

DEPRESSION: NORMAL AND ABNORMAL.

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INTRODUCTION.

IN a recent short paper* an attempt was made to indicate what happens to the love-object in the manic phase of manic-depressive psychosis. Reference was made to the view that the depressed phase represents failure of adaptation, with introjection of the reproaches which are concerned with being cut off from loved ones and which were originally directed against the mother. The manic phase, it was suggested, represents an attempt at adjustment to reality, with externalization of the mother, not on to definite people, for the manic is incapable of transference, but on to others in general. This attempt at adjustment being unsuccessful, regression to the oral phase occurs again and the depressed phase returns.

Some suggestions are now submitted regarding the function of depression and the psychic mechanism whereby it is brought about.

PLEASURE AND PAIN.

If we are to retain our conception of mind and body as one psycho-somatic unit, any definition of pleasure and pain must be equally applicable to the mental and physical aspects of pleasure and pain.

In considering the dual function of mind, the search for relief of tension and the avoidance of stimulation, it is possible that too much emphasis has been laid upon the stimulus-free state as the goal. The intra-uterine period of existence is often mentioned as one of freedom from stimulation, and birth becomes regarded as a fearful trauma in that the baby is thereupon launched into an exciting and devastating environment. Yet the amniotic fluid, enclosed as it is in an elastic bag, must form, to some extent, a conducting medium, through which the foetus must experience some portion of every maternal heart-beat, respiratory movement, cough, sneeze, intestinal peristaltic movement and every vibration caused by the voice. From the moment of conception peace must have been unknown. Furthermore, the stimulus-free state, as has already been pointed out by others, is unknown in nature. It is suggested that Trotter's conception of the formation of the multicellular organism as the prototype of the group affords us some idea of the nature of pleasure and pain.

* *Internat. Journ. Psycho-Analysis*, xv (iv).

The primordial psycho-somatic unit must have been a unicellular organism, in which the functions of nutrition and reproduction were combined. At a later stage a multicellular colony of such organisms appeared, each cell leading a separate existence. At a further stage the original germ-plasm provided itself with a vehicle in which special functions were assigned to special groups of cells. Here we have the true multicellular organism. Living cells showed an adhesive tendency very early in evolution. The appearance of an organized group of multicellular individuals is but a further stage in evolution, in which, according to Trotter, the individual organism in an organized group exhibits, as a whole, the same adhesive tendency which its component cells share in common. This accords with Freud's view that the tie binding individuals in a group is libidinal in nature, and so is, also, that binding individual cells to one another.

It remains now to consider some of the affective states in which this property of the vital factor plays a part.

The primary group is the family, or, to be more exact, mother and child. At first, as is well known, the child is not aware that it is distinct from its mother. Its tie must be, therefore, libidinal, and similar to that binding its individual cells. Such a child is happy when with its mother, whether at the breast or sleeping in her arms. It does not appear to mind her movements. Its troubles begin when she puts it down or something goes wrong with breast-feeding. It is separation from the mother, emphasizing as it does the individuality of the baby, that causes unhappiness or psychic pain. Tearing the child from its mother resembles a wound to the cell-mass of which both have so far, from the baby's point of view, formed a part. Pleasure would, therefore, appear to be dependent upon union with the maternal cell-mass, or its psychic equivalent, whereas mental pain attends severance from it. Weaning, then, is taken here as the principal traumatic episode of existence. The breach produced by this painful excision can only be healed, in the case of a man, by obtaining a mother-surrogate, when "the twain shall become one flesh". What happens in the case of a woman will be considered later.

The meaning of the oral approach in love-making and the function of the kiss become more apparent when viewed in this light. Regression to the early oral phase seems essential if securing a new love-object is to be made possible, and the completeness of this regression is shown by the involuntary, rhythmical movements of the oral muscles which not infrequently accompany kisses. This regression will be referred to again when the mechanism of recovery from grief is discussed, for it appears that in order to heal a wound in the ego caused by the loss of a loved one, and to effect a new transference situation, it is necessary to start from the beginning, i.e., the oral stage. Even in physical disease, which also represents a breach in the ego, regression to the oral phase is seen in the demands for medicine in the form of a placebo.

Hate is aroused by anyone who tends to emphasize the child's separation

from the mother. At first the mother herself is the object of this hate, and then the father and others who come between the child and its mother. This hate, associated with depression, is again experienced by the jilted lover. Depression occurs because loss of the love-object requires regression to the oral stage owing to the re-opening of the wound of weaning, and hatred of the faithless loved one is the natural result of this regression. If there is also identification with the lost love-object, self-reproaches will follow.

It is possible that one origin of the hate which appears at the anal stage is a revival of the injury of weaning. In the education of the sphincters the child is forced to abandon what it regards as part of itself.

DEPRESSION.

Identification with the lost love-object in normal grief is surely a denial of the loss, pending shifting of transference to a new object. Cherishing articles belonging to the lost loved one retains the link and is, therefore, a denial of its severance. As time goes on, interest in these articles loses its acuteness and the affect of grief usually disappears. Yet this happy ending is not always achieved, and the following is a case in which normal grief passed into a pathological form. A female patient, *æt.* 64, was admitted into a mental hospital under certificate two years after she had been widowed because her acute and undiminished grief had become intolerable and life was not endurable. She forsook her many friends and spent her days in lachrymose solitude. She shrank from killing herself, but she was strongly impelled to do so. Her family and previous personal history seemed sound, and she presented no clinical or biochemical signs of Alzheimer's or other psychosis of advancing years. She exhibited none of the self-accusations or ideas of unworthiness characteristic of melancholia, nor was she obsessed by her grief to the exclusion of other interests. She co-operated well in occupation therapy and read her newspapers. She was soon given voluntary status, and her gratitude for her treatment was quite sincere. After two months she was able to speak of her husband regretfully, but not tearfully. In forsaking her friends she showed that her capacity for transference had broken down and its re-establishment coincided with the subsidence of her grief. She treasured her husband's personal possessions, and while she was contemplating them grief was replaced by a tender emotion. Flight from reality had evidently been achieved when, for the time being, the link with the loved one had been restored. Then the need for re-adjustment re-asserted itself, the tragic reality was again perceived and the grief returned.

That there is an indispensable link between grief and re-adjustment seems likely when we remember cases where such a loss is not at first realized and the bereaved is said to be "stunned". No re-adjustment seems possible until the loss has been realized. An extreme form of this is shown by Mrs. R—.

When her husband died some years ago she refused to believe the news and thought that he had merely gone away. Complications arose when she greeted strangers affectionately in the belief that they were her husband "in some other form". She was so persistent in her attentions that she had to be certified. She is still, after ten years, perfectly happy in the belief that her husband is still at hand. She asserts that he frequently visits her at night and that they have marital relations. The severance from the love-object and the wound in the external barrier of the ego are denied, no grief is experienced and no process of repair takes place.

It seems likely that grief is a state of tension directed towards healing the external wound in the ego. Whereas melancholic grief originates from fixation at the oral stage, normal grief represents regression to this stage, at which crying is the normal outlet when striving is thwarted or a threat of separation from the mother is made. When a loved one is lost it would appear that the original wound of weaning, when the child is, as it were, torn from the mother, is re-opened, and can only be closed through regression to the period of existence preceding weaning, whence a new transference situation is achieved and healing occurs.

An interesting question arises regarding the pre- \mathcal{O} dipus situation. A man heals the wound of weaning by choosing a mother substitute. He retains his mother, therefore. But why does a girl forsake her mother as an object and direct her strivings towards her father? Can it be that the primary masochism of womanhood prompts the girl to invite the injury which the father inflicts upon his children of both sexes by being instrumental in their separation from their mother, and which he keeps open by remaining between them and her? The girl would then identify herself with her lost love-object in a melancholia-like reaction. The idea, once common among unmarried women, that marriage involves some vague, undefined mental suffering rather lends support to this view.

The cases quoted suggest three forms of grief:

1. Normal grief—a transient regression to the oral stage as a preliminary to re-adjustment.
2. (a) Prolonged grief, the preliminary regression is prolonged presumably through pre-existing fixation. (b) Suppressed grief, analogous in origin to the traumatic neuroses.
3. Melancholic grief, due to failure of development beyond the oral stage. Attempts at transference break down, and so does the wound of weaning.

The markedly oral nature of the reactions in melancholia, and the fact that the subject of the self-accusations is being cut off from loved ones, constitute the main reasons for postulating weaning as the infliction of a wound in the cell-mass, and at any rate one root of both hatred and depression. A study of melancholia also reveals a relationship between anxiety and apprehension.

Whereas normal grief is due to a rupture of the external barrier of the ego, melancholic grief must be due to rupture of the internal barrier. The severe anxiety which often precedes the melancholic outbreak must be, like anxiety at other times, protective in nature, a counter-charge reinforcing the inner barrier against rupture. It is probable that the melancholic attack results from rupture of the internal barrier because the reproaches are directed against the mother, who, though formerly an external danger, is now an internal danger owing to having been introjected. Anxiety would, then, bear the same relationship to morbid grief as apprehension does to fright.

SUMMARY.

- (1) The stimulus-free state is rejected as a goal.
- (2) Individual organisms in an organized group exhibit as a whole the same adhesive tendency which their component cells share in common (Trotter).
- (3) The primary group is the mother and child who, from the point of view of the child, form one organism.
- (4) The child is happy when its union with its mother is not disputed. Its troubles begin when the mother puts it down or something goes wrong with breast-feeding. Union with the mother represents pleasure and continuity of the cell-mass. Tearing the child from its mother constitutes pain and a wound in the cell-mass of which both form a part. At first the mother and later the father are instrumental in causing pain.
- (5) Weaning assumes traumatic importance, and the wound caused by such a painful excision can only be healed, in the case of a boy, by obtaining a mother substitute. In marriage the twain shall become one flesh.
- (6) Depression and hate are aroused whenever pain is produced. Both occur normally at weaning, and again at the anal stage. The education of the sphincters, forcing the child again to part with what it regards as a portion of itself, reopens the wound of weaning.
- (7) Normal grief in adult life represents a regression to the oral stage. Without grief and its regression, healing of the reopened wound is not possible. When a loved one is lost, re-adjustment is only possible by starting again at the beginning, at the oral stage. This is seen also in physical disease when a placebo is demanded in order to heal the external wound (disease) in the ego. The meaning of the oral approach in love-making and the function of the kiss become apparent. The completeness of the regression is sometimes shown by involuntary movements of the buccal muscles accompanying kisses.
- (8) In response to an external danger the source of the threat is invested with hate, while the external defensive barrier is reinforced by apprehension. Similarly, with regard to a threat from within, anxiety reinforces the internal barrier.
- (9) Melancholic grief originates from fixation at the oral stage.

(10) Normal grief represents regression to the oral stage, at which crying is a natural reaction to separation from the mother or to other injuries.

(11) The anxiety which precedes the melancholic attack reinforces the barrier against stimuli from within. The melancholic attack follows rupture of the internal barrier. Attempts at transference fail and the wound of weaning is reopened. The self-reproaches are directed against the mother who, once an external threat, is now, through introjection, an internal threat.

(12) With regard to the Œdipus situation, a man heals the wound of weaning by choosing a mother-substitute and so retains his mother. It is suggested that in the case of a girl primary masochism prompts her to invite the injury of weaning or, rather, the reopening of the wound. She thereupon identifies herself with the lost love-object, i.e. her mother, by a melancholia-like reaction. This is supported by the idea, once common among unmarried women, that marriage involves some vague, undefined suffering.
