Cordial greetings to you and your dear wife; let me hear from you *very* soon.

Your
Sigm. Fr.

1. Freud writes in the margin, next to this sentence, the word "abstinent."

December 17, 1894
IX., Berggasse 19

Dear Wilhelm,

I am not writing you much anymore because I hope to see you here very shortly. Your manuscript is at Paschkis';[1] I did not dare to remove the business[2] about labor pains. You can still do it here.

I hope you will have some good days here and we a few beautiful hours.

Cordial greetings from us to you both.

Your
Sigm.

1. Heinrich Paschkis (1849–1923) was editor of the *Wiener klinische Rundschau*
2. Or "case history."

Draft G. Melancholia[1]

I

The facts on hand seem to be as follows:

(A) There are striking connections between melancholia and [sexual] anesthesia. This is borne out (1) by the finding that in so many melancholics there has been a long previous history of anesthesia, (2) by the observation that everything that provokes anesthesia encourages the development of melancholia, (3) by the existence of a type of woman, very needy psychically, in whom longing easily changes into melancholia and who is anesthetic.

(B) Melancholia develops as an intensification of neurasthenia through masturbation.

(C) Melancholia occurs typically in combination with severe anxiety.

(D) The typical and extreme form of melancholia seems to be the periodic or cyclic hereditary form.

II

In order to make anything of this material, one needs some secure points of departure. These seem to be provided by the following considerations:

(a) The affect corresponding to melancholia is that of mourning — that is, longing for something lost. Thus in melancholia it must be a question of a loss — that is, a loss in *instinctual life.*

(b) The neurosis concerned with eating, parallel to melancholia, is anorexia. The famous *anorexia nervosa* of young girls seems to me (on careful observation) to be a melancholia where sexuality is undeveloped. The patient asserted that she had not eaten, simply because she had *no appetite,* and for no other reason. Loss of appetite — in sexual terms, loss of libido.

It would not be so bad, therefore, to start from the idea: *melancholia consists in mourning over the loss of libido.*

It remains to be seen whether this formula explains the occurrence and characteristics of melancholia. This will be discussed on the basis of the schematic diagram of sexuality.

III

I shall now discuss, on the basis of the schematic diagram of sexuality, which I have often used, the conditions under which the psychic sexual group (ps. S.) suffers a loss in the amount of its excitation. There are two possible cases: (1) if the production of somatic sexual excitation (s. S) sinks or ceases; (2) if the sexual tension is diverted from the ps. S. The first case, in which the production of s. S. ceases, is probably what is characteristic of *genuine*[2] *severe* melancholia proper, which recurs periodically, or of cyclic melancholia, in which periods of increase and cessation of production alternate; it can further be assumed that excessive masturbation — which according to the theory leads to too great an unloading of E. (the end organ)[3] and thus to a low level of stimulus in [illegible] excessive masturbation extends to the production of s. S. and brings about a lasting reduction in the s. S., thus a weakening of the p. S.[4] This is neurasthenic melancholia. The [second] case, in which sexual tension is diverted from the p. S., while the production of s. S. is not diminished, presupposes that the s. S. is employed elsewhere — at the boundary [between the somatic and the psychic]. This, however, is the precondition of anxiety; and accordingly this

coincides with the case of anxiety melancholia, a mixed form combining anxiety neurosis and melancholia.

In this discussion, therefore, the three forms of melancholia, which must in fact be distinguished, are explained.

IV

How does it come about that anesthesia plays this role in melancholia?

According to the schematic diagram [Fig. 1], there are the following kinds of anesthesia.

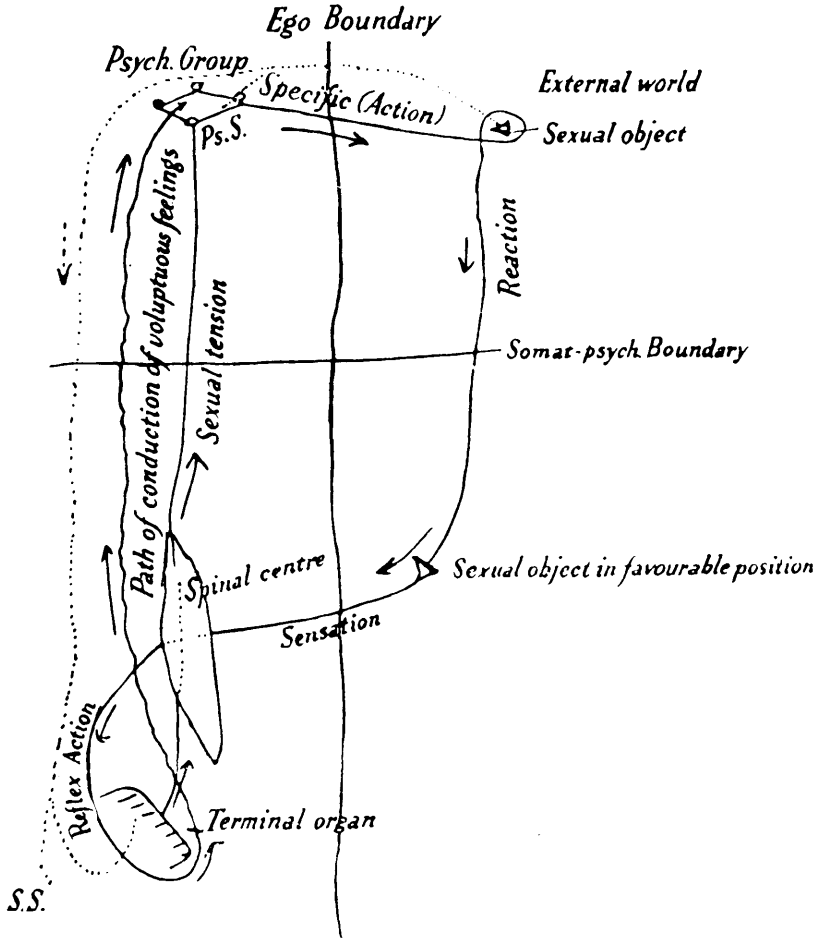

Figure 1 Schematic Diagram of Sexuality. [In the original all the arrows are drawn in red, except the dotted one at the extreme left.]

Anesthesia always consists, to be sure, in the omission of V. [feelings of pleasure], which ought to be conducted into the ps. S. after the reflex action that unloads the end organ. The feeling of pleasure is measured by the amount of unloading.

(a) The E. is not sufficiently loaded; hence the discharge at coitus is slight and the V. very small: the case of frigidity.

(b) The pathway from sensation to the reflex action is damaged, so that the action is not sufficiently strong. Then the unloading and the V. are also slight: the case of masturbatory anesthesia, the anesthesia of coitus interruptus, and so on.

(c) Everything below is in order; only V. is not admitted to the ps. S. because it is linked with other factors (with disgust—defense): this is hysterical anesthesia, which is entirely analogous to hysterical anorexia (disgust).

To what extent, then, does anesthesia facilitate melancholia?

In case (a), of frigidity, anesthesia is not the cause of melancholia but a sign of a predisposition to it. This tallies with Fact (A)(1) mentioned at the beginning. In other cases the anesthesia is the cause of the melancholia, because the ps. S. is strengthened by the arrival of V. and weakened by its omission. (Based on general theories of the binding of excitation in memory.) Fact (A)(2) is thus taken into account.

Accordingly, it is possible to be anesthetic without being melancholic, because—

Melancholia is related to the omission of s. S.

Anesthesia is related to the omission of V., but anesthesia is a sign of or a preparation for melancholia, since the p. S. is as much weakened by the omission of V. as by the omission of s. S.

V

We must consider why anesthesia is so predominantly a characteristic of women. This arises from the passive role played by women. An anesthetic man will soon cease to undertake any coitus; a woman is not asked. She becomes anesthetic more easily because—

(1) Her entire upbringing works in the direction of not awakening s. S., but of changing all excitations which could have that effect into psychic stimuli—that is, of directing the dotted line [in the schematic diagram, Fig. 1] from the sexual object entirely into the ps. S. This is necessary because if there were a vigorous s. S., the ps. S. would soon acquire such strength intermittently that, as in the case of men, it would bring the sexual object into a favorable position by means of a specific reaction. But in the case of women, it

is required that the arc of specific reaction not take place; instead, permanent specific actions are required of them, which entice the male into the specific action. Thus sexual tension is kept low, its access to the ps. S. so far as possible cut off, and the indispensable strength of the ps. S. defrayed in another way. If, now, the ps. S. gets into a state of longing, then, in view of the low level [of tension] in the E., that state is easily transformed into melancholia. The ps. S. in itself is capable of little resistance. This is the juvenile, immature type of libido, and the demanding, anesthetic women mentioned above [Fact (A)(3)] merely continue this type.

(2) Women [become anesthetic more easily than men do] because they so often approach the sexual act (marry) without love — that is, with less s. S. and tension in the E. In that case they are frigid and remain so.

The low level of tension in the E. seems to contain the main disposition to melancholia. In individuals of this kind every neurosis easily takes on a melancholic stamp. Thus, whereas potent individuals easily acquire anxiety neuroses, impotent ones incline to melancholia.

VI

How, then, can the effects of melancholia be explained? The best description: *psychic inhibition with instinctual impoverishment and pain concerning it.*

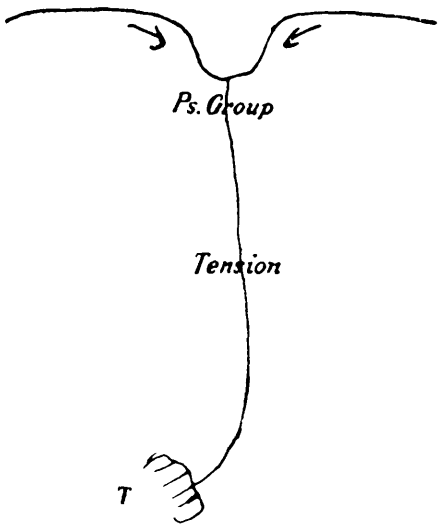

Figure 2

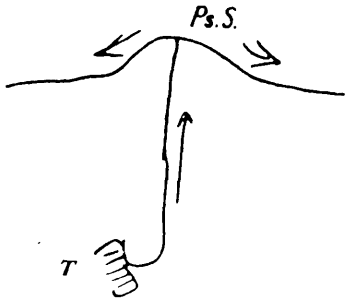

Figure 3

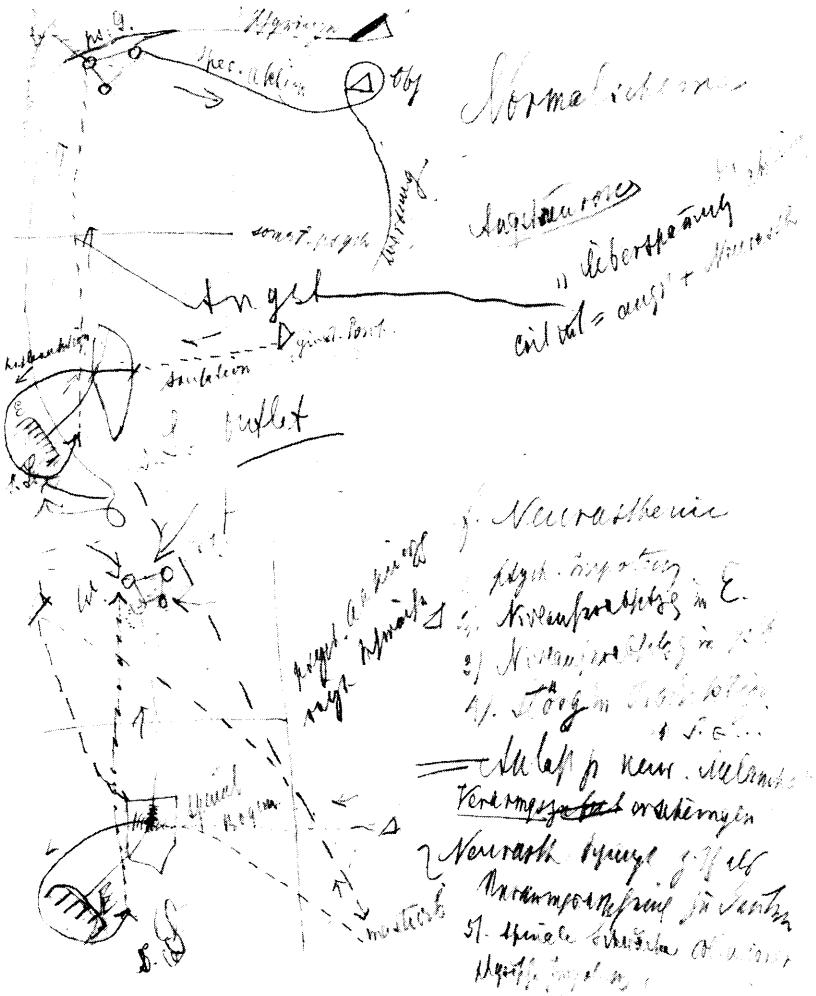

Figure 4

One can imagine that, if the ps. S. meets with a very great loss in the amount of its excitation, there may come about *an in-drawing*, as it were, *into the psychic sphere*, which produces an effect of inhibition upon the adjoining amounts of excitation. The associated neurones must give up their excitation, *which produces pain* [Fig. 4]. The uncoupling of associations is always painful; there sets in, as though through an *internal hemorrhage*, an impoverishment in sensation (in the free store of it) — which makes itself known in the other instinctual drives and functions. As an inhibition, this in

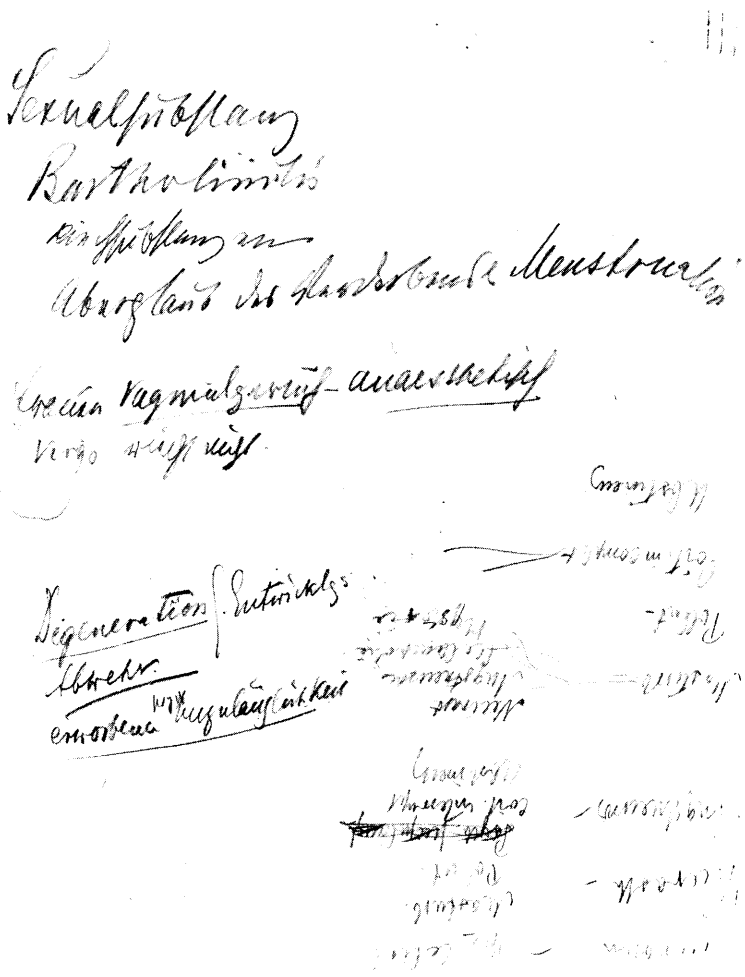

Figure 5

drawing operates like a *wound*, in a manner analogous to pain (see the theory of physical pain). A counterpart of this would be mania where the overflowing excitation is communicated to all associated neurones [Fig. 3]. Here, then, there is a similarity to neurasthenia. In neurasthenia a quite similar impoverishment takes place owing to the excitation running out, as it were, through a hole. But in that case what is pumped empty is s. S.; in melancholia the hole is in the psychic sphere. Neurasthenic impoverishment can, however, ex-

tend to the psychic sexual group. The manifestations are in reality so similar that many cases must be sorted out very carefully.

[Editor's Note: Included in the envelope that contained Draft G was another drawing by Freud, which he titled "Normalschema." It was not included in the original German or English editions, probably because it is so difficult to understand. It is reproduced here as Fig. 4, along with its reverse side (Fig. 5), which is evidently an explanation of the drawing.]

1. Undated; according to the editors of *Anfänge* it belongs to an envelope of January 7, 1895.
2. The manuscript reads *genuinen*, not *gemeinen* (common) as in *Anfänge*.
3. The end organ (E.) is the same as the terminal organ (T.) shown in Figs. 1, 2, and 3.
4. Freud uses both "ps. S." and "p. S." to indicate "psychic sexual group."