A PSYCHO-ANALYTIC CONCEPT OF THE ORIGIN OF DEPRESSION*

BY

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General interest in the psycho-analytic psychopathology of depression may have been kept in the background for a long time owing to the rapid development of interest in the psychopathological understanding of the less complex symptoms common in neurosis, such as anxieties, phobias, obsessions, etc. The psychopathology of schizophrenic symptoms, where the mechanisms sometimes seemed obvious and apparent but where the psycho-analytic treatment was not then helpful, interested more analysts in the early days than did the psychopathology of manic-depressive symptoms. Nevertheless since 1911, when Abraham first discussed depression, the psycho-analytic psychology of normal sorrow, depression, mourning, and grief, and the psychopathology of abnormal depressions have gradually developed until now concepts have been worked out which are to a considerable degree new and can be stated simply. Such new concepts have been found to be of essential value in psycho-analytic attempts at therapy and investigation of depressed states regardless of the degree of severity, regardless of the sex, and more or less regardless of the age—children as young as 2¼ years and adults in the sixth decade having been treated.

The earlier work of analytic writers (Abraham, 1911, 1916, 1924; Sigmund Freud, 1917; Rado, 1927; Jones, 1929) was invaluable. The background of theoretical construction already developed was necessary to make the recent development possible. With the recent work courage was needed to make the new observations. The work done in this country in the past 15 to 20 years, chiefly by and under the stimulation of Klein, has brought much clarity to the problem of abnormal depressed states, and incidentally points the way to further work with schizophrenia. Klein published her first conclusions on this subject in 1935. She has added much to our knowledge of the technique of investigation and attempts at therapy, and has added (1940) to our theoretical constructions.

Most of the views I am putting forward are based on evidence personally obtained during the psycho-analytic treatment of neuroses with depression and with manic-depressive states in different sexes of different ages from late infancy to late life (Scott, 1946).

First Appearance of Depression

To introduce the subject a brief outline needs to be given of how the infant develops to a stage which allows depression to appear for the first time. What follows after this stage of development has been reached is the history of the different forms depression assumes at different periods of life. Just as the early stages of love and hate are significant in understanding their later development, so also may the varieties of adult depression become understood to a greater degree if we can become clearer about the genesis of depression in human life.

Regardless of different views about the source or nature of instinct, it can be said that from an early age the infant breathes air, sucks milk, passes water and stool, moves about, and sleeps. These activities are normally pleasant. If any of these activities is frustrated the infant becomes angry. Regardless of how intense or diffuse his anger may become, regardless of how many organs he uses to vent his anger, he will first show his anger in the situation where the frustration is; for instance, if breathing is frustrated he will breathe angrily, if sucking is frustrated he will suck angrily.

From the earliest period of life one aspect of each of these pleasant or angry activities is its direction, namely, the direction of movement or interchange between what can be called the outer and the inner worlds, or the direction of interchange between this inner world and the outer world—for instance, breathing in, breathing out, swallowing in, vomiting out, etc.

Only slowly in the developing scheme of things are "people" as the adult knows them included. Earlier the world consists of what adults would call "parts"—breasts, faces, hands, etc. Only slowly in the scheme of things does a "self" as a "whole person" or "other people" as "whole people" develop. Only slowly do distinctions between what are later called perceptions, memories, images, etc., arise. Along this line of development crucial points can be discovered, and it appears that at one of these crucial points depression becomes possible for the first time. Previously only simpler affects, such as anger, pleasure, pain, fear, etc., are possible. It is in relationship to the manner in which these early depressive feelings arise and are dealt with that we can see the hope of understanding the symptoms of later depressions and understand how they can be dealt with. It is here that we see the beginnings of the development of normal tolerance of depression, of normal ways of dealing with depression, and also the beginnings of pathological depressed states.

"Good" and "Bad"

Let us follow some of these early sequences in greater detail. Hunger *may* lead to sucking a breast or breast substitute and to pleasure. Through the feelings of breathing, sucking, smelling, touching, swallowing, etc., the feeling of a "good something" going into or entering the inner world occurs. Technically this something is customarily referred to as an "object." During or following such an experience the child may pass water or stool or sleep with pleasure without as yet clearly appreciating with the same clarity as it later will that there is "a something" or "an object" associated with the experience of evacuation. Nevertheless he is already beginning to realize that an interchange between the outer and the inner world and between the inner world and the outer world is occurring. The general feeling of an infant feeding and later evacuating and sleeping is that both the inner and the outer world are "good" and that a "good" interchange in each direction has occurred.

On the other hand, hunger *may not* be followed by such a satisfying experience. Instead it may be followed by frustration and bellowing and gnashing of toothless gums, by angry movements, by passing water and stool in his rage, and so forth. This leads to the feeling that the inner and outer worlds are "bad" and that any object differentiation in the inner or outer world is into many "bad" objects, and that any interchanges between the inner and the outer world, which may have occurred in either direction, have been bad. Such a bout of anger may, of course, be followed later by satisfaction, but this type of satisfaction will be different from what it would have been had the bout of anger not preceded it. Similar experiences are repeated and repeated. The series of pleasures, frustrations, and annoyances build up memories, on the one hand, of attitudes to the inner and outer worlds in which the omnipotent infantile loving imagination has had free play, and, on the other hand, of persecutory attitudes to the outer and inner worlds in which omnipotent infantile hateful imaginations have had free play. Here much may be learned

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concerning the developing attitude to the external world, to the body, and to the inner world of phantasy, memory, constructive thought, and so forth; and further work in this field should lead to our understanding of much that we are ignorant of in the psychopathology of schizophrenia.

Love and Hate

But it is the next step in development to which I wish to refer specifically. Sooner or later *sufficient integration occurs for the infant to realize that the memories of the loving satisfying breast and the hated frustrating breast are of one and the same breast, and that memories of the happy, sucking mouth and of the angry, frustrated, hungry mouth are of the same mouth.* I said "sooner or later"—the time will depend at least on the degree of maturity at birth, the constitutional intellectual endowment, and the quality of the previous emotional development. In other words an integration seems to occur in which the belief in a continuing self, or what would later be called a part of the self, emerges and the belief in continuing people in the environment, or what would later be called parts of these people, emerges. Coincident with this integration a new affective state arises. The realization that maximal love and maximal hate can be expressed by the same bodily organs, that both maximal love and maximal hate can be felt towards the same object, and that this object can be both satisfying and frustrating or can appear to be loving and hating is crucial. Another way of saying the same thing is that the earliest form of depression is the feeling which emerges, first, out of the realization that it is the same self that can both love and hate: secondly, out of the realization that the ego can hate and love the same object; and, thirdly, out of the realization that the same object or person can be gratifying or frustrating or can appear to be loving or hating. Whether or not this new feeling is tolerated—whether or not it is accepted as a fact of developing human experience—is certainly important. Tolerance is related at least to whether love is believed to be greater than hate or hate is believed to be greater than love. When the store of love is greater than hate love can be used quickly to overcome, to annul, to repair the effects of hate. Love can be used following separation from or death of a loved person to keep the memory alive and to keep alive the belief in a capacity to love and be loved, and consequently to believe that people worth loving and people who may love one still exist in the outer world. The more normal methods of dealing with depression thus arise.

The Genesis of Depression

There are many ways in which a partial and incomplete tolerance of a depressive situation may arise, and these lead to the many forms and symptoms of the abnormal depressive states of all degrees of severity. The many ways in which the intolerance of the depressive situation is shown are at least related to whether the angry impulses, acts, and imaginations are greater than the loving ones. If the anger is greater than the love—if the memories (or their symbolic substitutes) of the many aggressive acts, impulses, and imaginations are greater in strength than the memories of love—then arise hopelessness and depressive anxieties connected with the belief that one can do only bad things and that only bad can be expected of one. This may lead to a situation in which the self has to be destroyed to protect from one's badness the people and objects which go to make up one's inner and outer worlds. The self will be destroyed actually in suicide, or symbolically in a temper tantrum or a fit.

The situation I have tried to describe is the earliest example of one which will be repeated over and over again during later life. The changing ways the repetitions are dealt with have much to do with personality development and character, but an essential relationship to the realization that the person can both hate and love, and that the same objects can be both loved and hated and believed to be lovable and hateable, remains and is crucial. Subsequent developments concerning the realization of one's self as a "whole person" and of other people as "whole people," and of one's self as of a certain sex and of other people each belonging to a certain sex, bring in many complexities, but the importance of the original situation remains. From the onset much—in fact most—of the developments mentioned have occurred unconsciously. Most of the normal ways of dealing with depression have developed unconsciously, as also have the various defences against depression.

The beginnings of depressive feelings related to the integrations already mentioned are concerned with the concepts of a continuing self and of other continuing persons. These beginnings are more in relation to what we would call in adulthood parts of a self or parts of another person. Nevertheless, soon the emphasis shifts as further development occurs to the conception of whole people—to the whole self and the whole people in the environment. Throughout life the conception of what a whole person is, the conception of what a human individual is or is worth, what a lifetime is or is worth, is continually changing and developing, and it is difficult to say what is the best or most useful formulation of a "whole person." At the present stage of human evolution, and being a part of our complicated discontented civilization, one would hesitate to generalize concerning "wholeness," but at least one can be tolerably sure that the study of what a "good whole person" is is intimately connected with the study of healthy and unhealthy ways of dealing with the depressive situation.

Connected with the integrat on which results in the belief in a whole self and in who e people (which often lasts more or less a lifetime with relatively little alteration) the conscience begins to develop in an elaborate form. One might have thought that the complicated nature of the good and bad conscience in depressive states would have forced psychiatrists long ago to realize the need for using methods of investigation which would bring to consciousness further details regarding their development. Analytic methods bring to consciousness details of what has come to be called the super-ego. The super-ego is both a great hindrance and a great help. Gradually more concerning its development has been elucidated. The super-ego is a much more elaborate, inhibiting, and stimulating unconscious construct than all that is connoted by a good and bad conscience. With adults, of course, the manifold implications of conscience and the super-ego have their importance in the symptomatology of depressive states. Nevertheless, depressive states and depressive anxieties (guilt, remorse, regret, etc.) can arise in connexion with simultaneous love and hate of part objects which are realized to have a continuing existence. In the analysis of depressed children and manic-depressive adults the content of analysis may deal mostly with memories (or their symbolic substitutes) of repetitions of coincident love and hate of part objects, but part objects which are realized to have a continuing existence. It is this situation which appears to contain the most significant ego and object relationship for the understanding of the genesis of depression.

The content of behaviour and speech of the depressed person deals with his attempt to discover a satisfactory way of dealing with the realization that his hate for some person is greater than his simultaneous love for the same person, without at the same time denying that it is he who feels both love and hate and without denying that it is to the same person that he feels both love and hate. The manifold

symptom-picture has to take account of the nature of the loving and hating impulses, acts, and imaginations at the early stage of development, when the integration already mentioned began. At this period the impulses, acts, and imaginations are predominantly oral. Nevertheless all organ activities which can reach consciousness may play some minor part at this time. Indeed, I think it is difficult to substantiate the view that there is an early period when some organs—for instance, the genital—play no part whatsoever.

Age of Onset

There is disagreement about the age at which depression can first occur, but I believe there is much evidence that it often occurs early in the first six months of life. It must also be remembered that the tests of reality which can be made at such a period are of an infantile type. The intensity and explosiveness of the infantile satisfactions and rages interfere with perception of reality, both inner and outer. The way each satisfaction and each rage is shown colours the outer world and the inner world by rapidly acting and by complicated types of introjection and projection. The effects of these mechanisms lead to many of the later complexities of depressive states. Regardless of how old the person is, if he has not dealt successfully with the infantile depressive situation he will be left throughout life with an infantile attitude to the dangers of realizing that he is a being who can both love and hate simultaneously and can feel both feelings simultaneously for the same person. If treated he may be brought face to face with the intensity of the complicated feelings appropriate to his present-day situation and may for a time suffer more severely while he is learning to deal healthily for the first time with depression.

In such a brief presentation little other than conclusions can be put forward and nothing can be said about the earlier analytic views. The conclusions I have mentioned do not contradict these earlier views. They do little else than elaborate earlier views in the developmental sense. Nevertheless a few brief sketches of the sort of patient whose study has led to these conclusions can be given.

Illustrative Cases

Case 1.—A boy aged 2 years and 1 month became severely disinterested in everything and everybody, following a seemingly successful weaning at 9 months. He became constipated. He was slow and quiet, and showed no interest in learning to speak. During seven months' treatment he became able to deal more normally with the depressive anxieties and situation already described. The subsequent mood-changes were such that in retrospect it was easy to recognize his earlier state as a severe anergic depression. In analysis he showed by play florid content of depressive type. He did not speak a word during analysis, but began to learn to speak at home. By play he could show much more complicated content than he could expect to speak of for years. He did nevertheless make tests of oral projective activity by yelling in rage once and by making a few sounds easily recognizable as signs of considerable pleasure.

Case 2.—A woman of 20, who had for at least 10 years gradually become more disinterested and depressed and later suicidal, showed during more than four years' treatment how homosexuality and severe masochistic and sadistic imaginations were the unhealthy attempts to cope with her forgotten wish to deal with the effects she believed her early aggression has had on her mother. Following much noisy dissatisfaction during the first month of her life, during which she had been breast-fed, she was seemingly satisfactorily weaned. She showed no open oral aggression from the first month of life till many months after the beginning of her treatment. Only after learning to deal with almost simultaneous or at least very rapidly alternating hateful and loving impulses and acts of extreme intensity during treatment, which occurred in a hospital environment, was she able to begin to use her adult capacities to deal with the implications of her previously persistent infantile depression. During the crucial stages of her treatment her emotions were nearly, if not indeed quite, epileptic in intensity. During treatment stuporous states were interrupted by attacks of rage which, I think, were related to epileptic furor. Such rages were followed by disturbances of consciousness. Later intensely energetic loving outbursts occurred. These gradually lessened. The alternating love and hate gradually lessened in intensity as the depression connected with the realization that both were, had been, and would be felt towards the same people became more tolerable.

Case 3.—A man of 59 developed an agitated depression. During treatment he showed how a deep attachment to a grandfather in infancy might have led to the development of adult homosexuality had the grandfather not died at 60, when the patient was 4. The patient did not grieve openly then, but his super-ego became to a large extent modelled on this grandfather. During treatment, when he realized the degree of his identification with his grandfather and when he realized that he had unconsciously feared his own death at 60, he began to be able after the lapse of 55 years to mourn the death of his grandfather openly. He then became able to plan a life modelled on a scheme based more on the memory of the ambivalent love and hate for his own mother, whom he had ceased to feel for in his infancy when he gave his love to his grandfather. Had he coped more healthily with depression in infancy he might not have become so pathologically attached to his grandfather. Thus he might have avoided a severe depression at 59, when his age was nearing that at which his grandfather died. Such a history demonstrates how difficult it would have been to predict, for instance, when he was 40, that he was seriously predisposed to an illness at 59.

One could also sketch many failures, but unfortunately the chief point with regard to the psychopathology of psychoanalytic failures is that the data on which one might base inferences to explain why they were failures cease to be collected. Here I would make a plea to those who have under observation depressed patients who have had analytic treatment and are still unable to deal healthily with depression to report the later developments. I am confident that the patients' previous analysts would co-operate.

Conclusion

I do not think I can do better than suggest that the implications of the simple formula already outlined regarding the onset of depressed states be investigated fully. I restate the formula: out of the realization that at one and the same time it is possible for a person to love and hate, and out of the realization that such love and hate can be felt for one person, emerges the human capacity for depression, both normal and abnormal. The vicissitudes of the imbalance between the loving and hating impulses determine the normal or abnormal subsequent development with regard to the capacity to deal healthily with depression.

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Many students find *Essentials for Final Examinations in Medicine*, by John de Swiet (J. and A. Churchill, 9s.), of value during the harassing weeks before their final examinations, and it has now reached a third edition. No great changes have been made, but the author has brought it up to date by including new sections on penicillin, pellagra, and other changing aspects of medicine, and has added an index. It is no light undertaking to attempt to compress even the salient features of general medicine into so small a compass, but the author has succeeded reasonably well. A few minor inaccuracies are present, but for the most part the information is sound and clearly presented.