One morning, late in 2002, I was flicking through a pile of newspapers when my eye was drawn to the obituary of a well-known British actor. It was the week between Christmas and New Year, my favourite time in Sydney. The second-hand clothes and antique shops of my inner-city suburb close, the trucks that hurtle down the main street disappear, and the pre-Christmas frenzy eases into a week of languor. I like these days because the world slows to my natural pace. I can sit in the local café, read assorted newspapers from around Australia and the world, and not feel guilty about the hours slipping away. Melancholy is not normally associated with summer's heat, but I've always found this week pleasantly sad, as the old year gives way to the new.

The previous day a news item had reported the death of the English actor Sir Alan Bates. A not especially noteworthy death, you might think, but I remembered Bates from his celebrated nude wrestle with fellow actor Oliver Reed in the 1970s film adaptation of Women in Love. At least I had celebrated it, repeatedly, as a youth growing up in country Victoria.
Erotic identifications were hard to come by in a small dairying town, especially for an over-sensitive, shy kid. So, thirty years later, I was saddened by the death of the soulful, tousled-hair actor who had grappled so manfully with the heftier Reed.

Maybe this is why I lingered over The Times obituary for Alan Bates. He had died 'after a long battle with cancer', a point on which the Sydney Morning Herald concurred, word for word.\textsuperscript{1} A protracted death by cancer is always reported as 'a long battle', I've noted, never 'a slow acceptance' or 'a fitful resignation'. But what particularly struck me was the reference to Bates' wife, Victoria Ward. They had married in 1970, and had twin boys the same year. In 1990, one of the twins died suddenly in Tokyo, leaving Bates and Ward bereft: 'The Japanese inquest ruled that he had died from viral pneumonia but the British coroner recorded an open verdict. Two years later, Victoria went to Italy in an attempt to recover from the recent additional losses of her mother and sister, and died there alone, of a grief induced wasting disease.'\textsuperscript{2} It was this last clause that startled me. No-one dies of grief anymore; boredom, perhaps, but not a broken heart. I had imagined that a grief induced wasting disease, like consumption, was an affliction of the past. Nor had the other newspaper reports described Victoria Ward's death this way. In one, she had died of a heart attack, whilst the other was only marginally more speculative.

I suppose it was the dreadful romanticism of Ward's death that drew me in, for I've always been something of a melancholic. Actually, this might be stretching the diagnosis. Being a melancholic is a full-time occupation, and occasionally a fatal one at that. My melancholy is more a disposition than identity, although maintaining this distinction requires vigilance. But it is worth the effort, for withdrawing too deeply into melancholy means losing first the feel, and then the memory, of happiness. In clinical terms,
this might be described as depression, a malaise increasingly prevalent in post-industrial societies. In fact, the World Health Organisation estimates that by 2020, depression will rank second in global disease burden. Moreover, depression appears to be striking people at a younger age. According to mental health professionals, the first episode of depression hits individuals at 15, especially for 'anxious pre-adolescents'. Most recover, but as adults remain susceptible to depressive illnesses.

However, it is not so much depression I want to begin with but sadness. The two are often confused, no doubt because they share qualities, although not the same emotional texture. Freud observed this in his early, tentative sketching of depression. Trying to formulate the 'economics of pain', he noted the many similarities between mourning and melancholia, including a loss of interest in the outside world, a sense of dejection and 'the inhibition of all activity'. Today the qualities of sadness and depression can overlap, and often do. Yet most sufferers of depression know that despite the similarities, sadness and depression have a noticeably different feel. In a Freudian schema, the key difference is the 'extraordinary diminution' of the mourner's self-regard: 'In mourning it is the world which has become poor and empty; in melancholia it is the ego itself'. So the melancholic berates himself before (and instead of) the world. Drawing on clinical observations, philosopher David Michael Levin has also noted the distortion of temporality characteristic in severe cases of depression: 'the present is isolated, dead; the future can hold forth no promise of relief because, in effect, it is denied reality; and finally, even a connection with the past, which might otherwise be felt to deliver a message of consolation or hope, is gradually destroyed.'

More recently, Lewis Wolpert has written of depression as a 'malignant sadness'. Depression, from my experience, can indeed feel like a sadness that has taken up residence, malingering in the mind and body, refusing to
leave despite desperate entreaties. I tend to think of depression as a sadness that has gone unattended, and by this I mean a sadness that is no longer companionable. For at its richest sadness can feel like a companion, a comforting presence which facilitates sorrow, reflection and a sense of regeneration. In this feeling state, loss sharpens an appreciation of the present, whilst the past provides a sense of continuity, of 'going on being'. If we first learn to be alone in the presence of another, as Donald Winnicott suggests, then perhaps tolerating sadness is a product of this achievement. Depression is a different state, for it leaves the sufferer feeling isolated, numb, cut off from history (or burdened with it), and despairing of life.

But I wonder if the cultural distinctions between mourning and melancholia, sadness and depression, are dissolving, especially in English speaking cultures. Writing from Vienna in 1915, as World War 1 began to exact its dreadful toll, Freud was careful not to collapse mourning into melancholia. 'Although mourning involves grave departures from the normal attitude to life,' he noted, 'it never occurs to us to regard it as a pathological condition and to refer it to medical treatment. We rely on its being overcome after a certain lapse of time, and we look upon any interference with it as useless or even harmful.'

Almost a century on, I suspect this approach is being overtaken in a culture and economy bound to constant change and speed. Who has the time to grieve? And who, apart from professionals, has the time to attend to the grieving? As Freud indicated, sadness requires the capacity and resources to suspend an interest in the outside world; thus the melancholic of Freud's account was more likely than not of the bourgeoisie. But I doubt it was a condition exclusive to class, even if economics may have determined the ease of grief. My point is that in early 20th century
Europe, living with sadness (and, indeed, melancholy) was extended cultural legitimacy. The American psychoanalyst Thomas H. Ogden has recently noted that Freud's refusal to equate mourning with pathology was 'offered as a statement of the self-evident and may have been so in 1915.' 'But, to my mind,' Ogden adds tellingly, 'that understanding today is paid lip service far more often than it is genuinely honoured.'

In Australia, too, melancholy found a privileged place in the 19th century Romantic prose and verse of Marcus Clarke, Henry Lawson and Charles Harper. In his classic collection, *Australian Tales*, Clarke described the 'dominant note of Australian Scenery' as 'weird melancholy'. 'A poem like "L'Allegro" would never be written by an Australian,' Clarke claimed. 'It is too airy, too sweet, too freshly happy.'

In Australia today, however, it is happiness that is valorised afresh. In contrast, the cultural legitimacy of sadness is contradictory and uncertain. Of course, in some ways sadness is celebrated, institutionalised even. Take the second anniversary of the 2002 Bali night club bombings. Prime Minister John Howard, fresh from re-election, attended a church service in Canberra to memorialise the victims, and in Sydney, on a beach headland, the New South Wales Premier and federal opposition leader spoke eloquently of life, love and loss. Yet I can't help but wonder if in other ways, more at an individual level, sadness is increasingly diagnosed as pathology, a feeling state to be cured not endured, let alone savoured. We might wonder if the rapturous applause that followed Bindi Irwin's eulogy to her father was as much admiration of the stay of grief as it was her pluck and courage. The difference here, although not clear cut, is between sadness as a spectacle (and photo opportunity) and sadness as an individual and interpersonal experience. The less space and time for individual sadness, perhaps the greater the need for festivals of collective grief. In fact, one appeal of public rituals may be the hope that they can
contain or wash away the ongoing pain of bereavement, more easily returning us to a world where loss is minimised; a time-efficient, cost-effective, managed grief.

I'm not suggesting that ritualised displays of grief are false, or even 'grief lite' as some observers described the expansive public mourning of Princess Diana. Such acerbic commentary (from both the right and left) lacks empathy and does not acknowledge the power of identification, (both of which - empathy and identification - Diana traded in voraciously). Nor do I want to posit a golden past in Australia where sadness was given its rightful due. I wouldn't be the first to argue that white Australia was forged on a denial of loss - the dispossession of the indigenous population and the traumatic dislocation of convicts and settlers. The much-celebrated laconic streak of the Anglo-Australian temperament may be one partial expression of this taming of sadness. And perhaps as a culture white Australians have historically traded mourning for a ruthless pragmatism, which a Freudian could read as a manic denial of loss. This is not dismissive "black armband history"; defences are productive, and if as a nation Australia has squibbed on the grand passions, except when it comes to sport, then, there have been advantages to this as well as losses.

The 1960s and 1970s were supposed to have changed this emotional equilibrium, and to some extent they did. Across the English speaking world, there was an explosion of therapeutic language and practices which privileged the power of feeling and the primacy of the self. While this trend may have been incubated in the counter and youth cultures, it soon seeped into everyday life. This was felt most intimately within families as an emotional divide opened up between generations. For many of my parents' generation, men and women reared through the
Depression, to express strong emotions was akin to speaking a foreign tongue. Even today, my parents struggle to express passion, whether sadness or joy. This is not to deny their love, but it lurks inarticulate beneath the management of daily business. Their parents, born in the 1890s, were more rigid. From what I remember of my grandparents, loving emotions were sparse, rationed in a formal kiss and embrace goodnight. Sadness and anger were not unknown, but communicated covertly rather than directly expressed. The traumas of everyday life are sent underground in this model of child-rearing, although as Gabriele Schwab has noted in her study of post-war Germany, such evasions do not prevent the trans-generational transmission of trauma.

The above sketch is at best a generalisation, and at worst a caricature, but it may have just enough veracity to trace the borders of Anglo-Australian emotional history. In contrast to the first half of the 20th century, the post-war period has seen a slow embrace of the emotional, and no doubt the clinical and cultural spread of psychoanalysis has played a decisive part in this development. Over recent decades, as therapeutic language ventured well beyond the consulting room, this trend accelerated. Joy Damousi is one Australianist who is filling in the details of a history of emotions. In her studies of the two world wars, mourning and trauma, she discerned a significant shift from a mid-twentieth century sensibility where 'grieving was not spoken of in the community and was restrained by obligation and duty, to a late twentieth century consensus that we can articulate grief, that it is desirable and necessary to do so and that we need to grieve.'

Internationally, as early as the 1960s, sociologists and historians like Paul Halmos and Phillip Reiff, and, later, Richard Sennett and Christopher Lasch, were picking up a turn to the therapeutic in daily life culture, and politics.

It might then seem curious to argue that spaces for sadness are narrowing,
in part, but the culture of emotions is not straightforward. It certainly has its critics. Frank Furendi's *Therapy Culture* is only the most recent book to bemoan the influence of 'the politics of emotionalism' on traditional Anglo-American public life. While I don't share Furendi's belief that public emotions are depleting political life, he has a point when he suggests that not all emotions are deemed equal in Anglo-American culture. He notes how joy, happiness, and contentment are clustered as 'positive emotions', and fear, anger, hate, and sadness as 'negative emotions'. The promotion of emotionalism, he argues, privileges positive feelings over the negative.16 Indeed, one could argue that the terms are already loaded. If anger, fear and sadness are by definition negative, then there is no emotional level playing field.

American psychologist Barbara Held extends this argument in her critique of current psychological discourses. America is plagued, she argues, by 'the tyranny of the positive attitude,' most recently manifest in a new field of psychological expertise - 'positive psychology' (whose proponents can be found writing in *The Journal of Happiness Studies: An Interdisciplinary Forum on Subjective Well-Being*). Held charts a long lineage of American positive attitudes, from the optimism of the American Revolution through to the current $2.48 billion yearly expenditure on the self-improvement industry. Hers is a refreshingly cranky take on American psychic life, if somewhat over-blown: 'Americans have come to live not only with a historically/culturally grounded inclination for optimism but with the expectation, with the demand, that they maintain a positive attitude at all costs.'17 Paradoxically, Held speculates, this expectation to feel good, to deny depressive pain, may contribute to some forms of unhappiness. Here she cites the 'concept of depression about depression, or feeling bad about feeling bad, with all the heightened self-blame contained within that
experience'. Her concern is that culturally, feeling bad in the United States will be interpreted as not only pathological, but as socially unacceptable or unvirtuous: 'Thus, feeling bad in 2002 is both sick and immoral'.

Similarly, philosopher Carl Elliott, in his musing on alienation and the development of selective serotonin reuptake inhibitors, suggests that 'the worry many people have about Prozac has less to do with the drug itself than with the enthusiasm with which Americans in particular have embraced it.' Like Furendi, Elliott criticises the rise of a therapeutic worldview which views 'every human predicament as a problem to be fixed'. Updating the Freudian checkmate (where the protests of the analysand are proof of the analyst's correct interpretation) Elliott warns that to disagree with the therapeutic will to happiness is to risk being labelled depressed. He offers an alternative reading, one where individual unhappiness is an accurate reflection of the external world, or, as he puts it delicately, 'this predicament we find ourselves in'. Furendi concurs, deciding that 'different manifestations of inner pain, which have historically haunted humankind, are now increasingly treated as symptoms of grave emotional injury'. Better, he seems to propose, that we accept pain as the lot of humanity and get on with things.

Lest I be mistaken for a cultural pessimist, I think these authors go too far in their criticism of therapeutic culture. Furendi is simply mean-spirited when he concludes, definitively, that therapy 'teaches people to know their place'. Perhaps Elliott has accurately self-diagnosed, for there is not uncommonly a hint of the depressive in such critiques. It is as if the prospect of happiness must be defended against, for fear of the disappointment at its passing. Nor is psychoanalysis immune to such pre-emption. Writes Ian Craib, a Kleinian therapist and sociologist: 'The
major wound is life itself, and that can only be healed by death'. He continues: 'Another way of describing the process of psychotherapy is that it enables us to suffer.' Craib is clearly drawing on the mid-20th century psychoanalyst Melanie Klein for his dour inspiration. As early as 1927 Klein wrote: 'Analysis is not in itself a gentle method: it cannot spare the patient any suffering, and this applies equally to children.'

For all my melancholic leanings, I think suffering is too readily valorised here, as if melancholia was by definition heroic. I would also strongly defend the use of anti-depressants to ease the melancholic's suffering. Anti-depressants can make an unbearable, unremitting sadness manageable. In conjunction with therapy, they can clear the mind and restore the body well enough to tolerate the excavation of hope. This is a key difference between sadness and clinical depression, at least in my experience. Sadness allows space for hopeful reflection, which may include working over pain, past and present. Depression clouds the mind, attacking the capacity to think and chasing away shards of optimism. In other words, sadness is an integrative project, even if, paradoxically, one falls apart for a while. In contrast, a major depression feels like a dreadful fall into nothingness, no pieces to reassemble, just an awful obliteration of the self.

Still, for all these caveats, in a world hooked on immediacy, I worry about the potential to confuse sadness with depression. Here is the contradiction: even as we beckon grief from its private retreat, we hope for its speedy resolution, or 'closure', as it is more commonly termed. The prospect of losses from which we never fully recover seems scandalous in age of relentless self-improvement. The idea that one could live with sadness has lost its hold. As The New Yorker noted in a critical appraisal of crisis counselling in the wake of September 11, psychological interventions like debriefing often 'reflect a prevailing cultural bias;
namely, that a single outpouring of emotion—one good cry—can heal a scarred psyche.\textsuperscript{26} We scurry to the conclusion of sadness for fear that we will drown in its depths, hoping that the steps to recovery will replace the experience. Even established modes of therapy, like cognitive behaviour therapy, contain the imperative of speed. 'Unlike the old Freudian psychotherapies,' claims a CBT enthusiast, 'you don't have to dwell on what went wrong.' Instead, the psyche is booked in for a grease and oil change, or as this CBT psychiatrist likens it, a tyre replacement: 'We don't need to know every detail of where the tyre's been, or where it came from. We need to change it and get moving again.'\textsuperscript{27} It is momentum that is privileged in this model, and fair enough if the only alternative is the mire of despair. But stillness and inertia are not the same, and if movement is the imperative, the difference may be missed.

In contrast to these mechanics of the psyche, Freud was decidedly modest in his ambitions for therapeutic change. At the start of his psychoanalytic career, in \textit{Studies in Hysteria}, he had argued that the aim of psychoanalytic therapy was to transform hysterical misery into ordinary human unhappiness. Towards the end of his career, even this modest goal looked ambitious. Psychoanalysis, he declared in 1926, was best thought of as a science of man and his unconscious mind rather than a mode of therapy.\textsuperscript{28} This seems a poor bargain by contemporary therapeutic standards, and my suspicion is that the bleakness of Freud's era weighed too heavily on his prognosis. Later psychoanalysts were more optimistic. Winnicott stressed liveliness in the maternal and therapeutic relationship, proclaiming, 'To be alive is all.'\textsuperscript{29} Heinz Kohut, according to his biographer, 'brimmed with therapeutic optimism'. His brief measure of a successful analysis was for the patient 'to experience the joy of existence more keenly'.\textsuperscript{30} To be sure, Melanie Klein and Jacques Lacan proposed less joyful narratives of subjectivity, but as therapist and social theorist
Steven Frosh notes: 'You pay your money and make your choices, in psychoanalysis as in other things.'

Today's popular psychology, however, could do with a little Freudian dourness. Anything less than boundless happiness and energy, outrageous success in career and relationships, falls short in the industries of self-help and personal development. Miraculous transformation of the self is possible, they prophesise, if you are prepared to pay for it. For a not inconsiderable amount, a Landmark Education seminar offers, 'The miraculous as a real and authentic possibility for yourself and your life'. Other gurus of personal growth echo this call. 'Unleash the Power Within,' Anthony Robbins exhorts, and I doubt he has sadness in mind, unless as a purge. Yet I wonder if contentment is possible without first knowing the quiet depths of sadness. Can happiness be oblivious to sadness without an anxious, manic edge? What losses and frailties are denied in keeping the wolf of sadness from the door?

For all the recent public acceptance of sadness and grief, I suspect an unconscious fear persists that to linger with sadness is to be devoured, like the grief that lay waste to Victoria Bates. As the space and time for individual sadness narrows, so we fear it more and feel it less. Psychoanalytic clinicians over the last fifty years have noted a corresponding shift in client populations, from the neurotic riven by conflict to the narcissist terrified of depth, or, as Kohut hypothesised, from guilty man to tragic man. The melancholic is surpassed by the narcissist, although occasionally they tangle, for the attraction is mutual. Each has what the other desires. The melancholic hopes to emulate the ease with which the narcissist, unencumbered by ties, moves through the world. Less consciously, the narcissist, caught in a perpetual present, envies the melancholic's tenacious hold on the past. Or, to put it simply,
the narcissist does not know how to mourn, whilst the melancholic mourns too well.

But perhaps this formulation is too simple. Far from being unrelated, I wonder if the narcissist and the melancholic are not first cousins of late modernity. Both are grappling unsuccessfully with loss; the narcissist by refusing to acknowledge it and the melancholic by refusing to give it up. Both shirk the work of mourning, that painful, slow renunciation of a lost object.

The Swiss writer and erstwhile psychoanalyst Alice Miller takes a closer look at this relationship between the narcissist and the melancholic, albeit from a slightly different theoretical perspective. Both grandiosity and depression, she argues, are extreme forms of a narcissistic disturbance and intimately related: 'Behind manifest grandiosity, depression is constantly lurking, and hiding behind a depressive mood there are often unconscious (or conscious but split off) fantasies of grandiosity.'

This might further explain the (not uncommon) romantic attraction between narcissists and depressives. Unconsciously, each is looking for the other to soothe their hidden ills. What enjoins them is an alliance against loss, although for Miller this loss runs deeper than the relinquishment of an object: 'In fact, grandiosity is the defence against depression and depression is the defence against the real pain over the loss of the self.'

Still, the question remains: have our times made the work of mourning harder? In this essay I have been fighting the pull of nostalgia, not entirely successfully I suspect. There is something appealing, especially for those of us disposed to melancholia, in believing there was once a time when sadness ruled. After all, the melancholic's guilty secret is that he wants to feel as special as the narcissist. You might say that for the pessimist reading contemporary culture, the shadow of the object has
fallen across the ego, but in this case the shadow is sadness itself. Perhaps it is fairer to say that sadness is always difficult to tolerate, and its successful navigation always a fragile achievement. But even this is subject to history. What might a history of sadness look like, and can we, should we, imagine a future without mourning?

This might appear an unlikely question - my point is to highlight the impact history has on personality, not least in clinical settings. Charles Rycroft, in his dictionary of psychoanalysis, defines melancholia as 'an obsolescent term for what is now called depression', but I'm not sure the correlation is exact.\textsuperscript{34} The melancholic is conflicted, unable to give up an ambivalently loved object; increasingly, contemporary depressions are not so much conflicted as aimless. Both clinicians and social observers have noted this trend. The Freudian analysis of melancholia, argues Daniel Levin, is not an adequate epidemiological tool for understanding contemporary depressions, because 'it fixates on the ego-superego relationship'. Levin quotes Freud's explication of melancholic suffering in \textit{The Ego and the Id}, "In melancholia, the extensively strong superego. rages against the ego with merciless violence, as if it had taken possession".\textsuperscript{35} But what, asks Levin, if the modern superego is not ferocious but weak and permissive? Does melancholia still hold as the determinant of depression? He argues not, citing existentialist therapist Medard Boss' observation that, "Today, genuine 'melancholics' are far outnumbered by people suffering from the present representative form of neuroses" [depressive illnesses].\textsuperscript{36} More recently, sociologist Zygmunt Bauman has added his voice to this reappraisal of melancholy: 'It is not the overwhelming pressure of an ideal which they cannot live up to that torments contemporary men and women, but the \textit{absence} of ideals: the dearth of recipes for a decent life, of firmly fixed and steady orientation points, of a predictable destination for the life itinerary.' Depression,
Bauman suggests, has become 'an emblematic malaise of our late modern or post-modern times.'

Is it possible, then, that the experience of sadness will pass from time - replaced (if that is the right word) by a thirst for the new and/or an object-less depression? Certainly the texture of relatedness is changing; one need only return to Freud's 1915 paper to discern this. 'It is a matter of general observation,' Freud wrote, 'that people never willingly abandon a libidinal position, not even, indeed, when a substitute is already beckoning.' Who could write this today, in an age of serial monogamy? Of course, there are many who do not easily relinquish a loved object, but increasingly there are those who can. If each epoch throws up a distinctive pathology, then ours may be the numbing consequences of too much choice and not enough connection. While the Freudian melancholic was imprisoned by painful ambivalence, today's depressive drifts through a world where nothing feels real, least of all himself. Depth remains a danger, notes Stephen Frosh, but it is a different terror than Freud imagined: 'It is not deep impulses that may be destructive, but the dependence produced by deep feelings, which must almost without fail lead to one being deeply, sometimes unbearably hurt. So sticking to the surface, limiting one's investments in others (a typical contemporary metaphor) is safer, not just because it is excitingly, tantalisingly seductive, but also because it protects one against too much pain, even though the cost is that a reliance on surface functioning leads to feeling dried up and dead.'

In hauntingly beautiful prose, Freud described the pain of melancholia: 'the shadow of the object fell upon the ego, and the latter could henceforth be judged by a special agency as though it were an object, the forsaken object.' But what if today there was no object to lose? What if there was no shadow but a void? What space for sadness in a world where the
presence of the other is barely acknowledged? The achievement of sadness (the acceptance of loss and a regathering of the self) is forged through the exquisite pain of mourning. But if the terror of our age is dependence, then how can the modern depressive know what loss he mourns? In this new world of depleted selves, sadness melts away as a phenomenon, substituted with an empty, nameless longing.

Psychotherapy might be one arena where this longing could be given form, where sadness might be fitfully incubated. The therapist, however, is as much a subject of history as her client, so there are no guarantees. But the capacity to be sad, to tolerate the temporality of the self and the other without making a fetish of change, is a worthwhile goal. It fills out the self and puts flesh on relationships because of its heavy price. In our late modern world, with its glittering and easy denials of loss, we may need to re-iterate what constitutes a good life: to love and to work (Freud); to repair (Klein); to play (Winnicott); to grow (Kohut); and to grieve.

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FOOTNOTES


18. Ibid., p.981.


20. Ibid., p.136.


22. Frank Furendi, Therapy Culture, p. 185.

23. Ibid., p. 204.


27. Professor Ian Hickie, quoted in 'There is New Hope for the Despairing.' p. 22.


33. Ibid. Following Alice Miller, psychoanalytic social theorist Tod Sloan (Damaged Life: The Crisis of the Modern Psyche, London, 1998) describes depressives as failed narcissists. He writes: 'In depressives we see the collapse of the grandiose self-image that protects narcissists from their own rage at not getting basic emotional needs met. Depressives thus regulate their affect by other means: Inaction, passivity, sleep, loss of appetite or overeating, melancholy, longing for intimacy, abandonment of personal
projects, or unwillingness to hope. In a sense, depressives are too deeply related to, as opposed to just manipulating, the world of others; they have withdrawn because others have been disappointing'. (p.116) Sloan expands this last observation to argue that narcissists and depressives differ in relation to de-symbolization. Narcissists 'attend to the fragile pole of the self, monitoring their value and acting in ways that sustain required self-images', whereas depressives 'seem to focus consciously on the object pole, that is, on the importance of the other (and the negative aspects of self in relation to the other).' (p.116) These unconscious strategies produce varying, but complementary, styles of being in the world and relating to others. When their basic defensive process is threatened, Sloan suggests, 'narcissists are inclined towards sadistic behaviour, while depressives take it out on themselves masochistically.' (p.117) Again, I suspect this goes some way to explaining the tortured relationships depressives and narcissists can find themselves in.


40. Sigmund Freud, 'Mourning and Melancholia', p.258.
In *Australian Humanities Review*, see also:

- the *Psychoanalysis* archive

Also by Robert Reynolds in *Australian Humanities Review*:

- "Post-Gay in the USA"

Please feel free to contribute to this discourse.