

Freud, S. (1917). Mourning and Melancholia. *The Standard Edition of the Complete Psychological Works of Sigmund Freud, Volume XIV (1914-1916): On the History of the Psycho-Analytic Movement, Papers on Metapsychology and Other Works*, 237-258

Mourning and Melancholia

DREAMS having served us as the prototype in normal life of narcissistic mental disorders, we will now try to throw some light on the nature of melancholia by comparing it with the normal affect of mourning.¹ This time, however, we must begin by making an admission, as a warning against any over-estimation of the value of our conclusions. Melancholia, whose definition fluctuates even in descriptive psychiatry, takes on various clinical forms the grouping together of which into a single unity does not seem to be established with certainty; and some of these forms suggest somatic rather than psychogenic affections. Our material, apart from such impressions as are open to every observer, is limited to a small number of cases whose psychogenic nature was indisputable. We shall, therefore, from the outset drop all claim to general validity for our conclusions, and we shall console ourselves by reflecting that, with the means of investigation at our disposal to-day, we could hardly discover anything that was not typical, if not of a whole class of disorders, at least of a small group of them.

The correlation of melancholia and mourning seems justified by the general picture of the two conditions.² Moreover, the exciting causes due to environmental influences are, so far as we can discern them at all, the same for both conditions. Mourning is regularly the reaction to the loss of a loved person, or to the loss of some abstraction which has taken the place of one, such as one's country, liberty, an ideal, and so on. In some people the same influences produce melancholia instead of mourning and we consequently suspect them of a pathological disposition. It is also 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

¹ [The German 'Trauer', like the English 'mourning', can mean both the affect of grief and its outward manifestation. Throughout the present paper, the word has been rendered 'mourning'.]

² Abraham (1912), to whom we owe the most important of the few analytic studies on this subject, also took this comparison as his starting point. [Freud himself had already made the comparison in 1910 and even earlier. (See Editor's Note, p. 240 above.)]

refer it to medical treatment. We rely on its being overcome after a certain lapse of time, and we look upon any interference with it as useless or even harmful.

The distinguishing mental features of melancholia are a profoundly painful dejection, cessation of interest in the outside world, loss of the capacity to love, inhibition of all activity, and a lowering of the self-regarding feelings to a degree that finds utterance in self-reproaches and self-revilings, and culminates in a delusional expectation of punishment. This picture becomes a little more intelligible when we consider that, with one exception, the same traits are met with in mourning. The disturbance of self-regard is absent in mourning; but otherwise the features are the same. Profound mourning, the reaction to the loss of someone who is loved, contains the same painful frame of mind, the same loss of interest in the outside world—in so far as it does not recall him—the same loss of capacity to adopt any new object of love (which would mean replacing him) and the same turning away from any activity that is not connected with thoughts of him. It is easy to see that this inhibition and circumscription of the ego is the expression of an exclusive devotion to mourning which leaves nothing over for other purposes or other interests. It is really only because we know so well how to explain it that this attitude does not seem to us pathological.

We should regard it as an appropriate comparison, too, to call the mood of mourning a 'painful' one. We shall probably see the justification for this when we are in a position to give a characterization of the economics of pain.¹

In what, now, does the work which mourning performs consist? I do not think there is anything far-fetched in presenting it in the following way. Reality-testing has shown that the loved object no longer exists, and it proceeds to demand that all libido shall be withdrawn from its attachments to that object. This demand arouses understandable opposition—it is a matter of general observation that people never willingly abandon a libidinal position, not even, indeed, when a substitute is already beckoning to them. This opposition can be so intense that a turning away from reality takes place and a clinging to the object through the medium of a hallucinatory wishful psychosis.² Normally, respect for reality gains the day. Nevertheless its

1 [See footnote 1, p. 147 above.]

2 Cf. the preceding paper [p. 230].

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orders cannot be obeyed at once. They are carried out bit by bit, at great expense of time and cathectic energy, and in the meantime the existence of the lost object is psychically prolonged. Each single one of the memories and expectations in which the libido is bound to the object is brought up and hyper-catheted, and detachment of the libido is accomplished in respect of it.¹ Why this compromise by which the command of reality is carried out piecemeal should be so extraordinarily painful is not at all easy to explain in terms of economics. It is remarkable that this painful unpleasure is taken as a matter of course by us. The fact is, however, that when the work of mourning is completed the ego becomes free and uninhibited again.²

Let us now apply to melancholia what we have learnt about mourning. In one set of cases it is evident that melancholia too may be the reaction to the loss of a loved object. Where the exciting causes are different one can recognize that there is a loss of a more ideal kind. 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.

In mourning we found that the inhibition and loss of interest are fully accounted for by the work of mourning in which the ego is absorbed. In melancholia, the unknown loss will result in a similar internal work and will therefore be responsible for the melancholic inhibition. The difference is that the inhibition

1 [This idea seems to be expressed already in *Studies on Hysteria* (1895d): a process similar to this one will be found described near the beginning of Freud's 'Discussion' of the case history of Fräulein Elisabeth von R. (*Standard Ed.*, 2, 162).]

2 [A discussion of the economics of this process will be found below on p. 255.]

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of the melancholic seems puzzling to us because we cannot see what it is that is absorbing him so entirely. The melancholic displays something else besides which is lacking in mourning—an extraordinary diminution in his self-regard, an impoverishment of his ego on a grand scale. In mourning it is the world which has become poor and empty; in melancholia it is the ego itself. The patient represents his ego to us as worthless, incapable of any achievement and morally despicable; he reproaches himself, vilifies himself and expects to be cast out and punished. He abases himself before everyone and commiserates with his own relatives for being connected with anyone so unworthy. He is not of the opinion that a change has taken place in him, but extends his self-criticism back over the past; he declares that he was never any better. This picture of a delusion of (mainly moral) inferiority is completed by sleeplessness and refusal to take nourishment, and—what is psychologically very remarkable—by an overcoming of the instinct which compels every living thing to cling to life.

It would be equally fruitless from a scientific and a therapeutic point of view to contradict a patient who brings these accusations against his ego. He must surely be right in some way and be describing something that is as it seems to him to be. Indeed, we must at once confirm some of his statements without reservation. He really is as lacking in interest and as incapable of love and achievement as he says. But that, as we know, is secondary; it is the effect of the internal work which is consuming his ego—work which is unknown to us but which is comparable to the work of mourning. He also seems to us justified in certain other self-accusations; it is merely that he has a keener eye for the truth than other people who are not melancholic. When in his heightened self-criticism he describes himself as petty, egoistic, dishonest, lacking in independence, one whose sole aim has been to hide the weaknesses of his own nature, it may be, so far as we know, that he has come pretty near to understanding himself; we only wonder why a man has to be ill before he can be accessible to a truth of this kind. For there can be no doubt that if anyone holds and expresses to others an opinion of himself such as this (an opinion which Hamlet held both of himself and of everyone else¹), he is ill, whether he is speaking the

¹ 'Use every man after his desert, and who shall scape whipping?' (Act II, Scene 2).

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truth or whether he is being more or less unfair to himself. Nor is it difficult to see that there is no correspondence, so far as we can judge, between the degree of self-abasement and its real justification. A good, capable, conscientious woman will speak no better of herself after she develops melancholia than one who is in fact worthless; indeed, the former is perhaps more likely to fall ill of the disease than the latter, of whom we too should have nothing good to say. Finally, it must strike us that after all the melancholic does not behave in quite the same way as a person who is crushed by remorse and self-reproach in a normal fashion. Feelings of shame in front of other people, which would more than anything characterize this latter condition, are lacking in the melancholic, or at least they are not prominent in him. One might emphasize the presence in him of an almost opposite trait of insistent communicativeness which finds satisfaction in self-exposure.

The essential thing, therefore, is not whether the melancholic's distressing self-denigration is correct, in the sense that his self-criticism agrees with the opinion of other people. The point must rather be that he is giving a correct description of his psychological situation. He has lost his self-respect and he must have good reason for this. It is true that we are then faced with a contradiction that presents a problem which is hard to solve. The analogy with mourning led us to conclude that he had suffered a loss in regard to an object; what he tells us points to a loss in regard to his ego.

Before going into this contradiction, let us dwell for a moment on the view which the melancholic's disorder affords of the constitution of the human ego. We see how in him one part of the ego sets itself over against the other, judges it critically, and, as it were, takes it as its object. Our suspicion that the critical agency which is here split off from the ego might also show its independence in other circumstances will be confirmed by every further observation. We shall really find grounds for distinguishing this agency from the rest of the ego. What we are here becoming acquainted with is the agency commonly called 'conscience'; we shall count it, along with the censorship of consciousness and reality-testing, among the major institutions of the ego,¹ and we shall come upon evidence to show that it can become diseased on its own account. In the clinical picture of

¹ [See above, p. 233.]

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melancholia, dissatisfaction with the ego on moral grounds is the most outstanding feature. The patient's self-evaluation concerns itself much less frequently with bodily infirmity, ugliness or weakness, or with social inferiority; of this category, it is only his fears and asseverations of becoming poor that occupy a prominent position.

There is one observation, not at all difficult to make, which leads to the explanation of the contradiction mentioned above [at the end of the last paragraph but one]. If one listens patiently to a melancholic'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 insignificant modifications they do fit someone else, someone whom the patient loves or has loved or should love. Every time one examines the facts this conjecture is confirmed. So we find the key to the clinical picture: we perceive that the self-reproaches are reproaches against a loved object which have been shifted away from it on to the patient's own ego.

The woman who loudly pities her husband for being tied to such an incapable wife as herself is really accusing her *husband* of being incapable, in whatever sense she may mean this. There is no need to be greatly surprised that a few genuine self-reproaches are scattered among those that have been transposed back. These are allowed to obtrude themselves, since they help to mask the others and make recognition of the true state of affairs impossible. Moreover, they derive from the *pros* and *cons* of the conflict of love that has led to the loss of love. The behaviour of the patients, too, now becomes much more intelligible. 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.

There is no difficulty in reconstructing this process. An object-choice,

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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 on to 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 special¹ 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.

One or two things may be directly inferred with regard to the preconditions and effects of a process such as this. On the one hand, a strong fixation to the loved object must have been present; on the other hand, in contradiction to this, the object-cathexis must have had little power of resistance. As Otto Rank has aptly remarked, this contradiction seems to imply that the object-choice has been effected on a narcissistic basis, so that the object-cathexis, when obstacles come in its way, can regress to narcissism. The narcissistic identification with the object then becomes a substitute for the erotic cathexis, the result of which is that in spite of the conflict with the loved person the love-relation need not be given up. This substitution of identification for object-love is an important mechanism in the narcissistic affections; Karl Landauer (1914) has lately been able to point to it in the process of recovery in a case of schizophrenia. It represents, of course, a *regression* from one type of object-choice to original narcissism. We have elsewhere shown that identification is a preliminary stage of object-choice, that it is the first way—and one that is expressed in an ambivalent fashion—in which the ego picks out an object. The ego wants to incorporate this object into itself, and, in accordance with the oral or cannibalistic phase of libidinal development in which it is,

¹ [In the first (1917) edition only, this word does not occur.]

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it wants to do so by devouring it.¹ Abraham is undoubtedly right in attributing to this connection the refusal of nourishment met with in severe forms of melancholia.²

The conclusion which our theory would require—namely, that the disposition to fall ill of melancholia (or some part of that disposition) lies in the predominance of the narcissistic type of object-choice—has unfortunately not yet been confirmed by observation. In the opening remarks of this paper, I admitted that the empirical material upon which this study is founded is insufficient for our needs. If we could assume an agreement between the results of observation and what we have inferred, we should not hesitate to include this regression from object-cathexis to the still narcissistic oral phase of the libido in our characterization of melancholia. Identifications with the object are by no means rare in the transference neuroses either; indeed, they are a well-known mechanism of symptom-formation, especially in hysteria. The difference, however, between narcissistic and hysterical identification may be seen in this: that, whereas in the former the object-cathexis is abandoned, in the latter it persists and manifests its influence, though this is usually confined to certain isolated actions and innervations. In any case, in the transference neuroses, too, identification is the expression of there being something in common, which may signify love. Narcissistic identification is the older of the two and it paves the way to an understanding of hysterical identification, which has been less thoroughly studied.³

Melancholia, therefore, borrows some of its features from mourning, and the others from the process of regression from narcissistic object-choice to narcissism. It is on the one hand, like mourning, a reaction to the real loss of a loved object; but over and above this, it is marked by a determinant which is absent in normal mourning or which, if it is present, transforms the latter into pathological mourning. The loss of a love-object is an excellent opportunity for the ambivalence in love-relationships

1 [See above, p. 138. Cf. also Editor's Note, pp. 241-2.]

2 [Abraham apparently first drew Freud's attention to this in a private letter written between February and April, 1915. See Jones's biography (1955, 368).]

3 [The whole subject of identification was discussed later by Freud in Chapter VII of his *Group Psychology* (1921c), *Standard Ed.*, 18, 105 ff. There is an early account of hysterical identification in *The Interpretation of Dreams* (1900a), *Standard Ed.*, 4, 149-51.]

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to make itself effective and come into the open.¹ Where there is a disposition to obsessional neurosis the conflict due to ambivalence gives a pathological cast to mourning and forces it to express itself in the form of self-reproaches to the effect that the mourner himself is to blame for the loss of the loved object, i.e. that he has willed it. These obsessional states of depression following upon the death of a loved person show us what the conflict due to ambivalence can achieve by itself when there is no regressive drawing-in of libido as well. In melancholia, the occasions which give rise to the illness extend for the most part beyond the clear case of a loss by death, and include all those situations of being slighted, neglected or disappointed, which can import opposed feelings of love and hate into the relationship or reinforce an already existing ambivalence. This conflict due to ambivalence, which sometimes arises more from real experiences, sometimes more from constitutional factors, must not be overlooked among the preconditions of melancholia. If the love for the object—a love which cannot be given up though the object itself is given up—takes refuge in narcissistic identification, then the hate comes into operation on this substitutive object, abusing it, debasing it, making it suffer and deriving sadistic satisfaction from its suffering. The self-tormenting in melancholia, which is without doubt enjoyable, signifies, just like the corresponding phenomenon in obsessional neurosis, a satisfaction of trends of sadism and hate² which relate to an object, and which have been turned round upon the subject's own self in the ways we have been discussing. In both disorders the patients usually still succeed, by the circuitous path of self-punishment, in taking revenge on the original object and in tormenting their loved one through their illness, having resorted to it in order to avoid the need to express their hostility to him openly. After all, the person who has occasioned the patient's emotional disorder, and on whom his illness is centred, is usually to be found in his immediate environment. The melancholic's erotic cathexis in regard to his object has thus undergone a double vicissitude: part of it has regressed to identification, but the other part, under the influence of the conflict due to

1 [Much of what follows is elaborated in Chapter V of *The Ego and the Id* (1923b).]

2 For the distinction between the two, see my paper on 'Instincts and their Vicissitudes' [pp. 138-9 above].

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ambivalence, has been carried back to the stage of sadism, which is nearer to that conflict.

It is this sadism alone that solves the riddle of the tendency to suicide which makes melancholia so interesting—and so dangerous. So immense is the ego's self-love, which we have come to recognize as the primal state from which instinctual life proceeds, and so vast is the amount of narcissistic libido which we see liberated in the fear that emerges at a threat to life, that we cannot conceive how that ego can consent to its own destruction. We have long known, it is true, that no neurotic harbours thoughts of suicide which he has not turned back upon himself from murderous impulses against others, but we have never been able to explain what interplay of forces can carry such a purpose through to execution. The analysis of melancholia now shows that the ego can kill itself only if, owing to the return of the object-cathexis, it can treat itself as an object—if it is able to direct against itself the hostility which relates to an object and which represents the ego's original reaction to objects in the external world.¹ Thus in regression from narcissistic object-choice the object has, it is true, been got rid of, but it has nevertheless proved more powerful than the ego itself. In the two opposed situations of being most intensely in love and of suicide the ego is overwhelmed by the object, though in totally different ways.²

As regards one particular striking feature of melancholia that we have mentioned [p. 248], the prominence of the fear of becoming poor, it seems plausible to suppose that it is derived from anal erotism which has been torn out of its context and altered in a regressive sense.

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