

ESSENTIAL PAPERS ON OBJECT LOSS

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8. A Short Study of the Development of the Libido, Viewed in the Light of Mental Disorders (Abridged)

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... Freud's paper, "Mourning and Melancholia," confirmed my view¹ that melancholia stood in the same relation to normal mourning for a loss as did morbid anxiety to ordinary fear. And we may now regard as definitely established the psychological affinity between melancholia and obsessional neuroses. Furthermore, these two illnesses show similarities in regard to the process of the disengagement of the libido from the external world. . . .

Freud had been led by the analysis of obsessional neuroses to postulate a pre-genital phase in the development of the libido which he called the sadistic-anal phase. A little later² he gave a detailed description of a still earlier phase, the oral or cannibalistic one. Basing my views on a large and varied collection of empiric material I was able³ to show that certain psycho-neuroses contain clear traces of that earliest phase in the organization of the libido; and I ventured the suggestion that what we saw in melancholia was the result of a regression of the patient's libido to that same primitive oral level. . . .

At about the same time Freud approached the problem of melancholia from another angle, and he made the first real step towards the discovery of the mechanism of that illness. He showed that the patient, after having lost his love-object, regains it once more by a process of introjection (so that, for instance, the self-reproaches of a melancholiac are really directed towards his lost object).

Subsequent experience has confirmed in my mind the importance of both processes—the regression of the libido to the oral stage and the mechanism

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of introjection. And more than that, it has shown that there is an intimate connection between the two. . . . As I hope to be able to make quite clear, the introjection of the love-object is an incorporation of it, in keeping with the regression of the libido to the cannibalistic level. . . .

I. MELANCHOLIA AND OBSESSIONAL NEUROSIS: TWO STAGES OF THE SADISTIC-ANAL PHASE OF THE LIBIDO

... As early as 1911, . . . I pointed out that obsessional symptoms were very frequently present in cases of melancholia and that obsessional neurotics were subject to states of depression. I went on to say that in both kinds of illness a high degree of ambivalence was found in the patient's instinctual life; and that this was most clearly seen in the want of adjustment between his emotions of love and of hate, and between his homosexual and heterosexual tendencies. . . .

From the point of view of the clinical observer manic-depressive states run an intermittent course, whereas obsessional states are on the whole chronic in character. . . . Careful observation spread over a long period of time shows us that here, as in so many other cases, the one condition shades off into the other, whereas at first we only saw an absolute cleavage between the two. . . . In their "free interval" patients suffering from circular insanity exhibit the same characteristics as psycho-analysis has made us acquainted with in the obsessional neuroses—the same peculiarities in regard to cleanliness and order; the same tendency to take up an obstinate and defiant attitude alternating with exaggerated docility and an excess of "goodness"; the same abnormalities of behaviour in relation to money and possessions. These character-traits furnish important evidence that these two pathological conditions have a close psychological relationship with one and the same pre-genital phase of the libido. If we assume the existence of such an extensive agreement in the characterological constitution of persons who incline to melancholia and of those who incline to an obsessional neurosis, it is quite incomprehensible to us why an illness which takes its inception from the same character-formation should be now of the one type, now of the other. It is true that we have come to the conclusion that in melancholia the patient gives up his psycho-sexual relations to his object, whereas the obsessional neurotic does in the end manage to escape that fate. But we are then faced

with the problem why the object-relation is so much more labile in the one class of patients than in the other. . . .

In spite of their common relation to the anal-sadistic organization of the libido, melancholia and obsessional neuroses exhibit certain fundamental differences not only in respect of the phase to which the libido regresses at the onset of the illness, but also in respect of the attitude of the individual to his object, since the melancholiac gives it up, while the obsessional patient retains it. If, therefore, it appears that such widely divergent pathological processes can take their inception from the sadistic-anal stage, it follows that *this stage contains heterogeneous elements which we have not been able to separate out hitherto*. . . .

Up till now we have been acquainted with three stages in the development of the libido, in each of which we were able to observe that one particular erotogenic zone was of preponderant importance. These erotogenic zones are, in order of time, the oral, the anal, and the genital. We found that the libidinal excitations belonging to anal erotism had close and manifold connections in that stage with sadistic impulses. . . . We have learnt from the psycho-analysis of neurotic patients that excretory processes are employed for sadistic purposes, and have found this fact confirmed by observation of the psychology of children. We have also seen that a single character-trait—defiance, for instance—proceeds from sadistic as well as from anal sources. But these observations and others like them have not enabled us to understand the reason of that combination of sadistic and anal activities.

We can get a step nearer to the solution of the problem if we take into consideration another piece of well-ascertained psycho-analytic knowledge. . . . This is, that a complete capacity for love is only achieved when the libido has reached its genital stage. Thus we have on the one hand anal erotic processes combined with sadistic behaviour, in especial with unkind and hostile emotions which are destructive to their object; and on the other, a genital erotism combined with tendencies which are friendly to their object.

But this comparison only serves, as I have said, to bring us a step nearer to our problem, which remains unanswered so long as we do not know why, at a certain level of development, the sadistic impulses exhibit a special affinity precisely for anal erotism and not, for instance, for oral or genital erotism. Here again the empirical data of psycho-analysis may be of use to us. For they show us

1. That anal erotism contains two opposite pleasurable tendencies.
2. That similarly two opposite tendencies exist in the field of sadistic impulses.

The evacuation of the bowels calls forth a pleasurable excitation of the anal zone. To this primitive form of pleasurable experience there is presently added another, based on a reverse process—the retention of the faeces.

Psycho-analytic experience has shown beyond a doubt that in the middle stage of his libidinal development the individual regards the person who is the object of his desire as something over which he exercises ownership, and that he consequently treats that person in the same way as he does his earliest piece of private property, *i.e.* the contents of his body, his faeces. Whereas on the genital level “love” means the transference of his positive feeling on to the object and involves a psycho-sexual adaptation to that object, on the level below it means that he treats his object as though it belonged to him. And since the ambivalence of feelings still exists in full force on this inferior level, he expresses his positive attitude towards his object in the form of retaining his property, and his negative attitude in the form of *rejecting* it. Thus when the obsessional neurotic is threatened with the loss of his object, and when the melancholiac actually does lose his, it signifies to the unconscious mind of each an expulsion of that object in the sense of a physical expulsion of faeces. . . .

Many neurotic persons react in an anal way to every loss, whether it is the death of a person or the loss of a material object. They will react with constipation or diarrhoea according as the loss is viewed by their unconscious mind—whose attitude, in agreement with the ambivalence of their emotional life, is itself naturally a variable one. Their unconscious denies or affirms the loss by means of the “organ-speech” with which we are familiar. News of the death of a near relative will often set up in a person a violent pressure in his bowels as if the whole of his intestines were being expelled, or as if something was being torn away inside him and was going to come out through his anus. Without forgetting that a reaction like this is over-determined, I should like in this place to single out this one cause with which we are concerned. We must regard the reaction as an archaic form of mourning which has been conserved in the unconscious; and we can set it side by side with a primitive ritual, described by Róheim,⁴ in which the relatives of the deceased man defaecate on his new-made grave. . . .

As an illustration I should like to relate the following curious ceremonial performed by a neurotic woman. . . . This woman, who presented anal character-traits of an extreme kind, was as a rule unable to throw away disused objects. Nevertheless she felt impelled from time to time to get rid of one or other of them. And so she had invented a way of cheating herself, as it were. She used to go out into the wood close by, and before she left the house she would take the object that was to be thrown away—an old garment, for instance—and tuck a corner of it under her petticoat strings behind. Then she would “lose” the thing on her walk in the wood. She would come home by another way so as not to come across it again. Thus in order to be able to give up the possession of an object she had to let it drop from the back of her body.

Moreover, nothing is so eloquent in confirmation of our view as the utterances of children. A small Hungarian boy, whose family lived in Budapest, once threatened his nurse with these words: “If you make me angry I’ll ka-ka you across to Ofen” (a district on the other side of the Danube). According to the child’s view the way to get rid of a person one no longer liked was by means of defaecation. . . .

The removal or loss of an object can be regarded by the unconscious either as a sadistic process of destruction or as an anal one of expulsion. . . .

Certain forms of speech show how closely are united in the unconscious mind anal and sadistic tendencies to abolish an object. The most widely different languages tend to express only by indirect allusion or metaphor behaviour which is based on sadistic impulses. But those metaphors are derived from activities which psycho-analytic experience has taught us to trace back to anal erotic and coprophilic instincts. A good example of this is to be found in the military reports and despatches which appeared on both sides during the late war. In them places were “*gesäubert*” (“cleaned”) of the enemy, trenches were “*aufgeräumt*” (“cleared out”); in the French accounts the word used was “*nettoyer*” (“to clean”), and in the English, “cleaning up” or “mopping up” was the expression.

The analysis of neurotic patients has taught us that the second, *conserving* set of tendencies that spring from anal and sadistic sources—tendencies to retain and to control the object—combine in many ways and reinforce one another. And in the same way there is a close alliance between the *destructive* tendencies coming from those two sources—tendencies to expel and to destroy the object. The way in which these latter tendencies co-operate will

become especially clear in the psychology of states of melancholia. And we shall enter into this point in greater detail later on.

What I should like to do in this place is to discuss briefly the convergent action of anal and sadistic instincts in the obsessional character. We have hitherto accounted for the excessive love of cleanliness shown by such characters as being a reaction formation against coprophilic tendencies, and for their marked love of order as a repressed or sublimated anal erotic instinct. This view, though correct and supported by a great mass of empirical data, is in some ways one-sided. It does not take sufficiently into consideration the over-determination of psychological phenomena.

For we are able to detect in our patients’ compulsive love of order and cleanliness the co-operation of sublimated *sadistic* instincts as well. . . . Compulsive orderliness is at the same time an expression of the patient’s desire for domination. He exerts power over things. He forces them into a rigid and pedantic system. And it not seldom happens that he makes people themselves enter into a system of this kind. We have only to think of the compulsion for cleaning everything from which some housewives suffer. They very often behave in such a way that nothing and no one is left in peace. They turn the whole house upside down and compel other persons to submit to their pathological impulses. In extreme cases of an obsessional character, as it is met with in housewife’s neurosis and in neurotic exaggerations of the bureaucratic mind, this craving for domination becomes quite unmistakable. Or again, we need only think of the sadistic elements that go to make up the well-known anal character-trait of obstinacy to realize how anal and sadistic instinctual forces act together. . . .

As soon as something special occurs to threaten the “loss” of their object in the sense already used, both classes of neurotics react with great violence. The patient summons up the whole energy of his positive libidinal fixations to combat the danger that the current of feeling hostile to his object will grow too strong. If the conserving tendencies—those of retaining and controlling his object—are the more powerful, this conflict around the love-object will call forth phenomena of psychological compulsion. But if the opposing sadistic-anal tendencies are victorious—those which aim at destroying and expelling the object—then the patient will fall into a state of melancholic depression. . . .

Psycho-analytic experience and the direct observation of children have established the fact that that set of instincts which aims at the destruction and

expulsion of the object is ontogenetically the elder of the two. In the normal development of his psycho-sexual life the individual ends by being capable of loving his object. . . .

Psycho-analytic experience has already obliged us to assert the existence of a pre-genital, anal-sadistic stage of libidinal development; and we now find ourselves led to assume that that stage includes two different levels within itself. On the later level the conserving tendencies of retaining and controlling the object predominate, whereas on the earlier level those hostile to their object—those of destroying and losing it—come to the fore. The obsessional neurotic regresses to the later of these two levels, and so he is able to maintain contact with his object. . . .

This differentiation of the anal-sadistic stage into a primitive and a later phase seems to be of radical importance. For at the dividing line between those two phases there takes place a decisive change in the attitude of the individual to the external world. Indeed, we may say that this dividing line is where "object-love" in the narrower sense begins, for it is at this point that the tendency to preserve the object begins to predominate. . . .

II. OBJECT-LOSS AND INTROJECTION IN NORMAL MOURNING AND IN ABNORMAL STATES OF MIND

Having taken as the starting-point of our investigations the "free interval" in periodical depressive and manic states, we may now proceed to inquire into the event which ushers in the actual melancholic illness—that event which Freud has called the "loss of object"—and into the process, so closely allied to it, of the introjection of the lost love-object. . . .

Dr. Elekes of Klausenburg has recently communicated to me the following peculiarly instructive case from his psychiatric practice in an asylum. A female patient was brought to the asylum on account of a melancholic depression. She repeatedly accused herself of being a thief. In reality she had never stolen anything. But her father, with whom she lived, and to whom she clung with all an unmarried daughter's love, had been arrested a short while before for a theft. This event, which not only removed her father from her in the literal meaning of the word but also called forth a profound psychological reaction in the sense of estranging her from him, was the beginning of her attack of melancholia. The loss of the loved person was immediately succeeded by an act of introjection; and now it was the patient herself who had committed the theft. This instance once more bears out

Freud's view that the self-reproaches of melancholia are in reality reproaches directed against the loved person.

It is easy enough to see in certain cases that object-loss and introjection have taken place. But we must remember that our knowledge of these facts is purely superficial, for we can give no explanation of them whatever. It is only by means of a regular psycho-analysis that we are able to perceive that there is a relationship between object-loss and tendencies, based on the earlier phase of the anal-sadistic stage, to lose and destroy things; and that the process of introjection has the character of a physical incorporation by way of the mouth. Furthermore, a superficial view of this sort misses the whole of the ambivalence conflict that is inherent in melancholia. The material which I shall bring forward in these pages will, I hope, help to some extent to fill in this gap in our knowledge. I should like to point out at once, however, that our knowledge of what takes place in normal mourning is equally superficial; for psycho-analysis has thrown no light on that mental state in healthy people and in cases of transference-neurosis. True, Freud has made the very significant observation that the serious conflict of ambivalent feelings from which the melancholiac suffers is absent in the normal person. But how exactly the process of mourning is effected in the normal mind we do not at present know. . . . I have had a case of this sort which has at last enabled me to gain some knowledge of this till now obscure subject, and which shows that in the normal process of mourning, too, the person reacts to a real object-loss by effecting a temporary introjection of the loved person. The case was as follows:

The wife of one of my analyzands became very seriously ill while he was still under treatment. She was expecting her first child. At last it became necessary to put an end to her pregnancy by a Caesarian section. My analyzand was hurriedly called to her bedside and arrived after the operation had been performed. But neither his wife nor the prematurely born child could be saved. After some time the husband came back to me and continued his treatment. His analysis, and in especial a dream he had shortly after its resumption, made it quite evident that he had reacted to his painful loss with an act of introjection of an oral-cannibalistic character.

One of the most striking mental phenomena exhibited by him at this time was a dislike of eating, which lasted for weeks. This feature was in marked contrast to his usual habits, and was reminiscent of the refusal to take nourishment met with in melancholiacs. One day his disinclination for food disappeared, and he ate a good meal in the evening. That night he had a

dream in which he was present at the *post-mortem* on his late wife. The dream was divided into two contrasting scenes. In the one, the separate parts of the body grew together again, the dead woman began to show signs of life, and he embraced her with feelings of the liveliest joy. In the other scene the dissecting-room altered its appearance, and the dreamer was reminded of slaughtered animals in a butcher's shop.

The scene of the dissection, twice presented in the dream, was associated with his wife's operation (*sectio Caesaris*). In the one part it turned into the re-animation of the dead body; in the other it was connected with cannibalistic ideas. The dreamer's association to the dream in analysis brought out the remarkable fact that the sight of the dissected body reminded him of his meal of the evening before, and especially of a meat dish he had eaten.

We see here, therefore, that a single event has had two different sequels in the dream, set side by side with one another, as is so often the case when a parallel has to be expressed. Consuming the flesh of the dead wife is made equivalent to restoring her to life. Now Freud has shown that by introjecting the lost object the melancholiac does indeed recall it to life: he sets it up in his ego. In the present case the widowed man had abandoned himself to his grief for a certain period of time as though there were no possible escape from it. His disinclination for food was in part a playing with his own death; it seemed to imply that now that the object of his love was dead life had no more attraction for him. He then began to work off the traumatic effect of his loss by means of an unconscious process of introjection of the loved object. While this was going on he was once more able to take nourishment, and at the same time his dream announced the fact that the work of mourning had succeeded. The process of mourning thus brings with it the consolation: "My loved object is not gone, for now I carry it within myself and can never lose it."

This psychological process is, we see, identical with what occurs in melancholia. I shall try to make it clear later on that melancholia is an archaic form of mourning. But the instance given above leads us to the conclusion that the work of mourning in the healthy individual also assumes an archaic form in the lower strata of his mind.

At the time of writing I find that the fact that introjection takes place in normal mourning has already come near discovery from another quarter. Groddeck⁵ cites the case of a patient whose hair went grey at the time of his father's death, and he attributes it to an unconscious tendency on the part of

the patient to become like his father, and thus as it were to absorb him in himself and to take his place with his mother.

And here I find myself obliged to contribute an experience out of my own life. When Freud published his "Mourning and Melancholia," so often quoted in these pages, I noticed that I felt a quite unaccustomed difficulty in following his train of thought. I was aware of an inclination to reject the idea of an introjection of the loved object. I combated this feeling in myself, thinking that the fact that the genius of Freud had made a discovery in a field of interest so much my own had called forth in me an affective "no." It was not till later that I realized that this obvious motive was only of secondary importance compared with another. The facts were these:

Towards the end of the previous year my father had died. During the period of mourning which I went through certain things occurred which I was not at the time able to recognize as the consequence of a process of introjection. The most striking event was that my hair rapidly turned very grey and then went black again in a few months' time. At the time I attributed this to the emotional crisis I had been through. But I am now obliged to accept Groddeck's view, quoted above, concerning the deeper connection between my hair turning grey and my state of mourning. For I had seen my father for the last time a few months before his death, when I was home from the war on a short leave. I had found him very much aged and not at all strong, and I had especially noticed that his hair and his beard were almost white and were longer than usual on account of his having been confined to his bed. My recollection of my last visit to him was closely associated with this impression. Certain other features in the situation, which I am unfortunately unable to describe here, lead me to attribute my temporary symptom of turning grey to a process of introjection. It thus appears that my principal motive in being averse to Freud's theory of the pathological process of melancholia at first was my own tendency to employ the same mechanism during mourning.

Nevertheless, although introjection occurs in mourning in the healthy person and in the neurotic no less than in the melancholiac, we must not overlook the important differences between the process in the one and in the other. In the normal person it is set in motion by real loss (death); and its main purpose is to preserve the person's relations to the dead object, or—what comes to the same thing—to compensate for his loss. Furthermore, his conscious knowledge of his loss will never leave the normal person, as it

does the melancholiac. The process of introjection in the melancholiac, moreover, is based on a radical disturbance of his libidinal relations to his object. It rests on a severe conflict of ambivalent feelings, from which he can only escape by turning against himself the hostility he originally felt towards his object.

Recent observations, those of Freud in the first instance, have shown that introjection is a far commoner psychological process than has hitherto been supposed. I should like to refer in particular to a remark of Freud's⁶ concerning the psycho-analysis of homosexuality.

He expresses the view (though he does not support it with any clinical material) that we should be able to trace certain cases of homosexuality to the fact that the subject has introjected the parent of the opposite sex. Thus a young man will feel an inclination towards male persons because he has assimilated his mother by means of a psychological process of incorporation and consequently reacts to male objects in the way that she would do. Up till now we have been chiefly acquainted with another aetiology of homosexuality. The analysis of such cases has shown that as a rule the person has had a disappointment in his love for his mother and has left her and gone over to his father, towards whom he henceforward adopts the attitude usually taken by the daughter, identifying himself like her with his mother. A short time ago I had a case in which I was able to establish the presence of both these possible lines of mental development. The patient had a bisexual libidinal attitude, but was in a homosexual phase at the time he came to me for analysis. Twice before—once in early childhood and once during puberty—he had passed through a homosexual phase. It was only the second of these that set in with what must be described as a complete process of introjection. On that occasion the patient's ego was really submerged by the introjected object. I shall give a short abstract of his analysis, for it seems to me that the material is not only important for an understanding of the process of introjection, but also throws light on certain phenomena of mania and melancholia.

The patient was the younger of two children and had been a spoilt child in every sense of the word in his infancy. His mother had continued to suckle him well on into his second year, and even in his third year she still occasionally gave way to his desire, vehemently urged, to be fed at the breast. She did not wean him till he was three years old. At the same time as he was being weaned—a process which was achieved with great difficulty—a succession of events took place which robbed the spoilt child all at once of the paradise he had lived in. Up till then he had been the darling of his

parents, of his sister, who was three years his senior, and of his nurse. Then his sister died. His mother withdrew into an abnormally severe and long period of mourning and thus became still more estranged from him than the weaning had already made her. The nurse left them. His parents could not bear to go on living in the same house, where they were constantly being reminded of their dead child, and they moved into an hotel and then into a new house. This series of events deprived the patient of all the things he had hitherto enjoyed in the way of maternal solicitude. First his mother had withdrawn the breast from him. Then she had shut herself off from him psychologically in mourning for her other child. His elder sister and his nurse were gone. Finally the house, that important symbol of the mother, was given up. It is not surprising that the small boy should have turned towards his father for love at this point. Besides this, he fixed his inclinations on a friendly neighbour, a woman who lived near their new house, and he made a great show of his preference for her over his mother. The splitting up of his libido—one part going to his father, the other to a woman who was a mother-surrogate—had already become evident. In the years following this period he became attached by a strong erotic interest to boys older than himself who resembled his father in their physical characteristics.

In his later childhood, as his father began to give way to drink more and more, the boy withdrew his libido from him and once more directed it towards his mother. He maintained this position for several years. Then his father died, and he lived alone with his mother, to whom he was devoted. But after a short period of widowhood she married again and went travelling with her husband for quite a long time. In doing this she had once more repulsed her son's love. And at the same time the boy's feelings of hatred were aroused against his step-father.

A new wave of homosexual feeling came over the half-grown boy. But this time he was attracted by a different type of young man, one which closely resembled that of his mother in certain physical qualities. The kind of youth he had loved on the first occasion, and the kind he loved now, exactly represented the contrast between his father and his mother in respect of their determining physical characteristics. It must be mentioned that the patient was himself entirely of his mother's type. His attitude towards this second type of young man for whom he now had a preference was, in his own words, tender, loving, and full of solicitude, like a mother.

Several years later the patient's mother died. He was with her during her last illness and she died in his arms. The very great effect which this

experience had on him was caused by the fact that in a deeper stratum of his mind it represented the complete reversal of that unforgettens situation in which he, as an infant, had lain at his mother's breast and in her arms.

No sooner was his mother dead than he hurried back to the neighbouring town where he lived. His state of feeling, however, was by no means that of a sorrowing son; he felt, on the contrary, elated and blissful. He described to me how he was filled with the feeling that now he carried his mother safely in himself, his own for ever. The only thing that caused him uneasiness was the thought of her burial. It was as if he was disturbed by the knowledge that her body was still visible and lying in the house she had died in. It was not till the funeral was over that he could give himself up to the feeling that he possessed his mother for evermore.

If it were possible for me to publish more details from the analysis of this patient, I could make this process of incorporating the mother still more evident. But enough has been said to make its occurrence quite clear.

In this instance the process of introjecting the loved object began when the patient lost his mother through her second marriage. He was unable to move his libido away on to his father, as he had done in his fourth year; and his step-father was not qualified to attach his libido to himself. The last object of his infantile love that was left—his mother—was also the first. He strove against this heaviest loss that could befall him by employing the mechanism of introjection.

It is astonishing to find this process of introjection should have resulted in such a feeling of happiness, in direct contradiction to its effect on the melancholiac upon whose mind it weighs so heavily. But our surprise is lessened when we recollect Freud's explanation of the mechanism of melancholia. We have only to reverse his statement that "the shadow of the lost love-object falls upon the ego" and say that in this case it was not the shadow but the bright radiance of his loved mother which was shed upon her son. In the normal person, too, feelings of affection easily oust the hostile ones in regard to an object he has (in reality) lost. But it is otherwise in the case of the melancholiac. For here we find so strong a conflict based on libidinal ambivalence that every feeling of love is at once threatened by its opposite emotion. A "frustration," a disappointment from the side of the loved object, may at any time let loose a mighty wave of hatred which will sweep away his all too weakly-rooted feelings of love. Such a removal of the positive libidinal cathexes will have a most profound effect: it will lead to the giving up of the object. In the above-cited case, which was not one of

melancholia, however, the loss *in reality* of the object was the primary event, and the alteration in the libido only a necessary consequence of it.

III. THE PROCESS OF INTROJECTION IN MELANCHOLIA: TWO STAGES OF THE ORAL PHASE OF THE LIBIDO

The following particularly instructive example may serve as a starting-point for further inquiry into the process of introjection.

The patient in question had already had several typical attacks of melancholia when he first came to me, and I began his analysis just as he was recovering from an attack of this kind. It had been a severe one, and had set in under rather curious circumstances. The patient had been fond of a young girl for some time back and had become engaged to her. Certain events, which I will not go into here, had caused his inclinations to give place to a violent resistance. It had ended in his turning away completely from his love-object—whose identification with his mother became quite evident in his analysis—and succumbing to a depressive condition accompanied by marked delusions. During his convalescence a *rapprochement* took place between him and his fiancée, who had remained constant to him in spite of his having left her. But after some time he had a brief relapse, the onset and termination of which I was able to observe in detail in his analysis.

His resistance to his fiancée re-appeared quite clearly during his relapse, and one of the forms it took was the following transitory symptom: During the time when his state of depression was worse than usual, he had a compulsion to contract his *sphincter ani*. This symptom proved to be overdetermined. What is of most interest here is its significance as a convulsive holding fast to the contents of the bowels. As we know, such a retention symbolizes possession, and is its prototype in the unconscious. Thus the patient's transitory symptom stood for a retention, in the physical sense, of the object which he was once more in danger of losing. It had another determinant which I shall briefly notice. This was his passive homosexual attitude towards his father. Whenever he turned away from his mother or from a mother-substitute he was in danger of adopting this attitude; and his symptom was a defence not only against an object-loss but against a move towards homosexuality.

We have followed Freud in assuming that after he has lost his object the melancholiac attempts some kind of restitution of it. In paranoia this restitu-

tion is achieved by the specific mechanism of projection. In melancholia the mechanism of introjection is adopted, and the results are different. In the case of my patient the transitory symptom mentioned above, which was formed at the beginning of a brief remission of his illness, was not the end of the matter. A few days later he told me, once more of his own accord, that he had a fresh symptom which had, as it were, stepped into the shoes of the first one. As he was walking along the street he had had a compulsive phantasy of eating the excrements that were lying about. This phantasy turned out to be the expression of a desire to take back into his body the love-object which he had expelled from it in the form of excrement. We have here, therefore, a literal confirmation of our theory that the unconscious regards the loss of an object as an anal process, and its introjection as an oral one.

The tendency to coprophagia seems to me to contain a symbolism which is typical for melancholia. My own observations on a number of cases have always shown that the patient makes his love-object the target of certain impulses which correspond to the lower level of his anal-sadistic libidinal development. These are the impulses of expelling (in an anal sense) and of destroying (murdering). The product of such a murder—the dead body—becomes identified with the product of expulsion—with excrement. We can now understand that the patient's desire to eat excrement is a cannibalistic impulse to devour the love-object which he has killed. In one of my patients the idea of eating excrement was connected with the idea of being punished for a great sin. Psychologically speaking, he was right. For it was in this way that he had to make up for a certain crime whose identity with the deed of Oedipus we shall presently learn to understand.⁷ I should like in this place to mention Róheim's interesting remarks⁸ on the subject of necrophagia. What he has said makes it very probable that in their archaic form mourning rites consisted in the eating of the dead person.

The example given above is unusual in the easy and simple way in which it discloses the meaning of melancholic symptoms as an expulsion and a re-incorporation of the love-object. To show to what a degree these impulses can be rendered unrecognizable, I will give a second instance, taken from the psycho-analysis of another patient.

This patient told me one day that he had noticed a curious tendency that he had during his states of depression. At the beginning of those states he used to go about with his head lowered, so that his eyes were fixed on the ground rather than on the people about him. He would then begin to look

with compulsive interest to see whether any mother-of-pearl buttons were lying in the street. If he found one he would pick it up and put it in his pocket. He rationalized this habit by saying that at the beginning of his depression he had such a feeling of inferiority that he had to feel glad if he even so much as found a button in the street; for he did not know whether he would ever again be capable of earning enough money to buy the least thing for himself. In the wretched condition he was in, he said, even those objects which other people left about must have a considerable value for him.

This explanation was contradicted by the fact that he passed by other objects, especially buttons made of other material, with a certain feeling of contempt. His free associations gradually led us to the deeper motives of his strange inclination. They showed that he connected the mother-of-pearl of which the buttons were made with the idea of brightness and cleanness, and then of special worth. We had thus arrived at his repressed coprophilic interests. I may remind my readers of Ferenczi's excellent paper on this subject.⁹ In it he shows how the child first takes pleasure in substance that is soft and yielding, then in hard and granular material, and finally in small, solid objects with a clean and shining surface. In the unconscious these objects all remain equivalent to excrement.

The mother-of-pearl buttons stood, then, for excrement. Having to pick them up from the road reminds us of the obsessional impulse in the case described before, in which there was a direct compulsion to pick up excrement from the street and eat it. A further point of similarity between the two may be noted, namely, that people lose buttons off clothes just as they let faeces drop.¹⁰ In both instances, therefore, the action is concerned with taking up and keeping a lost object.

In one of his next analytic hours the patient resumed his theme and said that what he had told me was not the only strange impulse he had had in his states of depression. During his first attack of this kind he had gone to Professor Y's nursing home at X. One day two relatives of his had come to take him out for a walk. They had shown him the public gardens and buildings and other things, but he had been utterly uninterested in them. But on his way back he had stopped in front of a shop-window in which he saw some pieces of Johannis bread.¹¹ He felt a strong desire to buy some of it, and had done so.

The patient at once had an association to this story, which was as follows: In the little town in which he lived as a child there was a small shop opposite his house. The shop was owned by a widow, whose son was a playmate of

his. He recollected that this woman used to give him *Johannis bread*. At that time he had already had the fateful experience which was the origin of his later illness—a profound disappointment in his love-relations from the side of his mother. In his childhood memories this woman across the road was set up as a model and contrasted with his “wicked” mother. His automatic impulse to buy *Johannis bread* in a shop and to eat it had as its immediate significance his desire for maternal love and care. That he should have selected precisely *Johannis bread* as a symbol for this was because its long shape and brown colour reminded him of *faeces*. Thus we once more meet with the impulse to eat excrement as an expression of the desire for a lost love-object.

The patient had another association that went back to his childhood days. A road was being constructed in his native town and the workmen had dug up some shells. One side of them was covered with earth and looked dirty, but the other side glistened like mother-of-pearl. Here again the patient's associations took him back to his native place, which he undoubtedly identified with his mother. These shells were the precursors of the mother-of-pearl buttons about which he had his obsession. The idea of mother-of-pearl shells, moreover, proved in analysis to be a means of representing his ambivalent attitude towards his mother. The word “mother-of-pearl” expressed his high esteem for his mother as a “pearl.” But the smooth, shining surface was deceptive—the other side was not so beautiful. In likening this other side, which was covered with dirt (excrement), to his “wicked” mother, from whom he had had to withdraw his libido, he was abusing her and holding her up to scorn.¹²

The instances given above may suffice for the present. They help us to understand psycho-analytically the course run by melancholia in its two phases—the loss and the re-incorporation of the love-object. Each of these phases, however, calls for further examination.

We have already said that the tendency to give up the love-object has its source in the fixation of the libido on the earlier phase of the anal-sadistic level. But if we find that the melancholiac is inclined to give up that position in favour of a yet more primitive one, namely, the oral level, then we must suppose that there are also certain fixation points in his libidinal development which date back to the time when his instinctual life was still mainly centred in the oral zone. And psycho-analytic observations bear out this supposition fully. A few examples may serve as an illustration.

In dealing with the melancholic cases I have repeatedly come across

strong perverse cravings which consisted in using the mouth in place of the genitals. The patients satisfied these cravings in part by practising *cunnilingus*. But they chiefly used to indulge in very vivid phantasies based on cannibalistic impulses. They used to phantasy about biting into every possible part of the body of their love-object—breast, penis, arm, buttocks, and so on. In their free associations they would very frequently have the idea of devouring the loved person or of biting pieces off his body; or they would occupy themselves with necrophagic images. They sometimes produced these various phantasies in an uninhibited and infantile way, sometimes concealed them behind feelings of disgust and terror. They also often exhibited a violent resistance against using their teeth. One of them used to speak of “chewing laziness” as one of the phenomena of his melancholic depression. . . .

In their pathological symptoms, their phantasies and their dreams, melancholic patients supply us with a great number and variety of oral-sadistic tendencies both conscious and repressed. These tendencies are one of the main sources of the mental suffering of depressive patients, especially in the case where they are turned against the subject's ego in the shape of a tendency to self-punishment. It is to be noticed that this situation is in contrast to some neurotic conditions of mind in which particular symptoms can be seen to be substitutive forms of gratification of the oral zone. . . . And there are besides certain perversions in which oral erotism provides a considerable amount of pleasure. Even taking into account the masochistic pleasure-value of its symptoms, we must nevertheless lay stress upon the fact that melancholia brings with it a very high degree of displeasure compared to other mental illnesses. If we observe attentively the depressive patient's chain of associations we shall discover that the excessive amount of displeasure he feels is allied to that stage of libidinal development to which he has regressed after he has lost his object. For we shall notice that he has a peculiar longing to use his mouth in a manner quite at variance with the biting and eating phantasies mentioned above. I will give you an instance.

At a time when he was recovering from his depression a patient told me about his day-dreams. In these he was at times impelled to imagine that he had a female body. He would employ all sorts of devices to create in himself the illusion that he had a woman's breasts, and would take special pleasure in the phantasy that he was suckling an infant. Although he played the part of the mother in this phantasy, he would sometimes exchange his rôle for that of the child at her breast. His fixation on the mother's breast found

expression in two ways—in a great number of symptoms connected with the oral zone, and in a very marked desire to lean his head against something soft like a woman's breast. Thus, for instance, he used to behave in a very curious way with the cushion on the sofa during analysis. Instead of leaving it where it was and laying his head on it, he used to take it up and put it over his face. His associations showed that the cushion represented the breast being brought close to his head from above. The scene with the cushion repeated a pleasurable situation in his infancy. He had, moreover, seen his younger brother in this position later on and had connected feelings of intense jealousy with that spectacle.

Another melancholic patient I had said that during his deepest fits of depression he had the feeling that a woman might free him from his suffering if she expended on him a special maternal love and solicitude. The same type of conative idea was present here. I have repeatedly been able to analyse the meaning of an idea like this, and I can remember a case in point which I described in an earlier paper. A young man suffering from depression—though not a melancholic one—used to feel himself almost miraculously soothed by drinking a glass of milk which his mother handed to him. The milk gave him a sensation of something warm, soft, and sweet, and reminded him of something he had known long ago. In this instance the patient's longing for the breast was unmistakable.

All my psycho-analytic observations up till now lead me to the conclusion that the melancholiac is trying to escape from his oral-sadistic impulses. Beneath these impulses, whose manifestations colour the clinical picture, there lurks the desire for a pleasurable, sucking activity.

We are thus obliged to assume that there is a differentiation within the oral phase of the libido, just as there is within the anal-sadistic phase. On the primary level of that phase the libido of the infant is attached to the act of sucking. This act is one of incorporation, but one which does not put an end to the existence of the object. The child is not yet able to distinguish between its own self and the external object. Ego and object are concepts which are incompatible with that level of development. There is as yet no differentiation made between the sucking child and the suckling breast. Moreover, the child has as yet neither feelings of hatred nor of love. Its mental state is consequently free from all manifestations of ambivalence in this stage.

The secondary level of this phase differs from the first in that the child exchanges its sucking activity for a biting one. . . . What we call the sadistic impulses spring from a number of different sources, among which we may

mention in especial the excremental ones. We must also bear in mind the close association of sadism with the muscular system. But there is no doubt that in small children far and away the most powerful muscles of the body are the jaw muscles. And, besides, the teeth are the only organs they possess that are sufficiently hard to be able to injure objects around them.

In the biting stage of the oral phase the individual incorporates the object in himself and in so doing destroys it. One has only to look at children to see how intense the impulse to bite is—an impulse in which the eating instinct and the libido still co-operate. This is the stage in which cannibalistic impulses predominate. As soon as the child is attracted by an object, it is liable, indeed bound, to attempt its destruction. It is in this stage that the ambivalent attitude of the ego to its object begins to grow up. We may say, therefore, that in the child's libidinal development the second stage of the oral-sadistic phase marks the beginning of its ambivalence conflict; whereas the first (sucking) stage should still be regarded as pre-ambivalent.

The libidinal level, therefore, to which the melancholiac regresses after the loss of his object contains in itself a conflict of ambivalent feelings in its most primitive and therefore most unmodified form. On that level the individual threatens to destroy his libidinal object by devouring it. It is only gradually that the ambivalence conflict assumes a milder aspect and that the libido consequently adopts a less violent attitude towards its object. Nevertheless this ambivalent attitude remains inherent in the tendencies of the libido during the subsequent phases of its development. We have already discussed its importance in the anal-sadistic phase. But even in the structure of neuroses based on the genital phase we meet this ambivalence everywhere in the patient's emotional life. It is only the normal person—the person who is relatively far removed from the infantile forms of sexuality—who is in the main without ambivalence. His libido has, as it were, reached a post-ambivalent stage and has thus achieved a full capacity for adapting itself to the external world.

It now becomes evident that we ought also to distinguish two stages within the genital phase of the libido, just as we did within its two pre-genital phases. And this leads us to a result which seems to coincide perfectly with Freud's recently published view¹³ that there exists an early stage of the genital phase—what he calls a "phallic" stage. Thus it would seem that the libido passes through six stages of development in all. But I should like to state explicitly that I do not consider the above classification either as final or exhaustive. It only presents a general picture of the continuous evolution of

the libido in so far as our present-day psycho-analytic knowledge has been able to throw light on that slow and laborious process. Nevertheless in my opinion the transition from the earlier stage to the later one within each of the three main developmental phases of the libido is by no means a process of minor importance. We have long since become acquainted with the significance that the change from one preponderating erotogenic zone to another has for the normal psychosexual development of the individual and for the formation of his character. We now see that within each of those three main periods a process takes place which is of great importance for the gradual attainment by the individual of complete object-love. Within the first—the oral—period, the child exchanges its pre-ambivalent libidinal attitude, which is free from conflict, for one which is ambivalent and preponderantly hostile towards its object. Within the second—the anal-sadistic—period, the transition from the earlier to the later stage means that the individual has begun to spare his object from destruction. Finally, within the third—the genital—period, he overcomes his ambivalent attitude and his libido attains to its full capacity both from a sexual and a social point of view.

The above account does not by any means cover the whole of the changes that take place in the relations between the individual and the external world. Those changes will have to form the subject of a thorough investigation in a later part of my study. . . .

NOTES

1. Abraham, K. (1911). Notes on the psycho-analytical investigation and treatment of Manic-Depressive insanity and allied conditions. In K. Abraham, *Selected Papers on Psycho-Analysis*. London: Hogarth, 1942. 137–56.
2. In the third edition of his *Drei Abhandlungen zur Sexualtheorie*.
3. Abraham, K. (1916). The first pregenital stage of the libido. *Op. cit.* 248–79.
4. "Nach dem Tode des Urvaters" (1923).
5. In his *Buch vom Es* (1923), p. 24.
6. Cf. his *Group Psychology*, p. 66.
7. Dr. J. Hármik has pointed out that in Egypt a prayer is often put on gravestones in which the dead man asks that he may be spared the punishment of having to eat excrement. Cf. Erman, *Religion der Ägypter*.
8. Communicated to the Psycho-Analytical Congress in 1922.
9. "On the Ontogenesis of an Interest in Money" (1914).
10. Regarding this assimilation of ideas, cf. the case described in Section I of this chapter.
11. [A fancy bread.—*Trans.*]
12. Before leaving this subject I should like to add that the shell is a universal female symbol. We learn from Róheim that in many places shells are employed as money. This use of

them is once more connected with them as a symbol of the female genitals. It is worth noting that they are never used in this way in the place in which they are found. Only shells coming from a distance can be used as money. This fact seems to be the expression of a widely extended fear of incest, and parallel to the law of exogamy. A woman belonging to the same tribe or a shell found on the shore nearby both represent the forbidden genitals of the mother.

Moreover, shells are also likened to excrement, since they are cast up by the sea as are sea-amber and other substances. (These notes are taken in part from a discussion that took place at a meeting of the Berlin Psycho-Analytical Society.)

13. "The Infantile Genital Organization of the Libido" (1923).