cold. Of this withdrawn and regressed state Guntrip writes:

“Winnicott considers that this corresponds to what he calls ‘the hidden true self’ awaiting a chance of rebirth. I regard this as the basis of all schizoid characteristics, the deep secret flight from life, in seeking a defence against which the rest of the personality lands itself in a variety of psychotic and psychoneurotic states, among which one of the most important is depression.”¹⁶

¹⁵ Ibid. p. 143

¹⁶ Ibid. p. 144

What hope is there of life under these conditions? Yet beneath the snow can lie the seed and all hope is not gone. What is frozen can thaw and life can return, but not without pain. There is an unconscious refusal, or perhaps an unreadiness or incapacity to let go and go on. In the state of depression, time is experienced as qualitatively different. There is no sense of future, the past is gone, never to return and all that remains is a present in which there seems to be no hope. The only hope seems to lie in retaining what we can of our past relationships and expectations for the future from which we have been so reluctantly separated. In his later paper, "The Ego And The Id", Freud speaks of this setting up of the object within the ego as possibly a preparation for the eventual relinquishment of the object and as perhaps the only way in which we can let go and go on.

Others find it within themselves to fight, for desperation engenders desperate acts. The resources within are discovered and can even be added to, if one can find the courage and will to struggle. Thus depression fulfills its role as transformer, a renovator of human life. It is possible to rebuild and even create a more solid, more satisfactory structure. The return of vitality can be felt more exquisitely than ever before.

As mentioned earlier, the process of internalization is an important part of separation and the resultant mourning or depression. I believe that what happens in a depressed state is a kind of disrupted internalization, perhaps diverted by obstacles or stuck at an impasse. Instead of the lost relationship or ideal becoming internalized and incorporated by the ego, thus eventually enriching and enhancing the ego, the lost object haunts the ego and shadows it, so that the ego is depleted and split, harbouring an identification with the lost object. It is as though the only way to keep the relationship is to keep it inside oneself in a special compartment of the ego, or superego.

This highlights the issue of depression as a social response. It is very much to do with relationship - with oneself and others. It is very much to do with one's experience of being-in-the-world-with-others. I believe at the very heart, it deals with issues of being-here in a world structured by one's perceptions, values, beliefs and relationships.

IV. Differences between Mourning and Melancholia

If depression, then, as we are speaking of it, is mourning gone wrong, what happens?

Bowlby cites four pathological variants of adult mourning. He says that there is a tendency for people who show these responses to have experienced a significant loss, usually of a caregiver during childhood or adolescence.¹⁷

1. There exists a yearning for the lost person which is unconscious to the mourner. Because it is an unconscious longing, it cannot be consciously accessed and grieved over.

¹⁷ Bowlby, John. Ibid. pp. 15-16.

It manifests as depression with its import lost to the depressed person. There is a refusal to let go of one's emotional investment in the departed one, and the relationship may be internalized as a part of the ego, thus preserving the lost one. The depressed person may take on some of the characteristics of the departed. They are in a sense, haunted by the relationship they have lost.

2. There can be unconscious reproach against the lost person combined with a conscious and often unremitting self-reproach. Thus, what is accessible to the depressed person is a feeling of guilt and of hating oneself or of being a bad person, without knowing why she feels this way. Or, the depressed person may reproach herself for things she did or did not do that drove the lost person away, or caused their demise, etc.

3. There can be a compulsive caring for other persons. The depressed person may feel compelled to look after others and to tend to their needs, to protect them, as though to prevent them from dying or leaving as well. This may be combined with feelings of guilt if the depressed person thinks of putting her own needs before the needs of others. This compulsion to care for others may also be a way for the depressed person to retain a sense of safety and strength. If they can exert their efforts towards maintaining the well-being of others, they can feel powerful and in control of their world of attachments.

4. There can be a persistent disbelief that the loss is permanent. This denial is the depressed person's way of maintaining the world as they knew it. Mourning cannot be entered into, because that would mean having to acknowledge that there has been a loss.

I would add to this list the following:

5. An unremitting anger and blame against others felt to be responsible for the loss. Here one can be distracted as it were, from one's own grief by focussing on the wrongs felt to be done to both the bereaved in being deprived of the lost one and to the departed person themselves. In some cases, there may be just cause for the anger and blame, i.e. the persons held responsible are indeed at fault; in other cases, it may be wholly irrational and without basis in reality. Nevertheless, it is felt keenly and passionately.

6. A preoccupation with mortality and with sickness and death. The depressed person may become obsessed with her own health, may become convinced that she will soon die herself. She may be unable to stop thinking about her declining health and coming death and find herself having suicidal thoughts. There may be a conscious or unconscious wish to die, as a way of following and reuniting with the loved one, perhaps, or as a way of punishing the loved object which has abandoned her.

Perhaps the particular experience of time in depression is in part due to this - the experience that there is no future, or if there is one it is featureless, holding no promise, no excitement, no hope. I think it also speaks of an unreadiness to move on into the future, for to do so would mean leaving the beloved behind. It would be an act of disloyalty.

All of these variants are of course defences against accepting the loss that has occurred. As Bowlby points out,

□..defensive processes are a regular constituent of mourning at every age...what characterizes pathology is not their occurrence but the forms they take and especially the degree to which they are reversible.”¹⁸

He goes on to say that the difference between healthy and pathological mourning is that the latter is an exaggeration or distortion of the normal processes of the former.

“The more detailed the picture we obtain of healthy mourning the more clearly are we able to identify the pathological variants as being the result of defensive processes having interfered with and diverted its course.”¹⁹

What makes the process of mourning so protracted, difficult and full of pitfalls, is, I believe, at least in part due to our own encounter with mortality - not only the reality of death itself, but the transitory nature of all things. There is no time in which we are so confronted with this as at the time of loss of a loved one. This is one of the places where depression can complicate loss.

Hans Loewald says of it:

□The death of a loved object, or the more or less permanent separation from a loved object, is the occasion for mourning and for internalization. The unconscious and conscious experiences of threats to one's own existence as an individual, heightened by the increasing awareness of one's own eventual death, are, I believe, intimately connected with the phenomenon of internalization.”²⁰

Of the differences between the process of mourning and depression, Loewald says:

“When we speak of the internalization of object relations, such as in the resolution of the Oedipus Complex and in the work of mourning, it is not, if the processes are brought to completion, a matter of maintaining identifications with the objects to be relinquished; the latter is the case in melancholia where the objects and the identifications with the object cannot be given up. In internalization it is a matter of transferring these relations into an internal, intrapsychic depersonified relationship, thus increasing and enriching psychic structure: the identity with the object is renounced.”²¹

¹⁸ Ibid. p. 21.

¹⁹ Ibid. p. 31

²⁰ Loewald, Hans W. Ibid. p.260.

²¹ Ibid. p. 83.

In “*Mourning and Melancholia*”, Freud makes the observation that in melancholia the same features are encountered as in mourning, but with significant differences. He says that, whereas the process of mourning is a conscious grieving of the loss of a love object, in melancholia the loss is taken into the unconscious.

□The object has not perhaps actually died, but has been lost as an object of love (e.g. in the case of a betrothed girl who has been jilted). In yet other cases one feels justified in maintaining the belief that a loss of this kind has occurred, but one cannot see clearly what it is that has been lost, and it is all the more reasonable to suppose that the patient cannot consciously perceive what he has lost either. This, indeed, might be so even if the patient is aware of the loss which has given rise to his melancholia, but only in the sense that he knows *whom* he has lost but not *what* he has lost in him. This would suggest that melancholia is in some way related to an object-loss which is withdrawn from consciousness, in contradistinction to mourning, in which there is nothing about the loss that is unconscious.”²²

Another feature not found in mourning, but found in melancholia, is a marked disturbance in the depressed person’s self-esteem. It is as though the loss of the love of the object has been translated into a loss of love for oneself.

□In mourning it is the world which has become poor and empty; in melancholia it is the ego itself.”²³

V. The Value of Depression

Whether one regards the state of depression as having any purpose or value depends on whether it is seen as a medical disease or an emotional disorder. I want to emphasize here that I am not talking about depressions that have a physical basis - and there may be more people walking around with deficiencies in their physical health than we know - but of those depressions which have a cause rooted in negative life experiences.

In order to appreciate more fully the active psychic processes involved in **reactive** depression, I’d like to draw your attention to the processes of introjection and internalization and to Melanie Klein’s theory of the depressive position.

In his paper, “*Mourning and Melancholia*”, Freud described the process of introjection as an essential feature of the melancholic process. In his paper “*The Ego and the Id*”, he wrote:

²² Freud, Sigmund. Ibid. pp. 253-254.

²³ Ibid. p. 254.

“(Introjection) has a great share in determining the form taken on by the ego andcontributes materially towards building up what is called its ‘character’”.²⁴

This process is one of the basic building blocks in the early phases of our psychic development. According to Freud, introjection occurs not only in the case of melancholia, or depression, but whenever an object is lost. In the oedipal phase of development, the introjection of the relinquished love-objects, gives rise to the formation of the super-ego.

Melanie Klein formulated it as follows in her important contribution to the understanding of human development and of depression. In her theory of the ‘depressive position’, a milestone in childhood development, she says that our psychic development is shaped from the very start by the internalization of our relationships, beginning with our primary caregiver, usually our mother. Early in the development of the infant, the object is not taken in as a whole object, but as a part-object. There are good objects and bad objects, loving objects and attacking objects. When mother is warm and caring, feeding and nurturing, she is a good object. When she is absent or unattuned, she is a (frustrating) bad object. To the infant, the good object and the bad object are not parts of the same person, they are separate entities. In a complex interchange of introjection and projection, the good and bad objects are internalized and modified by the developing super-ego and ego. Good objects must be protected and bad objects must be fended off in the internal world. With the repeated experience of the mother’s love, the splitting of good from bad object and love from hate, diminishes. The growing child can experience self and mother as more whole and can bear experiencing the mother as both a frustrating and a loving figure together. The conflicting feelings of love and hate are centred on one being and the child experiences itself as more whole as well. Now the mother can be loved as a whole being. And now feelings of loss and sorrow can also occur. Klein writes:

“Not until the object is loved as a whole, can its loss be felt as a whole.”²⁵

This internalization of the object and self is the developmental achievement of the ‘depressive position’ and brings with it feelings of anxiety. If feelings of hate for the frustrating object are unleashed, then the loved object will be lost. If there is sufficient experience at this stage of a good and loving mothering, this anxiety is overcome through the child’s growing confidence that it has enough goodness inside to effectively repair and restore the damage done to the mother by hatred and frustration.

According to Klein, as ego-organization increases and develops, the internalized imagos develop as well, losing some of their primitiveness and coming to more closely resemble the actual object in reality. If the infant experiences a reliable and “good-enough” mothering, the ego is able to consolidate and establish its good objects more firmly within itself. Those infants for whom the love and reliability of good-enough mothering

²⁴ Ibid. p. 368.

²⁵ Klein, Melanie. Ibid. p. 118.

is not sufficient to allow for a firm installment of good objects within, are presumed by Klein to be predisposed to a return to the depressive position. In other words, they are especially prone to depressive episodes. This is one of the significant contributions Klein has made to our understanding of depressive states. The depressive position is not a phase that one goes through and leaves behind, it is "... an always available state, not something one passes through." ²⁶

The sorrow, guilt and desolation over the loss of the good objects which Klein believes every infant experiences periodically until it feels more securely established in the love of the object even in its absence, is thought by her to be so overwhelmingly painful that she sees it as the central anxiety situation in human development -the deepest source of conflict in relationship. This is the depressive position which includes two sets of feelings: persecutory fears arising from phantasied retaliation for hostile attacking impulses and feelings of anxiety and regret for the loved objects resulting from fear of destroying/losing them and the longing to regain and restore them.

She writes:

□No doubt, the more the child can at this stage develop a happy relationship to its real mother, the more will it be able to overcome the depressive position. But all depends on how it is able to find its way out of the conflict between love and uncontrollable hatred and sadism." ²⁷

As the child gains more trust and belief in its real objects and correspondingly in its internalized ones, it is able to experience ambivalence. Klein refers to ambivalence as a process that has to do with object relations, i.e. whole and real objects. She says that ambivalence enables the child to love more and to carry out increasingly its phantasies of restoration of the loved object. Simultaneously, the paranoid anxieties and defences can now be directed towards the 'bad' objects.

"...the unification of external and internal, loved and hated, real and imaginary objects is carried out in such a way that each step in the unification leads again to a renewed splitting of the imagos. But as the adaptation to the external world increases, this splitting is carried out on planes which gradually become increasingly nearer and nearer to reality. This goes on until love for the real and the internalized objects and trust in them are well established. Then ambivalence, which is partly a safeguard against one's own hate and against the hated and terrifying objects, will in normal development again diminish in varying degrees." ²⁸

²⁶ Ibid. p. 115.

²⁷ Ibid. p. 143

²⁸ Ibid. p. 144

Ambivalence is useful because it holds the tension, which is structure-building. No longer can the ego completely split the objects, both internal and external into black and white, good and bad. Conflict arises and it is a complex conflictual state into which the ego enters. It is accustomed to dealing with polar opposites, where it can deal with conflict by switching poles. It experiences either a good object or a bad object, not both. There is no awareness in one state of what it is like to be in the other. Now ambivalence enters. The elements of conflict are no longer in opposition, but in a difficult disharmony. They can be held in consciousness together at the same time. The tension is strong and the ego elements are actually much closer to each other, seemingly irreconcilable, but jostling for position.

In his paper "*The Value of Depression*", Winnicott speaks of the attainment of the depressive position as an achievement of ego strength and of the capacity for guilt as a sign of healthy development. This is all part of the maturational process of the individual, which is facilitated (or not) by the environment. He sees "the development and establishment of ego strength as the basic feature indicating health."²⁹

"Our view of depression, then, is closely bound up with our concept of ego strength and of self-establishment and of the discovery of a personal identity, and it is for this reason that we can discuss the idea that depression has value."³⁰

He goes on to discuss the idea that the resolution of the feelings and mood of depression is concerned with the rearrangement of the good and bad internal elements, like the structuring of a battlefield on which a conflict rages.

□Depression coming on, continuing and lifting, indicates that the ego structure has held over a phase of crisis. This is a triumph of integration."³¹

He further speaks of depression as the outward sign of an internal reassessment due to a new experience of destructiveness and "of destructive ideas that go with loving".

So the achievement of the depressive position implies the successful management of hatred, destructiveness and aggressive impulses, guilt and reparation towards the loved object and the possibility of cathecting new love-objects other than the mother, the original loved object.

There is a value in depression as it necessitates a restructuring of one's ways of being in the world that have been previously established. This can be experienced as a kind of

²⁹ cf. Winnicott, D. W. *The Value of Depression, Home Is Where We Start From*. p. 73

³⁰ Ibid. p. 73

³¹ Ibid. p. 76

death of the self and a withdrawal from the world of others. The former life is no more and the painful reality must be faced that it will not return. There may be a (temporary) reversion to the more primitive paranoid-schizoid position before the world of object relations became established. One feels one's vulnerability and ego weakness. Correspondingly the elements of the super-ego also can become more primitive and harsh. The ego, in its loss of strength, is vulnerable to attack from within and without.

The experience of depression is an achievement in itself- a knitting together of disparate elements that have, under stress, become unravelled. The world is not so simple anymore, so black and white. It is shades of gray, blending together in uneven tones the opposite pulls of past, where the safety of the womb awaits and of future- the unknown where realization of our potential, our purpose in being here, beckons. Here, in the dark of the now, the traveller realizes herself alone, face to face with the realization that ultimately she must travel the road ahead, a road that may hold storms and struggles.

Depression is a crossroads, a fork in the path. When all choice seems to be extinguished, one must choose, or remain transfixed at the junction, unable to move ahead.

The experience of depression confronts us with issues of life and death, the meaning our life has to us, our beliefs, assumptions and values, our relationships and aspirations, the contentment and fulfilment we have attained. Depression carries with it the loss and degeneration of the elements that have together made up life as we have known it and faces us with the challenge to find and re-structure these elements. Depression carries with it the possibility of a new life.

The Jungian psychoanalyst Liz Greene says of it:

□Part of the problem is that we perceive states of depression and mourning as pathological conditions that should be cured. Half of America is medicated in order to avoid depression. Depression or melancholy has a long tradition of being the only state in which you can contact the soul. If you go around with a perpetual smile, that level of life cannot make itself known in a helpful or creative way....It can actually be helpful to work with depression as something useful and creative, rather than trying to place the smile back on.”³²

An Arabian proverb speaks to this point in its simplicity:

“All sunshine and no rain makes a desert.”³³

The experience of depression holds the possibility of creative fertilization and new growth. It causes us to call to the spirit and it brings us to our knees. It makes very clear to us what is important in our lives, and can bring about a new determination and passion

³² cf. Liz Greene: *The Mountain Astrologer*, Dec. 2001/Jan. 2002

³³ Source unknown.

for love and fulfilment. Dealing successfully with depression can bring an increased sense of confidence and ego strength.

As Winnicott says,

□To our surprise, a person may come out of a depression stronger, wiser and more stable than before he or she went into it.”³⁴

An increase in creativity can be one of the benefits of the struggle and resolution of the conflicts of the depressive position.

According to Loewald, internalization is structure-building.

“Mourning involves not only the gradual piecemeal relinquishment of the lost object, but also the internalization, the appropriation of aspects of the relationship between the ego and the lost object which are ‘set up in the ego’ and become a relationship within the ego system.....In the work of mourningthe change from object cathexis to narcissistic cathexis is a repetition, within certain limits, of the previous experience of the relinquishment of oedipal object relations and of their being set up in the ego.”³⁵

and

“The outcome of mourning can show something like a new intake of objects into the superego structure insofar as elements of the lost object, through the mourning process, become introjected in the form of ego-ideal elements and inner demands and punishments. Such internalization of aspects of a lost love object, if observed over long periods of time...may be found to be progressive, so that eventually what was an ego-ideal or super-ego element becomes an element of the ego proper and is realized as an ego trait rather than an internal demand.”³⁶

VI. Approaches to Working With Depression

D. W. Winnicott and Anthony Storr both point out that there is often a cyclical nature to depression and that within the depression itself lie the seeds of recovery. The instinctual drives are difficult to extinguish altogether. There is a natural urge to preserve one’s life at all costs. The thirst to love and to be loved, to engage the world with feeling, to cathect

³⁴ Winnicott, D. W. Ibid. p. 77

³⁵ Loewald, Hans W. Ibid. p. 266

³⁶ Ibid. p. 271

and be cathected is the most powerful urge of all. I believe we can say that Love itself, as a principle, is a redeeming and healing feature of our human life.

Janet Sayers in her book “Mothering Psychoanalysis” says of this:

□Why is the work of detaching love from others with their loss and withdrawing it narcissistically into the self so painful?...grief involves recognizing both external and internal loss. Losspainfully disrupts internalization processes begun in relation to the mother in infancy.”³⁷

It is when the internal mother can be recovered and installed (or re-installed) as good and loving, that losses can be grieved and reparation can be set in motion. Only when we regain confidence in our reparative capacity can we heal.

This is why I believe that first and foremost, in working with clients where the principle issue is one of loss, mourning or depression, it is important to work with the fostering of this thirst to live and to love.

When the client is engaged in the normal process of mourning, I believe it is important to give them the opportunity to speak of their grief, to listen to their reminiscences of the loved one and to refrain from communicating to them in any way that attitude which they so often encounter. I speak of the discomfort often experienced by those around the bereaved, expressed by the conveyance of sentiments such as, “it’s time to move on now”, or “it’s been x weeks/months now; don’t you think you should start to think about getting out more/meeting someone new/etc.?”

The course of mourning is an indefinite one, and it takes as long as it takes. It is a relief and a solace to feel able to express oneself freely and unstintingly, to let one’s feelings flow, with all the guilt, self-reproach, anger, pain and sorrow one carries. What an important thing it is to have a place where one can be with someone who doesn’t need to be attended to, whose witnessing of our grief and sorrow is accepting and compassionate. Not to be alone with one’s grief, but to be alone with another, is healing in itself. Winnicott’s use of the concept of a “holding environment” comes to mind here.

To feel cared for and understood is strengthening to the ego. Gradually one’s grief and sorrow can lessen, although as Freud so movingly stated, it will never go away completely, nor would we want it to. It is now part of our relationship to the lost object and as such is of great importance to us.

In “*Mourning and Melancholia*” Freud observed:

“It is well worth notice that although mourning involves grave departures from the normal attitude to life, it never occurs to us to regard it as a pathological condition and to refer it to medical treatment. We rely on

³⁷ cf. Sayers, Janet. Mothering Psychoanalysis. p. 236

its being overcome after a certain lapse of time, and we look upon any interference with it as useless or even harmful.”³⁸

When working with depression, everything we have just said about mourning also holds true. In fact, I believe that a great part of the work with depression is to help the process of mourning to commence or to continue. Why is this important? As Loewald says, the process of internalization is involved with mourning. This process is an enriching one for the ego. We are who we are in large part because of our relationships. This is how we develop, psychically. In mourning, the relationship is internalized and “depersonalized”, so that gradually and to a certain extent, we take the riches of that relationship into ourselves and experience it as now a part of our own identity.

Often, especially these days, our depressed clients come to us for psychotherapy while simultaneously taking a course of medication for depression. I am not against the use of anti-depressants. Sometimes it is just too much to expect of oneself and of one’s clients to deal with the overwhelming heaviness of depression. Sometimes it is necessary to have the aid of medication in order to be able to embark on a course of psychotherapy at all.

However, there is a rising backlash of opinion regarding the seemingly increasingly indiscriminate use of medication to deal with one’s ills in present-day society. I came across an article in MacLean’s magazine, “Are You Ready for Your Mental Makeover?” by Lianne George.³⁹

In this article she states:

“Increasingly, North Americans, desperate and otherwise, are turning to prescription drugs - stimulants, anti-depressants, tranquilizers and other ‘mind enhancers’ - for quick fixes to everyday troubles.....Last year, Canadians filled over 45 million prescriptions for psychotropic medications - a 40 per cent increase over 2000.”

She goes on to paint a “Brave New World” kind of picture of the future, in which drug companies increasingly create more effective “lifestyle” drugs with fewer side effects. She cites Dr. Norman Hoffman’s opinion (Dr. Hoffman is the director of McGill University’s Mental Health Service) that

“mental health experts are seeing a trend toward the ‘medicalization’ of normal life. There is an increasing tendency - and willingness - among people to recast undesirable emotional states (sadness, anxiousness, boredom, stress, plain old-fashioned unhappiness), as medical disorders.”

³⁸ Freud, Sigmund. Ibid. p. 252

³⁹ cf. George, Lianne. MacLean’s magazine, June 2005, “*Are You Ready for Your Mental Makeover?*”

“When you play with the neurochemicals, you’re going to get some results’, says Hoffman. ‘But we don’t know what effect it will have in the long run. Really we’re playing with our humanity.’”

If arriving at the depressive position is an achievement and depression is seen as a renegotiating of this position, then perhaps we can see something about how to work with our clients who are depressed. As both Klein and Guntrip point out, each in their own way, depression is a multi-layered disorder. It therefore becomes important to see more about how the particular depression of a particular client manifests. Are feelings of guilt the predominant feature? Is the client exhibiting paranoid features, or preoccupying themselves with excessive busy-ness, in kind of “manic” defence? Or is the predominant feature one of apathy, listlessness, greyness, deadness?

I believe each of these features would require a specific way of address. In other words, if guilt predominates, then it would be important to work with that. To uncover, at the client’s pace, the feelings of guilt and to help the client to acknowledge, understand and reconcile themselves to the guilt that they feel. This is easy to say and takes much time to do.

If the predominant feature is a fleeing from depression, in the manic defence, then I think it important to help the client to be with themselves, to attend to themselves and to understand the accessing of the depressed state as a sign of progress in itself.

Where paranoia and/or apathy are the clinical picture, we are looking at a regressive move to the earlier paranoid-schizoid position. The attainment of object-relating that is such an important development of the depressive position is faltering. Withdrawal into an earlier world of protective isolation is desired and must be tolerated by the therapist, awaiting with the client, as Winnicott puts it, a chance at re-birth. Here, the fostering of ego-strength becomes very important. Expressions and experiences of fears can be hard to bear with our clients, as can anxiety. But as Bowlby says, “Fear presupposes hope.”⁴⁰ Hope and fear are two sides of the same coin. Where there is fear, there is hope and where this is hope there necessarily is reason to fear. Only when we are striving and hoping for better things are we anxious lest we fail to obtain them. It is when fear is gone and there is felt to be nothing left to lose, that the most dangerous state to our clients is reached.

Juliet Mitchell in The Selected Melanie Klein: writes:

“Even experientially, what is depressing about depression (among other things) is that, though it may come and go the sufferer from it has no sense of a past or hence of a future freedom. Klein’s crucial concept of a “position” speaks to this different, earlier, prehistorical sense of time - a position is a mental space in which one is sometimes lodged.”⁴¹

⁴⁰ Bowlby, John. Ibid. p. 27

⁴¹ Mitchell, Juliet. The Selected Melanie Klein. p. 28

The idea that depressive states are a return to a developmental position offers hope that creative use can be made of one's depression and that the depressive position can be successfully re-negotiated with the help of a caring and "good-enough" relationship.

VII. Conclusion

What is depression at its core? Could it be a sense of loss and disruption to the self and its strivings to become more realized? To be all that we can be and instinctively, gropingly sense that we can be? The solitary soul, face to face with the realization of its vulnerability and dependency, within the limits of human existence, trembles and despairs. The truth of one's own frailty in the face of the unknown, with the transience of human life, peels us down to our essence. Only the bare necessities of life occupy our attention. We are confronted by our own sense of futility in achieving what we came here for. And yet we do sense that there is something. The mystery of life faces us, seemingly so unattainable, so unknown. Yet, we do thirst and long for something, which as yet we do not know and cannot perhaps even name.

In the depressed state we are as one lost in the desert, hoping for an oasis, yet fearing that anything we may come across will only be a mirage, raising and dashing false hope yet again. This is depression - the loss of and despairing search for meaning and feeling, contentment, fulfilment, love, relationship and safety. Within the security of loving relationships and with the knowledge that we contain sufficient goodness and love within ourselves, depression can lift and we can properly and appropriately mourn our losses, paying them the honour and acknowledgement that they deserve, knowing that spring will come again.

I do not know if depression will visit me again, but I **do** know that mourning will come, for that is the nature of life.

In conclusion, I will leave you with a poem from the 13th century Persian mystic Rumi.

A Necessary Autumn Inside Each

You and I have spoken all these words, but as for the way
we have to go, words

are no preparation. There is no getting ready, other than
grace. My faults

have stayed hidden. One might call that a preparation!
I have one small drop

of knowing in my soul. Let it dissolve in your ocean.
There are so many threats to it.

Inside each of us, there's continual autumn. Our leaves
fall and are blown out

over the water. A crow sits in the blackened limbs and talks
about what's gone. Then

your generosity returns: spring, moisture, intelligence, the
scent of hyacinth and rose

and cypress. Joseph is back! And if you don't feel in
yourself the freshness of

Joseph, be Jacob! Weep and then smile. Don't pretend to know
something you haven't experienced.

There's a necessary dying, and then Jesus is breathing again.
Very little grows on jagged

rock. Be ground. Be crumbled, so wildflowers will come up
where you are. You've been

stony for too many years. Try something different. Surrender.⁴²

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⁴² cf. Rumi, Jalal al-Din. The Soul of Rumi. Translation by Coleman Barks. p. 21

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