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Samantha Chaplin  
Love-Melancholy: A Revolt Against  
Mourning

### **ABSTRACT**

The aim of this paper is to consider the phenomena of love-melancholy through an object relations framework, conceiving of this phenomena as a revolt against mourning. The theoretical framework utilized is the early object relations concepts introduced by Freud in his 1917 paper *Mourning and Melancholia* and elaborated by object relations theorist Melanie Klein in her later works. Using the film *Eternal Sunshine of the Spotless Mind* (2004) as a case example, this writer identifies a developmental process that occurs in resolving the pain of love-melancholy, emphasizing mourning the lost love object as necessary for establishing hope for future attachments.

# **LOVE-MELANCHOLY: A REVOLT AGAINST MOURNING**

A project based upon an independent investigation,  
submitted in partial fulfillment of the requirements  
for the degree of Master of Social Work.

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2015

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## CHAPTER I

### Introduction

How heavy the days are.  
There's not a fire that can warm me,  
Not a sun to laugh with me,  
Everything bare,  
Everything cold and merciless,  
And even the beloved, clear  
Stars look desolately down,  
Since I learned in my heart that  
Love can die.

- Hermann Hesse, 1911

Imagine the following scenario. A complete stranger approaches you with a confession. She states: “my heart is broken.” Maybe this stranger’s lover has abandoned her. She may be grieving the death of a family member. Perhaps she has lost all of her belongings in a house fire, received a cancer diagnosis, or was denied custody of her children. Even without any context for the events leading up to this stranger’s current feeling state, it is likely that you would be able to identify the distinct blend of sadness, disappointment, hopelessness, and pain imbued within the rather abstract concept of a broken heart. The common narrative element linking the aforementioned possible scenarios is that something, or someone, has been lost. Heartbreak is perhaps the most universally understood articulation of the complicated set of emotions that arise following a painful loss. While loss is an inevitable reality of human existence, as evidenced by the falling of autumn leaves or by death itself, there is no evident consensus (not among laypersons nor experts) of the path one must take to resolve pain and distress resulting from the loss of romantic love.

My personal fascination with romantic heartbreak was initially sparked while I was engulfed by it myself. Although the sadness I felt during this time is unforgettable, what I recall even more vividly is the raw and intense quality of my emotions. I look back on this first heartbreak as a transformative awakening of my truest, deepest self. I was simultaneously terrified and fascinated, miserable and thrilled. Although a number of years have passed, I regularly think about this experience and am faced with new questions and realizations. One element of heartbreak, evident in my own experience as well as commonly expressed in songs and poems, remains especially confusing. What keeps the heartbroken person in the throes of distress? I was able to uncover the beginnings of an answer to this question while listening to a pop song, Bonnie Raitt's (1991) *I Can't Make You Love Me*:

“Here in the dark, in these final hours, I will lay down my heart and I'll feel the power. But you won't. No, you won't. 'Cause I can't make you love me if you don't. I'll close my eyes, and then I won't see the love you don't feel when you're holding me. Morning will come and I'll do what's right; just give me till then to give up this fight. And I will give up this fight”

While the protagonist is painfully aware that her feelings of love are unreturned, she begs to remain in the embrace of her uncaring lover at least until the morning comes, at which time she will relinquish the relational struggle. The implication is that although she may be able to free herself from the immediacy of this pain as soon as tomorrow, she actually desires to hold on to the feeling for another night. This signaled me to the understanding that there is something alluring about the refusal to let go of one's attachment to a lost object, even when it is evident that love is unrequited or the romantic attachment has otherwise been severed.

Despite the significant occurrence of intrapsychic distress resulting from romantic love and heartbreak, there is little research devoted to its etiology and best practices for treatment. Tallis (2004) states: “as a culture, we are happy to recognize an association between love and mental illness, only provided that it isn't taken too seriously. Perhaps this is why the link is most

frequently expounded, not in medical textbooks, but in popular songs.“ (p.258) Due to intersecting social and historical factors, our modern view is that romantic distress is significantly mysterious, vexing, and torment-laden when compared to other forms of loss. This air of mystery informs cultural narratives of love relationships, as well as contributes to clinical implications for the social work field regarding the treatment of individuals who are suffering from pain and distress arising from romantic love attachments.

The aim of this paper is to consider the phenomena of love-melancholy through an object relations theoretical frame, in order to identify intrapsychic processes that may be operational in resolving the distress associated with this phenomena. The theories utilized are the early object relations concepts introduced by Freud in his 1917 paper *Mourning and Melancholia* and expanded upon by object relations theorist Melanie Klein in her later works. Using the film *Eternal Sunshine of the Spotless Mind* (2004) as a case example, this writer identifies a developmental process that occurs in resolving the pain of love-melancholy, emphasizing mourning the lost love object as necessary for establishing hope for future attachments. The following chapter will outline the conceptual and methodological frameworks employed within this paper.



## **CHAPTER II**

### **Conceptualization and Methodology**

This paper begins with the proposition that distress arising from the experience of romantic heartbreak is a significant area of clinical concern. Through a review of the relevant literature, I found that an analysis focused on the experience of romantic heartbreak resulting from relationship dissolution was not sufficient in encompassing the breadth of scenarios in which this distress may arise. To put this dilemma plainly, it was important for me to find a term that spoke to the pain and distress associated with romantic love in general rather than limiting the analysis to pain that arises during heartbreak. This led me to seek alternative terminology that would speak to the reality that distress may be activated both within love and in heartbreak. Within my research, I encountered the (now antiquated) concept of love-melancholy which Wells (2007) identifies as being rooted in both early medical and literary representations of distress arising from romantic love. Modern sufferers of what was previously understood as love-melancholy may now identify this feeling state with terms such as: heartbroken, lovesick, lovelorn, or madly in love. Love-melancholy, although not often utilized in our modern vernacular, fully encompasses the feeling state that I had previously struggled to name. This exploration of love-melancholy as clinical phenomena generally seeks to address following questions: what is it about both romantic love and romantic heartbreak that feels painful? And, how is this pain ultimately resolved? In order to address these questions, I first look to Freud's (1917) theory of mourning and melancholia in which he postulates a series of intrapsychic

processes that occur following the loss of a love object. This leads me to the work of Melanie Klein, object relations theorist, who elaborates on the concepts introduced by Freud.

### **Theoretical Framework**

I came to utilize Freud's (1917) *Mourning and Melancholia* as the initial theoretical framework when I noticed striking similarities between Freud's articulation of symptoms arising within melancholia and symptoms associated with romantic heartbreak. Importantly, Freud conceives of mourning and melancholia as almost identical processes yet articulates that while melancholia is generally regarded as pathological, mourning is regarded as healthy and normal. In order to more fully grasp the significance of mourning the loss of a love object, I looked to Freud's (1915) work *On Transience* in which Freud explores the factors that contribute to a resistance against entering the mourning process. My analysis of these works led me to conceive of the distress associated with love-melancholy as due, at least in part, to a resistance against mourning.

Freud's *Mourning and Melancholia* (1917) provided a springboard for the exploration of Melanie Klein's object relations theories. Object relations theory positions relationships as central to intrapsychic development and functioning, and is thus useful in understanding distress associated with love-melancholy. The Kleinian concepts that are central to this analysis are the significance of internal / external objects, introjection, projection, ambivalence, splitting, the developmental paranoid-schizoid and depressive positions, reparation and guilt. Following the identification and exploration of these theoretical concepts, I employ an object relations analysis to an example of love-melancholy within the discussion section.

### **Plan of Analysis**

I've elected to use the film *Eternal Sunshine of the Spotless Mind* as the mechanism of analysis. The content and plot of this film offers the potential to identify each of the theoretical elements as they exist for the characters both practically, as well as in within their internal worlds. The fantasy world of the film allows us to access the subconscious journey of these characters, and thus becomes a useful case study that I can analyze clinically. I am able to analyze this complex "case" in a deeply psychodynamic manner (and within the timeframe necessary) without actually being relationally connected as a therapist. It is important to note here the work of Carel (2007) who engaged in an analysis of the same film, using Freudian and Kleinian theories and concepts. While Carel's (2007) work affirmed my choice in selecting this film as a basis for analysis (as it utilizes the same theories), I found it to be focused mostly on larger thematic elements present in the plot and thus did not specifically reference this work within the deeper exploration of the film as a case study.

### **Perspective and Background**

It is important to state that I am a person that identifies as having experienced love-melancholy in varying degrees, as referenced in the introduction. Most profoundly was within the context of a transformative heartbreak that occurred five years ago and was eventually resolved. Importantly, I identify as having personally experienced many of the intrapsychic processes that are discussed in this paper, particularly the move from part to whole object relations through mourning and the resulting increased security in internal object relations. I have described ultimately coming away from this painful heartbreak experience as feeling more whole, with a more securely attached and rooted understanding of my self and all of my past and present attachments. This heartbreak serves as a major point of origin of my intellectual

curiosity regarding the topic of this paper, and thus influenced the set of questions that I entered this inquiry with. These questions are:

- Why do heartbreak and romantic love in general, both include pleasurable feelings alongside feelings of distress and immense pain?
- Is there a benefit to feeling the pain of heartbreak?
- What contributes to the subject's experience of heartbreak as a transformative life event?
- Is there a process that one must go through to resolve the pain of heartbreak / love-melancholy?

### **Limitations**

The methodological limitations of this inquiry begins with the reality that much of the relevant literature reflects the ideology that distress arising from romantic love is confusing, mysterious, and perhaps too abstract a concept to subject to analysis. Furthermore, much of the relevant literature does not account for ways in which race, ethnicity, sexuality, class, ability, religion, or location factor into an individual's experience of distress associated with romantic love. In order to resist against the presumption that these intrapsychic processes are universal, I chose to end the paper with a section outlining how the identified theories may be utilized within the clinical setting rather than suggesting specific interventions.

## CHAPTER III

### Love-Melancholy: The Dark Pleasure

*Straightway, a delicate fire runs in  
my limbs; my eyes  
are blinded and my ears  
thunder.*

*Sweat pours out: a trembling hunts  
me down. I grow  
paler than grass and lack little  
of dying.*

(Excerpt from Sappho's *Poem of Jealousy* trans.  
William Carlos Williams, 1958)

When represented in song and poem, romantic love has readily been expressed as a form of physical and mental illness (Tallis, 2004). Ancient Greeks referred to love as *theia mania*, which translates in English as “madness from the gods”. The poetry of Sappho provides some of the most compelling evidence of this affliction. In *Poem of Jealousy*, Sappho observes the object of her affection in conversation with another suitor and becomes immediately overwhelmed with physical ailments arising from her jealous despair (Sappho, trans. 1958). Wells (2007) describes how love-melancholy was constructed in early medicine as a disease of both the mind and body, in which the subject’s fixation on a beloved object results in an internal turmoil accompanied by external symptoms such as “weeping, sobbing, sighing, pallor, and agitation” (p. 2). While love-melancholy can be understood as a pathological condition, the concept of disease or sickness is often implied within the realm of all romantic love (Wells, 2007). The move from “normal” love to pathologized love creates the impression that within the scope of romantic love, there is a potential disorder lying in wait. “Normal” love and love-melancholy can thus be understood as markers on a spectrum of behavior, as Wells (2007) states, “encompassing wholly “normal”

experience and extreme, delusional behavior.” (p. 3) The phenomena of love-melancholy is represented in both early medical literature (as well as poem and song) as a dark, overwhelming force that disrupts the subject’s ability to access reason while producing physical ailments and emotional distress.

To focus entirely on the distress of love-melancholy would be a simplistic representation of the phenomena. Wells (2007) identifies *atra voluptus*, or “dark pleasure” as a central operational element within this affliction. While the subject may be tormented by the experience of love-melancholy, she also experiences some degree of pleasure within the fixation. According to Wells’ (2007) this paradoxical pleasure and pain can be understood as “a willfully indulged erotic suffering that holds the beloved prisoner by stripping her of any reality outside of her lover’s obsessive mind.” The concept of the beloved object as contained within the psyche of the love-melancholic subject is a significant component of the phenomena, and informs the theoretical analysis. The fixation of the love-melancholic sufferer on the beloved object leads to a psychic containment or devouring, which according to Wells’ (2007) can be understood as a “heavily disguised resistance to mourning the lost (or inaccessible) beloved.” (p. 12)

Love-melancholy, while a somewhat antiquated term, provides a point of origin for understanding the intrapsychic processes that occur within the distress arising from romantic love or heartbreak. This chapter will define and describe love-melancholy, explore the influential historical and social factors connected to this clinical phenomenon, and provide a review of the relevant empirical research as well as identify gaps in this research in order to lay the ground for theoretical analysis.

## Love-Melancholy in Early Humoral Medicine

The first mention of lovesickness in a medical text occurs in first century CE by Aretaeus the Cappadocian, where it is described as a depressive illness featuring the same symptoms as melancholia: depression, fear, eating disorders, insomnia, irritability, restlessness (Altbauer-Rudnik, p. 87, 2012). Whereas melancholia was thought to have no particular etiology, it was believed that lovesickness was caused by separation from the loved one.

Until the eighteenth century all disease was understood through the framework of humoral theory. The central idea of humoral theory was that the body was made up of four humours (black bile, yellow bile, blood, and phlegm) and that illness resulted from an imbalance between them. A Renaissance-era medical text describes the process of lovesickness, as "excessive mental action, due to constant meditation on the love object, dried and cooled the body, causing the dominance of black melancholy bile and deepening the person's despair and physical suffering" (Altbauer-Rudnik, p.88, 2012). The word melancholia is actually derived from humoral concepts, *melaina chole* meaning excessive black bile. Beginning in the early eighteenth century, love was cited as a potential cause for madness (specifically melancholia and mania) in a number of texts. When the humoral model was eventually rejected during the eighteenth century (due to major discoveries regarding blood circulation), the diagnosis of love melancholy began to fade away, as its symptomatology and etymological origin were reliant on humoral theory. Mania, not as specifically tied to humoral theory, began to receive increased clinical focus. In the early nineteenth century, French physician Jean-Etienne-Dominique Esquirol described his patient's distress regarding love as "erotomania" (Altbauer-Rudnik, p. 91, 2012). Esquirol described erotomania as a delusional disorder in which the patient is convinced

of a fantasy that the object of her desire loves her in return. Presently, the DSM V diagnosis of Delusional Disorder (297.1) includes an erotomaniac subtype.

It is important to note that changing social attitudes towards romantic love, in addition to the evolution of medicine, also greatly influenced these diagnostic shifts. In sixteenth-seventeenth century England, medical ailments associated with separation from the love object (i.e. love melancholy) were frequently cited within critiques of the arranged marriages of the Elizabethan era and used to promote the significance of love between husband and wife, a distinctly Puritan value (Altbauer-Rudnik, p.89, 2012). Although the modern feeling state of romantic love and heartbreak may not have shifted too drastically since the classical age (as evidenced by the poems of Sappho), scientific and social factors greatly influence the way in which these feelings are understood over time. Hopefully, this historical context illustrates the varied ways in which physical and mental health concerns related to romantic love / heartbreak may be socially constructed, and should always be understood as dependent on the norms and values of the culture and time in which they are being considered.

### **Tennov's Limerence**

In the mid-1960's Dr. Dorothy Tennov, a psychology professor, began research on the topic of romantic love. Tennov's research was initially inspired by a conversation with a female student who disclosed immense distress after being rejected by a romantic partner. Tennov (1979) describes this student's story as a moment of awakening, stating "what amazed me was that I suddenly realized that probably all around me, among colleagues and friends as well as students, was a form of suffering that is usually hidden" (p. 4). Tennov describes scouring psychological texts and psychoanalytic writings on the topic of love to see how the hidden pain had been brought to light. Tennov discovered that most of the research and writings on love



failed to capture the quality expressed by her student (and known to Tennov herself), stating: “the general view seemed to be that romantic love is mysterious, mystical, even sacred, and not capable, apparently of being subjected to the cool gaze of scientific inquiry” (p. 5). Tennov went on to conduct interviews with over 500 individuals about their experiences of romantic love, encountering striking similarity. Troubled by the vague and abundant definitions of “love”, Tennov coined the term *limerence* to stand for the feeling state and experience that is typically referred to as “being in love” (p. 16).

Some defining characteristics of limerence include intrusive and preoccupying thoughts of the object of desire (limerent object, or L.O.), intense longing for reciprocation, heightened awareness of the L.O.’s positive qualities ranging from increased empathy to idealization, moods becoming dependent on the behavior of the L.O., and fear of rejection. Tennov identifies the goal of reciprocation as integral to the experience of limerence. However, even if reciprocation is attained through the initiation of a relationship (or by confession of similar feelings) residual uncertainty may arise. Uncertainty may contribute both to the distress experienced by the limerent individual, as well as the intensity of the limerence. Although half of the Tennov’s respondents reported experiencing severe depression in connection to a love affair, 95% described love as “a beautiful experience” (p. 5). These observations indicate that a certain level of pain and distress is inherent to the feeling state of being in love.

Tennov (1979) states that while she initially expected to identify certain characteristics or temperaments that lead people to fall in love more readily than others, throughout the course of 500+ interviews she was surprised to find how “so many people who differed greatly from each other described such similar subjective states” further stating that this inclined her to generalize “that the state of being in love could happen to anyone” (Tennov, p. 13, 1979). She then details a

pivotal discussion in which a colleague describes having never experienced the feeling state of “being in love” while involved in romantic relationships, although she had regarded these relationships as loving. This indicates that while there is no ordained prerequisite for falling in love (and experiencing heartbreak), it is not guaranteed that every individual will experience this.

Although Tennov speaks of differences between her interviewees, she provides virtually no demographic information for this population. The only demographic information indicated is that she interviewed both men and women, from a range of ages, many of them connected to the college where she worked as a professor. She does not report any statistical data and does not mention race, ethnicity, location, sexual orientation, gender identity, ability, or religious affiliation.

### **Modern Symptomatology and Clinical Implications**

“When madly in love or desperately heart-broken, many of us manifest unusual behavior or experience upsetting episodes that are disruptive to our daily routine and sometimes even present danger” (Altbauer-Rudnik, p. 86, 2012)

We have discussed the general idea that both romantic love and romantic heartbreak have the potential to incite emotional distress. However, there are certain identifiable symptoms that arise from romantic heartbreak that may be useful in guiding the theoretical analysis and forming a modernized view of love-melancholy. Field (2011) identifies symptoms that are shared by those who are experiencing bereavement and those who are experiencing romantic heartbreak. Some symptoms of romantic heartbreak include: intrusive thoughts and difficulty controlling them, sleep disturbances/insomnia, depression, anxiety, exaggerated attempts to re-establish the relationship, angry and vengeful behavior, and substance use (Field, p. 382, 2011). Tallis (2004) further cites obsessive thinking and OCD, mania, and suicide as potential areas of concern for those suffering from lovesickness.

Importantly, Field (2011) identifies biochemical changes that occur in both bereavement and romantic heartbreak. One study using fMRI scans found increased blood flow to the cingulate cortex in women who were grieving the loss of a romantic relationship. Brain activity involving the cingulate cortex is associated with rejection, sadness, anger, and anxiety (Field, p. 384, 2011).

Field further discusses two significant observations that support the assertion that the feelings associated with romantic heartbreak are similar to those associated with romantic love. One study examined fMRI scans of women who were recently rejected by romantic partners (but still very much in love) alongside women who were happily partnered, and found that the areas of the brain associated with physical pain lit up for both groups when women were shown photos of their loved one. Field further reports, “the brain releases similar chemicals for both romantic breakups and romantic love including pheromones, dopamine, norepinephrine, epinephrine and serotonin” which attests to the similarity of these feeling states (p. 384). If romantic love and romantic heartbreak are so closely linked, it follows that even those who are happily partnered may experience some of the same distressing symptoms as those who are heartbroken. These aforementioned biopsychosocial factors create a clear indication that love-melancholy is an area that deserves increased clinical attention due to the severity and breadth of symptoms associated with it.

So far, we have established foundational elements of love-melancholy as clinical phenomena:

- Clinical conceptualizations of love-melancholy are temporally rooted and socially constructed, impacting diagnosis and treatment
- Both romantic love and heartbreak include feelings of distress and pleasure.
- A central theme of love-melancholy is the rejection of the mourning process in favor of the ongoing erotic fixation, a refusal to accept transience

With these foundations in mind, it is useful to move towards a deeper analysis of the process of mourning and melancholia as they relate to the clinical phenomena of love-melancholy. The following chapter will generally identify Freud's psychodynamic contributions to the topic of romantic love and distress, introduce the major concepts of Freud's (1917) *Mourning and Melancholia*, and provide a basis for a theoretical analysis of the phenomena.

## CHAPTER IV

### **Freud's Mourning, Melancholia, and pre-Object Relations theories**

Freud's (1917) *Mourning and Melancholia* is regarded as one of the most important contributions to the discipline of psychoanalytic theory, and helps to illuminate Freud's prolific legacy. Within this text Freud introduces a number of concepts integral to many of his later theories and formative to the object relations theorists that follow him, especially Melanie Klein (Bergmann, 2009). Speaking to the significance of this work as a benchmark within the evolution of Freudian thought, Aslan (2009) identifies this paper as widely regarded by authors and theorists "as a hinge—an articulation—between the first, 'topographic' theory of the mind, and the second, 'structural' theory" (p. 188).

The focus of this chapter is to name and describe the concepts and processes that Freud hypothesizes as operational within mourning and melancholia, and to identify the initial seeds that blossom into object relations theory. The larger aim of this task is to later utilize these theories to frame a discussion of intrapsychic processes and mechanisms that are operational within love-melancholy and conversely may provide relief from the pain and anguish associated with it.

A secondary yet imperative task of this chapter is to provide the reader with a contextual basis for Freud's ideas. This will be achieved through a review of Freud's understanding of romantic love, discussion of the historical and theoretical precursors to the 1915 paper, and a glance at the subsequent expansions and alterations that followed. While examining a work of

this magnitude and influence it can be tempting to fall into an ahistorical and oversimplified analysis of the concepts presented. However, Freud's own warnings against overgeneralization as well as the uncertainty and curiosity made evident within his writing style remind us that it is necessary to view *Mourning and Melancholia* with a lens of liminality (Dozois, 2000; Quinodoz, 2009).

The work of this chapter involves the demystification of complex theoretical concepts. That being said, there are some ongoing mysteries that have been left uncovered by myself as well as by the writings I've encountered through review of the relevant literature. For instance, one element that has proved especially frustrating to me is that Freud does not explicitly identify the melancholic process outlined in *Mourning and Melancholia* in relation to distress associated with romantic love attachments. The words "loss of the love object" seem to appear unrelentingly in Freud's (1915) articulation of melancholia, and the identified symptoms of this affliction clearly evoke the familiar dark pleasure of the phenomena:

“...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” (p. 244)

That being said, the majority of modern scholarship focused on *Mourning and Melancholia* frames Freud's melancholia as an early rendering of the cluster of symptoms and experiences we presently understand as clinical depression (Dozois, 2000; Weiss & Lang, 2000). How do we account for the fact that *Mourning and Melancholia* is neither primarily, nor widely, understood as a paper about the pain of romantic love and heartbreak? Not by Freud during his lifetime, nor by modern psychodynamic thinkers and writers. Looking first towards Freud's major contributions to the realm of romantic love and heartbreak provides the contextual base for a re-reading of mourning and melancholia as a paper about love's pain.

## Freud's Three Theories of Love

Bergmann (1988) explains that Freud approached the inquiry of love with hesitation, fearing that a psychoanalytic perspective on romantic love would prove clumsy when compared to the contributions of poets. This hesitation is perhaps only evident in that Freud never fully articulated a complete theory of love, and instead funneled his ideas into three mostly divergent theories of love each with their own trajectory and implications. The breadth of Freud's influence on our modern conceptualization of romantic love is immense, however, based on evidence garnered from personal correspondences (as well as Freud's never developing a cohesive theory of love) Bergmann (1980) asserts that Freud did not believe he could fully articulate a metapsychology of love comparable to his work on dreams. In a 1907 letter to Jung, Freud writes, "When I have totally overcome by libido (in the common sense), I shall undertake to write a love life of mankind" (Bergmann, p. 58, 1980). Although lessons on love are bountiful in many of his works, a cohesive love life of mankind authored by Freud has never been seen nor heard of. While considering the application of Freudian theory to the concept of romantic heartbreak, it is useful to be aware of the aforementioned complexities that Freud may have felt regarding the topic of romantic love. With this in mind, we will now review the three primary developments articulated by Freud under the domain of romantic love.

According to Bergmann (1988), Freud's first major contribution to the phenomena of romantic love is the genetic theory initially articulated in *Three Theories of Sexuality* (1905). During infancy, the mother-child relationship serves as a prototype for all love relationships that follow and is characterized by the infant's simultaneous tender and erotic feelings for the parent (sensory pleasure and need-gratification experienced by the infant through breastfeeding is an oft cited metaphorical and practical example of this). In latency, the child's erotic impulses towards

the parent are repressed while the tender feelings remain. Then, during adolescence, the erotic and tender feelings rejoin and may be directed towards another (nonincestuous) object. Freud suggested that the inability to love and/or attain sexual gratification might be a result of the tender and/or erotic currents failing to join together. A number of theorists furthered these genetic concepts as a means of differentiating between mature and immature love. Klein, for example, focused on splitting (dichotomized idealization and devaluation of the object) as a feature that arrests development at the primitive, oral position and prevents one from reaching the mature, genital position where the good and bad parts of the object are more fully integrated.

Freud's second theory of love introduces the self (or ego) as a potentially influential factor in love object choice, and appears in his 1914 paper *On Narcissism*. Freud (1914) states that a person may love "what he himself is, what he himself was, what he himself would like to be, someone who was once part of himself" (p.90). Strachey (1957) cites this paper as especially important as it introduces the concept of the self-governing ego ideal that is integral to the structural theory model. Freud (1914) additionally makes distinctions between libido directed towards the ego versus libido directed towards the object, thus providing a starting point for concepts further explored in *Mourning and Melancholia* (1915) concerning the direction of cathetic energy. Plainly, this second theory of love introduces the notion that one's internal understanding and experience of self is present in both love object choice and relations.

Bergmann (1980) describes Freud's third theory of love as lacking in clarity and indicative of Freud's struggle to identify the manner by which sexual drives may transform into love. This appears in *Instincts and Vicissitudes* (1915), which Bergmann (1980) describes as "one of Freud's difficult essays" (p.655). Freud (1915) concludes that while love does not derive from the sexual instinct it does encompass "the expression of the whole current of sexual



feelings” (Bergmann, p. 655, 1980). Although Freud continued to elaborate on the qualities and nature of love in relation to these theories, Bergmann (1980) states that there were no entirely new concepts introduced regarding romantic love following *Instincts and Vicissitudes* (1915).

Bergmann (1980) concludes his discussion of these three theories by identifying the important contributions made by Freud that form our modern conceptualization of romantic love, naming the following processes: “refinding, hoping to find what was denied, idealization, and integration” (p. 670). Although Freud did not appear to reach a finalized metapsychology of love, he leaves ample fertile ground for further exploration and discovery. While many of these concepts, especially those articulated in *On Narcissism* (1914), are influential to and even explicitly revisited in *Mourning and Melancholia* (1915) Freud may have been hesitant to explicitly discuss intrapsychic mechanisms of romantic heartbreak in the absence of a concrete and finalized theory of love.

### **Historical and Theoretical Precursors**

While we have discussed Freud’s own theories of love that predate 1915’s *Mourning and Melancholia*, there are additional theoretical and historical precursors that are influential to this work. As with discussion of any theory or ideological premise, it is necessary to conceive of the theorist as a human being with a certain individual experience that the theory itself cannot escape. One way to facilitate this understanding is to locate the sociocultural and historical landscape that the theorist exists within at the time of the theory’s construction. This process may allow us to better avoid attributing omnipotence to the theorist, which tends to cloak the theory in an impenetrability that is counter to the aim of critical analysis. Freud’s intersecting identities of father, son, teacher, Jew, husband, and friend (as well as his early career and training in medicine) all provide points of entry to significant elements related to the initial development

of this theory as well as its evolution (Dozois, 2009). Although I will not address each potential influence individually, as that is the work for a much longer paper, I will highlight those that are most notable to Freud's process in constructing this work.

Dozois (2009) states that Freud initially identified a connection between mourning and melancholia in an unpublished draft written in 1895, arguing that melancholia arose from "grief over to some (probably libidinal) loss" (p.173). The timeline following this initial observation becomes a bit murky, as it seems that a number of psychoanalytic thinkers in Freud's circle were considering the etiology and symptoms of melancholia as well as beginning to consider relations between ego and object. In 1911, Freud's student Karl Abraham conducted a case study of six patients with severe depression and remarked; "hostility and libidinal ambivalence impaired their ability to love" (Dozois, p. 171, 2009). This is a close articulation to the concepts more fully explored by Freud in *Mourning and Melancholia*, which was written after this finding and Abraham is credited in a footnote to Freud's paper to honor the significance of these observations. Dozois (2009) suggests that while the timeline of these writings is in favor of Abraham as originator, Abraham eventually identified his 1911 contribution as influenced by Freud's earlier articulations of libido, introjection, and object loss. The concept of introjection was also borrowed and modified from Freud's student Ferenczi, who first noted this process in his 1909 paper exploring transference (Dozois, 2009). These pathways are congruent with Freud's own observation that the field of psychoanalysis was reliant upon the exploration of long-held ideas. As Dozois (2009) succinctly points out, Freud never claimed *Mourning and Melancholia* (1917) to be an entirely original work.

While considering the intellectual climate that this paper arose from, it is important to mention that *Mourning and Melancholia* (1917) is one in a series of twelve papers that Freud

completed between 1914 and 1915. Ogden (2009) explains that Freud intended to compile these papers into a book titled *Preliminaries to a Metapsychology*, however only five of the works were ever published. Freud destroyed the remaining seven essays, and commented to Ferenczi that these works deserved “suppression and silence” (Ogden, p.150, 2009). Any further reasoning for this silencing remains unknown. In addition to the intensity of Freud’s intellectual and academic life at this time, World War I was a traumatic daily reality for Freud at this time (Dozois, 2000). Two of Freud’s three sons were fighting on the front lines, and a number of his friends and colleagues had been recruited. Furthermore, basic resources like food and fuel were scarce. Although *Mourning and Melancholia* was completed in 1915, the war halted its’ publication until 1917.

A few months after his completion of *Mourning and Melancholia*, Freud (1915) published a paper titled *On Transience* where he utilizes his theory of mourning to address the collective, permeating feeling of loss and anguish brought by the destruction of the Great War. In this text Freud recounts walking in the countryside one year earlier with a young poet friend who, while noting the beauty of the landscape around them, described being unable to derive any joy from the scene due to his knowing that it would eventually fade away—decay and die in the winter. Freud expresses disbelief at such a sentiment, citing many examples in which transient beauty may still be both experienced and remembered as beauty nonetheless. As the poet remains unconvinced, Freud observes that the evident resistance towards divesting energy from things once loved and now lost is embedded within the process of mourning. Freud then locates us in his present, using stirringly passionate language to describe the war that has not only eviscerated the countryside he and the poet had looked upon one year earlier, but shook the very foundation of Germany—robbing its people of what they had once loved and the ideals they held

in highest regard (Freud, p. 307, 1915). In the face of these immense losses, Freud is able to offer a beacon of promise for the future wherein walking the painful path of mourning allows room for new love to enter. The concept of transience will be revisited throughout this paper as a significant component of mourning and of love itself.

### ***Mourning and Melancholia (1917)***

Freud's (1917) inquiry into the nature of melancholia begins with comparison. He identifies melancholia as nearly identical to mourning in all regards, save for one important distinguishing feature. This significant difference then provides the basis for his analysis of melancholia's process. Let us consider Freud's articulation of mourning as a point of origin.

### **Mourning**

Mourning is defined by Freud (1917) as a reaction that occurs following the loss of a loved person, or in certain cases, the reaction to a significant loss that may be somewhat less concrete—i.e. the loss of one's ideals or freedom (p. 243). While painful, mourning is nonetheless viewed as a normal, non-pathological process. Freud (1917) explains that it is often thought that any interference with the process of mourning is likely useless and potentially even harmful to the mourner (p. 244). The features of mourning include: a painful state of mind, loss of interest in the outside world, inhibition of activity, loss of the ability to adopt a new love, and rejection of thought that does not involve the lost person. These symptoms indicate a strong libidinal attachment to the lost love object, as energy is directed towards thoughts and memories of this person. When mourning is progressing as normal, there is a repeated and painful reckoning of the loss that has occurred. Freud notes that opposition to the loss is to be expected, explaining; "people never willingly abandon a libidinal position, not even, indeed, when a substitute is already beckoning to them" (p. 244). Despite this opposition, reality typically sets

in. Each time the mourner is met with thoughts and memories of the lost person, she is reminded that the loss is real and final. Eventually this struggle gives way to a detachment of libidinal energy from the lost object, and is free to be directed towards another.

### **Melancholia**

As in mourning, melancholia is a state that arises following the loss of a love object. Freud (1917) suggests that in the case of melancholia, the nature of the loss may somewhat less conscious than in mourning—“he knows *whom* he has lost, but not *what* he has lost in him” (p. 245). In both mourning and melancholia, the loss may be as concrete as an actual death, or as abstract as the loss of an ideal. The distinguishing difference between these two states is an extreme diminishment in self-regard that is present in melancholia, yet not in mourning. This low self-regard can result in sadistic impulses of self-punishment and, in extreme cases, suicide. Freud (1917) states that this negative sense of self reflects an “impoverishment of the ego on grand scale” (p. 246). This raises the question of how object loss transforms into what we can understand as a kind of ego loss. Freud (1917) comes to a suggestion of how this transformation occurs by observing the nature of the melancholic’s self-criticism. While considering the melancholic’s specific complaints it is often evident that these accusations are more accurately attributed to the lost love object, yet they are somehow misdirected towards the self. He states; “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” (Freud, p. 248, 1917). Now we will examine the processes by which this occurs.

### **Identification and Introjection**

According to Aslan (2009), Freud uses the terms identification and introjection interchangeably to describe the process by which object loss transitions into an impoverishment

of ego. However, later theories (both articulated by Freud, as well as object relations theorists that followed) have expanded our understanding of these terms by naming subtle yet important differences between them. Aslan (2009) describes introjection as the process by which “an external object and all its relations with the ego (the self) are internalized into the psyche, keeping their identity and characteristics as object, as subjectively perceived” (p. 164). Plainly, this describes the internal sense that we have of ourselves, of others, and of ourselves in relation to others. Identification is somewhat more complex. Aslan (2009) states that identification is a process by which the ego takes on some or all of the characteristics of the external or internal object. In identification, it seems that these characteristics come to be understood as intrinsic to the ego.

### **The Melancholic’s Narcissistic Identification**

Freud (1917) identifies some necessary precursors to the identification that occurs within melancholia. He explains that the libidinal attachment to the lost love object must be quite strong and that it must also contain a certain level of ambivalence, usually due to some disappointment or pain associated with the object prior to the loss. As stated earlier, the characteristic of self-reproach evident in melancholia arises from anger towards the lost love object that is directed towards the self. In mourning, libidinal energies are slowly divested from the lost object and are eventually free to be directed towards a new object. However, in melancholia, the object is instead consumed by the ego in a narcissistic identification—“and thus the shadow of the object fell upon the ego, and the latter could henceforth be judged by a special agency, as if it were an object, the forsaken object” (Freud, p. 249, 1917). Negative impulses can then be directed towards the ego (wherein the object is consumed) while love towards the lost object may be preserved, thus in some way preserving the love-relation in spite of the loss.

This struggle both reinforces, and is reinforced by, unconscious and ongoing ambivalence towards the lost love object. The melancholic is unable to face the loss, and instead of engaging in the painful disconnection that is a requirement of normal mourning, retains the narcissistic identification as an attempt to protect the love relation from extinction at a cost to the ego (Ogden, 2009).

### **Seeking a Resolution**

While Freud (1917) compellingly demystifies the complex and nuanced processes of both mourning and melancholia, he stumbles in identifying the steps necessary for a resolution of melancholia. There is a brief discussion of mania resulting from the direction of libidinal energy, yet this is left mostly unresolved. Freud does suggest that the struggle of ambivalence may be integral to the resolution of melancholia (just as the continual recognition of death is integral resolution of mourning), yet we are left without a clear conclusion on this matter.

Now that the theory has been prefaced with the relevant Freudian theories of love, historically situated, and its concepts and processes fully outlined and described it is useful to move to a discussion of the object relations theories that resulted from this foundational work. I've chosen to focus on Melanie Klein's contributions to object relations theory, with specific attention to the concepts of ambivalence, splitting, and progression from the paranoid-schizoid position to the depressive position.

## CHAPTER V

### Melanie Klein's Object Relations

The general focus of all object relations theory is the self's relation to others, specifically how internal representations of external objects contribute to intrapsychic structure and ego functioning. In an overview of object relations theory, Melano Flanagan (2011) quotes object relations theorist Melanie Klein to stress the general applicability of this concept; "there is no instinctual urge, no anxiety situation, no mental process which does not involve objects, external or internal; in other words, object relations are at the center of emotional life" (p. 118). Object relations theory is well suited for an analysis of how the loss of a love object may impact intrapsychic functioning.

Freud's *Mourning and Melancholia* (1917) is regarded as the first articulation of how internalization of an object can influence the nature of one's psychic structure (Melano Flanagan, 2011). This assertion set the stage for a theory of object relations, composed of several separate and sometimes divergent theoretical schools of thought. The commonality that joins these separate schools is the shared focus on the significance of relationships to ego formation. Mitchell & Black (1995) identify Klein as the foremost contributor to contemporary psychoanalytic thought following Freud, due to her observations of early childhood anxieties that led to the formulation of the developmental paranoid-schizoid and depressive positions. This chapter will outline Klein's major theoretical contributions with specific focus on the paranoid-schizoid and depressive positions, detailing their characteristic anxieties, processes, and



purposes. In the interest of regarding the theorist as a product of a specific time and place, we will begin with the historical context for Klein's life and work while briefly addressing controversies regarding her clinical techniques.

### **Notes on Klein's Life and Work**

Melanie Klein was born in Vienna to Jewish parents, and experienced significant losses and grief through her young life. Klein entered young adulthood plagued by depression. Klein always had intellectual aspirations, and lacked satisfaction in her life as mother and wife. In 1914, Klein discovered Freud's work on dreams and this sparked her intense fascination with psychoanalysis. This same year she entered into psychoanalysis, with Ferenczi, a disciple of Freud and began her own academic inquiry into the field through analysis and observation of her own children. Klein's work began to garner significant attention, and in 1926 she was invited to move to England by Freud translator Ernest Jones and this is where she would continue to work until her death (Mitchell & Black, 1995).

Throughout her career in psychoanalysis, Klein consistently identified that the goal of her work was to confirm and elaborate upon Freud's theories through observation and clinical work with children (Mitchell & Black, 1995). In the late 1920's, a significant rift was evident between followers of Klein and followers of Anna Freud, daughter of Sigmund, due to significant disagreements between the two theorists regarding the psychoanalysis of children. Anna Freud suggested that the egos of children were too fragile to participate effectively in psychoanalysis, while Klein suggested that children were equally as analyzable as adults so long as appropriate technique was employed. Klein engaged in analysis of children's play in a similar manner to the way that Freud analyzed the dreams of adults. Within a series of discussions that took place at the British Psychoanalytic Society, clear and marked differences between the Kleinians and

Anna Freudians were identified and this solidified the rift into a clear and permanent (existing to this day) separation between the two theoretical camps. Critics of Kleinian technique and theory, even today, tend to problematize the overwhelmingly interpretive nature of Klein's work, especially regarding her observations of the psyche of preverbal infants and young children (Mitchell & Black, 1995). Even though Klein's methods are viewed as controversial and questionable, her contributions to the field of psychoanalysis and elaboration of Freud's theories are nonetheless regarded as significant.

### **External Objects / Internal Objects**

Melano Flanagan (2011) cites consumption as integral to object relations theories, comparing the psychic incorporation of ones' external experiences of and relationship to others to the body's process of taking in food to be metabolized. Just as individual bodies metabolize nutrients differently, there are varied ways in which individual psyches may incorporate certain characteristics or elements of the object (p. 121). This metaphor invokes the concepts of introjection and identification that Freud (1917) had begun to explore within *Mourning and Melancholia*, and then became centrally operational in Klein's understanding of the psyche.

Klein, alongside contemporaries such as Radó (1928), often utilized the metaphor of the infant suckling at her mother's breast as the earliest example of incorporation of external object relations into the inner psychic structure of the infant. The infant receives gratification, comfort, pleasure, and fulfillment when she takes in milk from her mother's breast. Through this positive interaction, she experiences the actual live mother (or the external object) as a force of good while simultaneously engaged in an internalized experience of feeling goodness, fulfillment, and love. This internalization contributes to the formation of an internal object, or phantasized imago, of mother as "good object". The external mother is felt (internally) by the infant to hold

these gratifying characteristics, and the benevolent external object matches up with the internal object representation. The infant's view of self (ego) is shaped by introjection in that the infant is able to view *herself* as worthy of love, gratification, and fulfillment via the object relation. Through the process of projection, the infant's established internal object influences her perception and experience of the external object over time. Klein (1946) explains the cyclical and incorporative nature of this process; "thus from the beginning object-relations are moulded by an interaction between introjection and projection, between internal and external objects and situations." (p. 2) Importantly this process is established at a time marked by omnipotence, prior to the infant's capacity for reality testing, rendering external and internal objects indistinguishable (Mitchell & Black, 1995).

In Klein's view, internal object representations are shaped by unconscious or phantastical desires / anxieties alongside interactions with external objects occurring in the real world. Mitchell and Black (1995) explain the Freudian view that the object is discovered by the subject as a means to satisfy or frustrate existing libidinal impulses. Klein departs from this and suggests that libidinal desires and frustrations are innately connected, at their origin, to external objects and internal object representations; "the object of desire was implicit in the experience of desire itself" (Mitchell & Black, p.91, 1995). While Freud's focus is the libidinal drives, Klein's emphasis is the object relationship. Klein's most important contribution, for the purposes of this inquiry regarding romantic heartbreak, is her identification of two distinct developmental positions in which the infant moves from experiencing part-object relations in the paranoid-schizoid position to experiencing whole-object relations in the depressive position (Klein, 1935; Klein, 1946). Use of the term position (as opposed to stage) is intentional, as it speaks to the idea that one can regress to or repeat these processes over the lifetime.

## **The Paranoid-Schizoid Position**

Importantly, just as the infant experiences fulfillment by the “good” external object (establishing the “good” internal object) through the need-gratification offered by the mothers’ breast, the infant also experiences significant anxiety and frustration when the mother’s breast is not available to her. When the external object is not providing satisfaction it is perceived as the “bad” object, and thus internally represented as bad as well. Klein (1935) posits that the infant projects an aggressive impulse onto these “bad” internalized objects, which leads to the infant’s understanding of these internal objects as dangerous persecutors attacking her from within. The infant’s aggression towards the denying breast forms an object relationship marked by sadistic impulses and persecutory anxieties (Klein, p. 262, 1935). Klein (1946) identifies this state of persecutory anxiety as the hallmark of an early, primitive developmental position in the life of the infant—the paranoid-schizoid position. The term “paranoid-schizoid” was coined by Klein to speak to the nature of the persecutory anxieties (paranoia) as well as the anxiety of being destroyed from within, the same threat of disintegration / falling to pieces that is commonly seen as the primary anxiety operational in schizophrenia.

Occurring within the first few months of the infants’ life, the paranoid-schizoid position is defined by the defensive process of splitting external/internal “good” objects and external/internal “bad” objects. At this time the infant is unable to conceive of the breast (or the object) as a singular force that provides both gratification and denial. The splitting provides a defensive function for the infant in that she is able to protect the internal “good” objects, and herself, from the destructive and persecutory “bad” objects through the separation. As her aggressive desires and frustrations are directed towards the “bad” object, devaluation and hatred

of the “bad” object (both internal and external) increase. On the other side of this, idealization of the “good” object is ramped up through the process of projection and introjection maintaining this object as endlessly benevolent and deserving of fierce protection and possession. This process of idealization/devaluation leads to a fear of the loved “good” object being lost or destroyed and an impulse to contain it within the ego. In normal progression, the process of splitting gives way to an ambivalent reconciliation in which one enters the *depressive position*.

### **The Depressive Position**

With each instance of introjection and projection that occurs within the paranoid-schizoid position, the infant is confronted with the reality that the good object and bad object are one in the same and thus moves towards a more whole object relation (Klein, 1935). This process is identified with sharp clarity in the conclusion to *A Contribution to the Psychogenesis of Manic-Depressive States*:

“...at this stage of development the unification of external and internal, loved and hated, real and imaginary objects is carried out in such a way that each step in the unification leads again to a renewed splitting of the imagos. But as the adaptation to the external world increases, this splitting is carried out on planes which gradually become increasingly nearer and nearer to reality. This goes on until love for the real and the internalized objects and trust in them are well established. Then ambivalence, which is partly a safeguard against one’s own hate and against the hated and terrifying objects, will in normal development again diminish in varying degrees.” (Klein, p.288, 1935)

The infant is able to begin to recognize the once separate “good” and “bad” breast as the actually whole mother, with whom she has a dynamic relationship. The ego begins to more fully identify with both internal/external objects, and defenses of expulsion and destruction become less valuable due to the realization that this would lead to the destruction of both “good” and “bad” internal objects.

The whole object relation is accompanied by the reckoning that there is potential for the loved object to be lost, signifying the infant’s arrival to the depressive position. According to

Klein, the depressive position is characterized by mourning; “not until the object has been loved *as a whole* can its loss be felt as a whole.” (p. 264).

The primary anxiety within the depressive position is that, due to real or imagined threats; the love object will be lost or destroyed (Klein, 1935). This threat applies to both the external love object as well as the internal object representation. Klein states that this anxiety is accompanied by recognition of the sadistic impulses towards the now whole object that was once regarded in part as “bad”, resulting in feelings of guilt and a desire for reparation. Importantly, Klein states that the simultaneous feeling of guilt and desire for reparation forms the foundation for love.

### **Klein on Love and Mourning**

We have discussed the ambivalent struggle of love and hate that erupts in the psyche of the infant, resulting in dread that the love object may be lost as a result of aggressive impulses towards the object or any number of disastrous external threats. This anxiety brings forth feelings of guilt derived from recognition of hateful impulses directed towards the object. This guilt is then met with a desire for reparation, to “make good the injuries we did in phantasy” (Klein, p.313, 1937). In many cases, this motivation for reparation leads to the positive and nurturing caretaking characteristics within a love relationship. However, in early development (and periods of regression later in life) the new well-intentioned desire for reparation may be thwarted by a prevailing manic omnipotence arising from the young child’s inability to trust that her own aggressive impulses can be kept at bay (Klein, 1940). When reparation fails, desire to obtain control and triumph over the object causes paranoid persecutory anxieties to re-emerge, and a move towards the depressive position is once again necessary. Klein (1940) identifies this as the manic position.

We've discussed the feelings of mourning, guilt, and reparation that arise throughout the progression of the depressive position, as one realizes that the love object may be lost or destroyed. In her most direct response to Freud's *Mourning and Melancholia* (1917), Klein (1940) discusses her interpretation of the mechanisms at work within the process of actual mourning. When an external love object is in fact lost through death or by another form of separation, an increased anxiety arises regarding the stability of the internal object representation. The mourner retreats to earlier anxieties of persecution and annihilation, contributing to internal chaos and lack of trust in the stability of all internal object representations. If the external love object has been destroyed, the primary depressive anxiety realized, then all internal objects are potentially compromised. Eventually, as in the depressive position, each ambivalent interaction leads the mourner to accept that the internal object relations persist even while the external object is lost. If the mourner is able to establish the lost love object within her ego, she is able to regain trust and security in the internal objects and attain some security in the world and hope for the future.

## CHAPTER VI

### Discussion

In the film *Eternal Sunshine of the Spotless Mind* (2004), Lacuna Inc. offers a memory erasure procedure to provide a permanent relief from the pain that arises following the loss of a love object. The Lacuna technician enters the subject's subconscious through a brain mapping process and erases all memories of the lost loved one. The subject is left entirely unaware that the relationship had occurred at all. The erasure procedure does not allow for the preservation of good memories, which must be destroyed alongside the bad in order for it to be effective. This means that while the distressed subject may choose to surpass the mourning process following the loss of the external object relationship, this comes at a cost of losing the whole internal object representation as well.

In reality, a selective memory erasure procedure is not available nor is it scientifically feasible at this time. However, if the procedure were to be available one may imagine that a sufferer of love-melancholy may elect to undergo this to cope with her distress. The desire to erase a lost loved one from memory evokes Wells' (2007) assertion that love-melancholy manifests as a resistance to mourning the lost object. Wells' (2007) observation arises from Freud's (1915) work on transience, in which he states that the resistance to enjoying what is beautiful yet impermanent may be understood as a "revolt [in their minds] against mourning." (p.306)



In the world of the film, the viewer follows protagonist Joel on a dreamlike journey through his subconscious as he undergoes the erasure of all memories of his former lover Clementine. Joel's initial decision to erase Clementine can be viewed as a resistance of the mourning process. However, while the procedure is underway Joel rebels against the erasure and scrambles to hold on to both the good and bad memories of Clementine. These encounters may be viewed as analogous to the process described by Klein (1935), wherein the subject moves from the paranoid-schizoid position to the depressive position and a more whole object relationship through each struggle of ambivalence. In revisiting these memories Joel experiences pain, desperation, longing, and regret alongside joy, fulfillment, and desire ultimately arriving to a more whole internal object representation of Clementine. This journey through memory leads to Joel's eventual acceptance of the transience of romantic love.

This film serves as the landscape for deeper exploration of how the theoretical concepts outlined in the previous chapters are operational within love-melancholy. As discussed in the methodology chapter, the film functions as a case study in that a psychodynamic analysis is readily accessible through the film's exploration of Joel's subconscious world. This chapter will outline Joel's move from the paranoid-schizoid position to the depressive position, his eventual mourning of the end of the relationship with Clementine, and the resulting hope for future attachments displayed in the film's final scene.

### **Joel and Clementine's Object Relations**

As Joel undergoes the erasure procedure, he is confronted with the impending loss of his internal object representations of Clementine with each memory and fantasy he travels through. As viewers we experience Clementine both as an internal object representation existing in Joel's subconscious, and as a real external object existing in the present reality of the film, with the

lines between these co-existing realities often blurred. Joel's memories include both actual events as well as dreamlike fantasies based on his internal object representations of Clementine. Memories and fantasies, marked by the processes of introjection and projection, are integral to the formation of all object relations (Klein, 1935).

Another important object relations concept that is referenced throughout the film is the idea of part-objects vs. whole-objects. Both in present-day scenes, and in the scenes that occur within Joel's subconscious, Clementine cautions Joel against viewing her as a part object. On two occasions within the film she delivers this line:

**Clementine:** Too many guys think I'm a concept or I complete them or I'm gonna make them alive. I'm just a fucked up girl who's looking for my own peace of mind, don't assign me yours.

This speaks to the themes of idealization/devaluation, highlighted through splitting, that are present throughout the film. While Clementine expresses frustration with being viewed as a part object by Joel, her decision to erase him from memory points to a fragmented internal object representation of him and of their relationship.

### **A Revolt Against Mourning**

Clementine revolts against mourning, turning towards Lacuna's erasure procedure as an attempt to immediately and permanently escape the pain of her heartbreak. She impulsively enacts her aggressive impulses towards Joel, choosing to destroy both the good object representation alongside the bad through the erasure. *Blue Clementine*<sup>1</sup> may be viewed as a

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<sup>1</sup> Clementine's changing hair color is a cinematic element that helps to distinguish the various external/internal object representations of this character that we meet throughout the film. Following her erasure procedure, Clementine's hair is blue. Here I use the signifier "*blue Clementine*" to refer to the external object Clementine who exists in present time in the world of the film.

melancholic subject experiencing manic de cathexis and regression to the paranoid-schizoid position.

We see Joel experience rejection, anger, and jealousy when he visits (*blue*) Clementine at work with the intentions of winning her back after an argument. He brings her a Valentine's gift, yet she treats him as a complete stranger and has formed a new romantic relationship that Joel bears witness to. Joel, heartbroken, discusses this with a friend who informs him that Clementine decided to have him erased from memory with the help of Lacuna Inc. In desperation, loneliness, and pain—Joel decides that he wants to have her erased as well.

At this time, Joel (like Clementine) can be understood as a melancholic subject regressed to the paranoid-schizoid position. This is evidenced in the splitting seen early on in the erasure process. At first, Clementine is solely represented in Joel's subconscious memories as bad object. We see the cruel words exchanged in their breakup, boredom and resentment at a dinner, struggles in communication and hurt feelings. Bad object Clementine is drunk, insecure, impulsive, nagging, and cruel. Paranoid-schizoid annihilation anxieties are marked visually in Joel's fantastical subconscious world. Joel chases after Clementine as she barges out of the apartment. He desperately urges her to get in the car with him, she screams at him to get away; a car comes falling from the sky...

**Joel:** Look at it out here! It's all falling apart! I'm erasing you and I'm happy! You did it to me first! I can't believe you did this to me.

In this one statement the defining characteristics of Klein's (1935) paranoid-schizoid position are evident: persecutory anxiety, fear of disintegration, paranoia, and splitting. Importantly, Joel's fixation on the bad object relation at this time in the erasure speaks to the defensive function of splitting. The splitting allows him to temporarily preserve the good internal object Clementine, but not for long.

As both Joel's external object relationship and internal object representations of Clementine are being erased, we see the parallel process of *blue* Clementine entering into a distressed scramble to find her way back to what has been lost to her—the melancholic “object loss withdrawn from consciousness” (Freud, 1915, p. 245). In this moment of panic, paranoid-schizoid anxieties of annihilation and disintegration are activated:

**Clementine:** I don't know! I don't know! I'm lost, I'm scared, I feel like I'm disappearing! My skin's coming off. I'm getting old! Nothing makes any sense to me! Nothing makes any sense...  
nothing makes any sense

She is fixated in cyclical mania / melancholia, presenting with increasingly paranoid affect and unable to access security and trust in the stability of the world around her and in her internal objects.

### **Joel Enters the Depressive Position**

As stated previously, Joel's subconscious journey initially brings him through memories and fantasies in which Clementine is solely represented as bad object. As his journey progresses, the memories contain more positive and neutral representations of Clementine which suggests a move towards increased ambivalence. Joel's internal object representations of Clementine have become less split, signifying Joel's shift from a part object relation to a more whole object relation. Klein (1935) asserts that the move from part object to whole object relations is a defining component of the depressive position.

I suggest that Joel's entrance into the depressive position is indicated by the visit to his memory of comforting Clementine during a moment of vulnerability. They are lying in bed under a brightly colored quilt, the lighting is soft and warm, and they face each other as Joel gently holds Clementine's cheek. She is tearful as she tells him about a painful memory from childhood and asks whether she is pretty. Joel witnesses himself kissing Clementine as he urgently and compassionately assures her that she is pretty, to which she replies, “Joel, don't

ever leave me.” The scene then abruptly changes with harsh and shadowed lighting. Joel is now alone, desperately grasping onto the sheets, scrambling forward as he pleads, “Please let me keep this memory, just this one.” This invokes Klein’s (1935) assertion that once the object has been loved as a whole, its loss may be felt as a whole.

At this point in the film, Joel has been thrown into the hallmark anxiety of the depressive position; fear of the impending loss of the loved object. He frantically protests against the erasure, signifying the realization that his aggressive impulses against bad part-object Clementine may result in losing her entirely:

**Joel:** I want to call it off... I'll give you a sign. I want to call it off!  
Can you hear me? I don't want this any more, I want to call it off!

While Joel is desperate to avoid losing Clementine entirely, each memory he travels through seems to contribute to his development of the more whole internal object Clementine within his subconscious. While he moves towards increased ambivalence towards Clementine, he is simultaneously confronted with the reality of the impending loss as she continually disappears from these memories.

Once Joel enters the depressive position, he is met by a fantastical *red* Clementine<sup>2</sup> on the frozen Charles River. For the first time within this subconscious journey, they share a mutually understood reality of what is occurring and begin to run from the Lacuna “eraser guys” together. Fantastical *red* Clementine now bands together with Joel as his collaborator and guide in the mourning process by suggesting that they retreat to Joel’s earlier memories, where she did not previously exist, in order to go off the map of memories designated by Lacuna to be erased. As they visit these earlier memories / fantasies, Joel encounters internal object representations of his earlier attachment figures. Within these scenarios, *red* Clementine is alongside Joel embodying

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<sup>2</sup> I’ve coined this fantastical collaborator *red* Clementine, simply because her hair is now bright red.

various supportive roles within these memory/fantasies—i.e. a child version of Clementine comes to defend a child version of Joel when he is bullied. This is significant, due to Klein's (1940) assertion that once the real or imagined loss of a love object occurs within mourning, the stability of all existing internal objects are felt by the subject to be compromised. Understanding *red* Clementine as an internal object representation that is part of Joel's psyche, I view her inserted role in these memories as a device for Joel to regain security in his earlier internal objects while simultaneously increasing trust in his internal object representation of her.

### **Mourning and Transience**

*Red* Clementine, as a device of Joel's psyche, continues to guide Joel in embracing the mourning process as they travel through the last of his memories of her. In one scene, they share a bittersweet reflection of the beginning of their relationship and Joel is again confronted with the pain of losing her. He imagines whether there is a way to preserve the external object relationship, as the final loss of his internal object representation of her is looming:

**Joel:** It would be different, if we could just give it another go around.

**Clementine:** Remember me. Try your best. Maybe we can.

She disappears, and Joel is left alone again. I read this moment as Clementine's urging Joel to remember her as a whole object, holding the good and the bad simultaneously. This highlights the central task of mourning, to be able to hold on to the whole internal object relationship while accepting that the external object relationship has ended. While Joel is not absolved of the sadness of his loss of Clementine, he is beginning to accept its inevitability.

Coming full circle, we are eventually able to witness Joel's position within the mourning process marked by his acknowledgment and acceptance of transience:

**Clementine:** This is it Joel. It's gonna be gone soon.

**Joel:** I know.

**Clementine:** What do we do?

**Joel:** Enjoy it.

While the introjected *red* Clementine initially served to guide him through the mourning process, this moment illustrates that Joel himself has fully departed from his former resistance to mourning. He is no longer running from the impending end of the external object relationship, demonstrating the increased security in his internal object representation of Clementine.

### **Guilt and Reparation**

Klein (1937) explains that feelings of guilt and a desire for reparation are activated through the process of mourning, and contribute to one's capacity for love. Guilt arises as a result of the subject's recognition of the aggressive impulses he had towards the bad part object, now realizing that the good and bad object are one whole. The last fantasy/memory that Joel experiences during the erasure procedure highlights his guilt, as well as the desire for reparation. They are on the beach in Montauk, having just met for the first time, exploring an abandoned house that is collapsing and filling with sand. Together they recall how Joel, afraid of Clementine's bravado and perhaps the intensity of their connection, decided to leave the abandoned house and ran out without saying goodbye. Joel expresses his regret about this moment, stating, "I wish I stayed. I wish I'd done a lot of things. I wish I'd stayed." Clementine, again as an internal object functioning as a component of Joel's psyche, requests an alternate goodbye. This can be understood as a manifestation of an arising desire for reparation:

**Clementine:** What if you stayed this time?  
**Joel:** I walked out the door, there's no memory left  
**Clementine:** Come back and make up a goodbye at least. Let's pretend we had one. (*they approach one another, she smiles*) Bye, Joel.  
**Joel:** I love you  
**Clementine:** (*whispers*) Meet me in Montauk.

At this moment, we see that Joel's internal object representation of Clementine is solid enough that he is able to express his love for her while simultaneously bearing the pain of losing her. The significance of their attachment remains, living on in the internalized whole object relation, alongside a full recognition that the external object relationship has ended.

## Hope for the Future

Joel and Clementine do in fact find their way back to one another, and meet in Montauk following the erasure procedure, both unsure of what has brought them there. They meet again and begin to form a new connection, unaware of their shared history together. Their mutual return to Montauk, the site of their initial meeting two years prior, serves as a reminder that internal object relations exist within the psyche beyond conscious memory. Although memories of their former relationship have been erased, the internal object relationship has not fully disappeared.

In the final scene of the film, Joel and Clementine are made aware of their former relationship when they each receive audiotape records from a disgruntled Lacuna employee. Completely unaware of any previous relationship, they are now met with the sound of their own voices confessing all of the things they hated about one another. Listening to these tapes, they are thrown headfirst into an ambivalent position as they are confronted with the pain of their former mutual heartbreak alongside the blossoming admiration they hold for one another. Clementine, overwhelmed and confused by the hurtful content of the audiotapes, begins to leave. Joel follows and asks her to stay, suggesting that they bear the complexity of this ambivalence together:

**Joel:** I can't see anything I don't like about you  
**Clementine:** But you will, you will think of things and I'll get bored with you and feel trapped  
because that's what happens with me  
**Joel:** Okay  
**Clementine:** ...Okay

With full acknowledgement of the pain they once caused each other, Joel convinces Clementine to join him in embracing the potential of their new attachment. We can understand



Joel as having done the work of mourning the loss of his former love relationship with Clementine. He is able to carry the internal object relationship with a lens of ambivalence, and simultaneously accept that the external object relationship he once knew no longer exists. In considering the significance of Joel's mourning process, I recall Freud's (1915) reflection on transience and his hopeful command; "We shall build up again all that war has destroyed, and perhaps on firmer ground and more lastingly than before." (p. 307) Through mourning the actual or potential loss of a love object, in all of its wholeness, one may rebuild what has been destroyed while simultaneously creating an even stronger foundation for the future.

### **Areas for Further Clinical Attention**

In my analysis of the clinical phenomena of love-melancholy through the theories of Freud and Klein and subsequent application to the film, I've come to understand that it is necessary for the clinician to explore the distressed patient's resistance to mourning the loss of the love object. By utilizing an object relations theoretical framework, the clinician may identify a regression to the paranoid-schizoid position marked by increased annihilation anxiety, splitting, idealization/devaluation, and part object relating. While these defenses might be viewed as contributory to the patient's experience of distress, it is important to remember that regression to the paranoid-schizoid position holds specific meaning for the love-melancholic patient as each moment of splitting brings the internal/external and good/bad objects closer together resulting in a more whole and ambivalent object relation. If these regressions are viewed as essential to the process of mourning itself, and are in service of the development of the whole object relation, they can be conceived of by the clinician (and patient) as moments bearing opportunity for growth rather than setbacks.

There are numerous formal and informal clinical interventions across different modalities that may be accessed to help guide the patient towards the depressive position through development of a more whole object representation. Regardless of which intervention the clinician chooses to utilize, the aim is to assist the patient in viewing the love object with increased ambivalence and thus more firmly establishing the internal object representation.

As anxiety regarding the actual or imagined loss of the love object arises within the course of the depressive position, the clinician may consider the relative stability of the patient's earlier internal objects and tailor interventions that encourage the reinstatement of these earlier attachment figures within the patient's ego. Furthermore, at this time the clinician may identify and assist the patient in exploring both the guilt arising from her realization of aggressive impulses towards the object as well as her fantasies of reparation.

## **Conclusion**

I have come to the conclusion that a resolution of the distress of love-melancholy is only achievable through mourning the actual or possible loss of the love object. The task of mourning is for the patient to fully incorporate the whole object relation internally, while simultaneously accepting the end (or the inevitable transience) of the external object relationship. If the patient is able to achieve this, she may move through the distress of love melancholy with an increased sense of security in her self and in her earlier attachments, as well as increased hope for the future. Just as in bereavement work, we as clinicians may tailor our conceptualization and interventions to support the love melancholic patient through the mourning process. While mourning the loss of the love object may be a challenging and sorrowful road, it has the potential to be powerfully transformative.

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