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Alexandra P. Jamali
A History of Reminiscences:
Clinical Descriptions of Nostalgia,
Psychodynamic Theories of
Mourning, and the Confluence of
Teleology

ABSTRACT

This historical study looks at medical, psychological and psychiatric descriptions of nostalgia as a pathological condition. By conducting a historical analysis on the medical nosology that addresses this clinical phenomenon from the years 1688-2011, this paper examines the conceptual shift of nostalgia from a medical disease to a psychopathological condition and, ultimately, how it is explained within psychoanalytic literature. In examining the way that nostalgia has been described within psychoanalytic literature, specifically from the years 1950-2011, this study demonstrates that nostalgia continues to be understood as a psychopathological condition, primarily affiliated with minority groups and displaced persons. Within the psychoanalytic literature, nostalgia is described in terms of developmental delays, excessive attachment to one's mother, habitual idealization but, importantly, aberrated mourning and melancholia. This study reviews Freud's privileged theory of Mourning and Melancholia (1917), and suggests that teleological conceptions frame this psychodynamic theory of mourning. The study concludes urging contemporary clinical practitioners to employ heterogeneous conceptions of 'healthy mourning,' specifically with regards to geographic displacement, cultural relocation and symbolic loss.

**A HISTORY OF REMINISCENCES:
CLINICAL DESCRIPTIONS OF NOSTALGIA, PSYCHODYNAMIC THEORIES OF
MOURNING, AND THE CONFLUENCE OF TELEOLOGY**

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

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2012

Hysterics suffer mainly from reminiscences.

Sigmund Freud, 1895.

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In the words of Wendell Berry, I tremble with gratitude for the love and support of my family. These pages were written in living love and in memory of Nani and Abba. A special thank you to my wonderful friends as well as the Smith School for Social Work faculty, in particular, Yoosun Park, for her dedication, guidance and commitment in this process.

A humble acknowledgement to the many patients/clients that I have had the pleasure of serving over the past two years. You, your stories and articulations of longing, loss and restitution have left an indelible mark on the way that I perceive therapeutic care.

I tremble with gratitude
for my children and their children
who take pleasure in one another.

At our dinners together, the dead
enter and pass among us
in living love and in memory.

And so the young are taught.

Wendell Berry, 2005.

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CHAPTER I

INTRODUCTION

From its infancy and continuing within its present form, psychoanalytic clinical discourse has been reliant on a narrative approach. It is precisely this methodology, called the “talking cure” by the original patient and creators of the psychoanalytic discipline (Breuer & Freud, 1891), which proved revolutionary in its methodological approach and effective for the amelioration of patient/client symptoms. When Freud claimed that, “Hysterics suffered mainly from reminiscences,” (Freud, 1895, p.7) he touched upon a paradox that remains intrinsic within the discipline. For Freud, memory, accessed through individual recall, both plagues and heals: curative on one hand, it was simultaneously the pathogenesis of affliction. This belief that, paradoxically, the recollection of past events can result in psychic maladies, *and* that recalling previous traumas proves cathartic (Freud, 1895) is a view that continues to be held by many contemporary psychotherapists.

This was not the first time that memory was seen as an illness or as a cure. Memories of home, the longing to return and the cure ensured by such a return were first medically institutionalized by diagnosis and prescription in 1688. Johannes Hofer, a Swiss-German internist, studied the Swiss social-phenomenon *Heimweh*, literally translated to mean ‘home-illness.’ In combining the Greek roots *nostros* meaning, return, with *algia*, longing, he created the medical neologism and disease *nostalgia*, cured through a return to one’s homeland or by the promise of a return guaranteed by a medical professional.

It is precisely this mnemonic relationship involving 1) recall, 2) loss, and 3) psychoanalytic ideas of pathology associated with loss that are addressed in this current study. This historical study will review the phenomena of nostalgia found in clinical literature, specifically medical and psychological texts from the late-17th century to the present. Through these texts, the study will introduce nostalgia as common component of the human experience, demonstrate how it was conceptualized as a psychopathological medical illness and finally, outline how nostalgia disappears as a diagnosis only to reappear, obfuscated, within psychoanalytic literature as a psychological phenomenon associated with pathological mourning. In tracing historical descriptions of nostalgia, this thesis illuminates how medical constructions of nostalgia as pathological condition continue within psychodynamic theories of mourning. In examining the phenomena of nostalgia and its place within contemporary psychodynamic theories of mourning, this study highlights the implications of socio-cultural and historical ideas that inform contemporary psychodynamic ideas of normative and pathological responses to loss.

Chapter II explains the literature reviewed and its role in this study. Chapter III provides a brief introduction to the concept of nostalgia and then, a historical analysis on descriptions of nostalgia within medical clinical literature from the seventeenth century to 1943. Chapter IV provides descriptions of the phenomena of nostalgia in psychodynamic literature from 1950 to the present. Chapter V demonstrates how psychodynamic descriptions of nostalgia from 1950-2011 share descriptive features with pathological mourning, melancholia, and examines the teleological underpinnings within Freud's classic theory, "Mourning and Melancholia" (1917). The study concludes with a brief discussion of the importance of this analysis to contemporary social work theory and practice.

CHAPTER II

METHODOLOGY

This chapter outlines the methodological approach used to examine clinical descriptions of nostalgia and psychodynamic theories of mourning. I will provide a brief explanation addressing the rationale for the literature chosen and how it proves relevant to this study. This historical study of descriptions of nostalgia within medical, psychological and psychoanalytic literature span the years from 1688-2011. The early history of nostalgia prior to its medicalization in the 17th century relies on histories provided by Martin (1954); Nikelly (2004); Rosen (1975); Starobinski (1966); Tummala-Narra (2009) and Turner (1987). The articles used to construct the history of nostalgia as a medical disease were found through a literature search of psychological databases. These secondary sources are both histories and studies that analyzed primary sources, specifically medical texts from the 17th and 18th centuries. Within this period, 1917, which marks the publication of Freud's pinnacle work, "Mourning and Melancholia," constitutes an important break. Following this publication, medical descriptions of nostalgia became increasingly subsumed within psychoanalytic literature addressing pathological mourning. Sixteen articles that directly address the phenomenon of nostalgia were found through a literature search of psychoanalytic databases from 1917 to the present. These articles constitute the primary sources for the analysis on nostalgia described as pathological mourning within psychoanalytic literature.

CHAPTER III

MEDICAL DESCRIPTIONS OF NOSTALGIA

Non-Medicalization

Addressing the Physicians' Club of Chicago in 1913, Doctor S. Weir Mitchell, a physician who had served during the American Civil War, reflected on his experiences. In noting the dangers of treating the wounded, the doctor critiqued the unfortunate relationship in which the medical community had re-conceptualized and omitted certain phenomenon from contemporary nosology. Citing nostalgia, Mitchell lamented how social phenomena were becoming increasingly subsumed within psychoanalytic frameworks. Mitchell stated:

Cases of nostalgia, homesickness, were serious additions to the perils of wounds and Disease, and a disorder we rarely see nowadays, I regret no careful study was made of what was in some instances an interesting psychic malady, making men hysteric and incurable except by discharge. Today, aided by the German perplexities, we would ask the victim a hundred and twenty-one questions, consult their subconscious mind and their dreams, as to why they wanted to go home and do no better than let them go as hopeless.

(Rosen, 1975, p. 340)

Mitchell's words prove prophetic in terms of elucidating how socio-cultural factors change nosology as well as how the concept of nostalgia transitioned from a social-phenomenon to a psychopathological illness and, currently, is nearly obsolescent within psychoanalytic literature. Historian and anthropologist, George Rosen (1975) affirms this epistemological dissipation when he states:

Nostalgia, a psychopathological condition affecting individuals who are uprooted, whose social contracts are fragmented, who are isolated and who feel totally frustrated and alienated, was first described in the 17th century and was a problem of considerable interest to the physicians in the 18th and 19th centuries. By the 20th century, it seemed to have disappeared, but reappeared under different labels. (p.340)

The following chapter outlines the historical transition of nostalgia first as an affective state congruent with socio-cultural norms and then, as a psychopathological illness concomitant with somatic disturbances as described in psychiatric and psychological literature.

Psychiatric anthropologist, Jean Starobinski (1966), in tracing the etiology of nostalgia as an illness, describes the process in which something that may have been conventional transitions into aberrance. “Before they are recognized as abnormal conditions,” Starobinski (1966) states, “Certain disease are seen as simple disturbances within the normal course of life, disturbances which no one thinks of distinguishing as of medical importance” (p.84). A similar evolution can be applied the medical and non-medical conceptualizations of nostalgia between the 17th and early 20th century. Starobinski (1966) asserts that any exploration into the history of pathogenesis, specifically from a medical and anthropological point of view is subject to “Historical semantics” (p. 82). As such, though the concept of *nostalgia* as a clinical entity did not emerge in psychiatric nosology until the 17th century, the longing to return home is ancient and appears in various linguistic forms.

Nostalgia has frequently been conceived as an interdisciplinary concept, with the longing to return home a re-emerging theme in Western literary, social, visual and philosophical traditions (Rosen, 1975; Turner, 1987). Playwright Anton Chekhov, following a visit to the penal colony of Sakhalin in 1890 stated, “Longing for the homeland provided a sufficient reason

for a weak man with broken nerves to go insane” (Rosen, 1975, p. 340). Martin (1954) touches upon the prevalence of nostalgic themes as they appear in the bible, Caesar, the Centurians of Helvetian Gaul, Homer and Hippocrates’ writings (p.93). Non-medical conceptions of nostalgia interpret the phenomena as a ubiquitous affective state. “The experience of nostalgia is both ancient and widespread... Indeed, there is scarcely a person who has never experienced it” (p.387) psychoanalyst David S. Werman (1977) suggests. Within this universalist perspective, nostalgia encompasses ideas of identity, displacement, loss and estrangement. Bryan S. Turner (1987) reflects this idea when, in his analysis on the ontology of phenomena states that, at its core, nostalgia is “A fundamental condition of human estrangement” (p.150). Martin (1954), quoting author Ruml Beardsley (1946) states, “Nostalgia is older and more fundamental than human nature itself and all people in the world, all ages and all temperaments, weak and strong, are more or less susceptible to it” (Beardsley, 1946 as cited in Martin, 1954, p. 94). Particularly poignant in non-medical descriptions of nostalgia is the idea of return, the concept of “home” and the centrality of this longing as it resides in the human psyche.

Within the canon of Western literature, the ubiquitous knowledge of Homer’s *Odyssey* and the tale of *Oedipus Rex* are oft quoted examples as testament to the human universality of the longing to leave as well as the pull to return home (Martin, 1954; Tummala-Narra, 2009; Turner, 1987). Early twentieth century psychological literature applied a pseudo-scientific model to the phenomena, arguing that migratory patterns of birds, bees, cows, dogs, horses and other animals that exhibited a “homing instinct” that signified a “Biological drive that impels the organism to leave and return to his home” (Martin, 1954, p.99). The ubiquity of such a drive, the need to leave as well as return, became reified within psychodynamic literature. The centrality of this theme is evident in tenets of child development and psychodynamic theories of

maturation. In accounting for the phenomena of regression, separation-individuation and *rapprochement*, the psychoanalytic literature emphasizes a return to a familiar affective state in the former and, in the latter two, a departure and return to a parental milieu (Mahler, 1971; Mitchell & Black, 1995). These “technical terms,” according to Starobinski (1966) in addressing the idea of return implies, “[Odysseus’] village is interiorized” (p.103).

Addressing how pre-medical forms of nostalgia evolved into clinical pathology, Starobinski (1966) states, “In the first place, we have to deal with the actual creation of a disease for, historically, the word *nostalgia* was coined for the express purpose of translating a particular [socio-cultural] feeling (*Heimweh, regret, desiderium patriae*) into medical terminology” (p.84). Additionally, “The fact that exiles languished and wasted away far from their native land was not an original observation in the year 1688, when Johannes Hofer, of Mulhouse, defended his thesis on nostalgia” (Starobinski, 1966, p.84). Implied by this quote is that the feelings associated with nostalgia were a socio-cultural and historical phenomenon that, in pre-dating their medical creation, were identifiable zeitgeists of the era.

In this vein, prior to the medical institutionalization of nostalgia as a clinical entity, the emotional components that were associated with its effects were of growing interest on continental Europe, specifically among displaced persons, exiles and mercenaries. During the Thirty Year War (1618-1648), prior to the diagnosis of nostalgia, six impressed soldiers of the Spanish Army based in Flanders were diagnosed with *mal de Corazon*, which translates to mean, ‘bad heart.’ Mal de Corazon shares strikingly similar descriptive features to what later was coined by the medical community as ‘nostalgia.’ To suffer from mal de Corazon was to be in a state of emotional turmoil characterized by a longing for home, “deep despair” and conceived of as *estar roto* meaning, to be broken (Rosen, 1975, p. 340-1). The soldiers were deemed unfit for

service and discharged. The only remedy considered in such cases was repatriation or given the promise of the return home by a medical professional. Although nostalgia had, as Martin (1954) eloquently states, “Gone beyond the province of the poets to the province of medicine,” the author points how “nostalgia never attracted the degree of scientific interest warranted by its universal occurrence” (p.94). Research into western medical, psychological and psychiatric literature addressing the phenomena of nostalgia revealed a paucity of sources. Each source, moreover, provides a myriad of descriptions accounting for the phenomenon. The aim of the following section is to trace the historical lineage and evolution of these descriptions as located within the canon of Western medical literature from 1688 until 1943.

Medical Descriptions of Nostalgia

Within Western clinical literature, a uniform characteristic that emerges with regards to nostalgia is one that touches upon the elegiac quality of the phenomenon. Historically, nostalgia has been conceptualized as a cognitive-affective phenomena associated with loss (Werman, 1977). In 1688, the loss stemming from displacement, and the subsequent longing for home, which may be defined “As any formed location or situation” (McCann, 1943, p.97), was medicalized. In the late 17th century, addressing the “Often fatal illness of *Heimweh*,” translated from German to mean, ‘homesickness’ (Rosen, 1975, p. 340), the Swiss internist Johannes Hofer defended his clinical findings to Johannes Harder, doctor of Philosophy and Medicine and professor of Anatomy and Botany at the University of Alsace (Martin, 1954, p.93). According to Hofer:

Until now, *Heimweh* has not been described by physicians, although it very much deserves to be. I have, therefore, tried to sketch its history. The German name indicates the pain, which the sick person feels because he is not in his native land, or fears never to

see it again. For this reason, because of the Swiss in France who are affected by this illness, the French call it *maladie du pays*. Since it has not a Latin name, I have called it nostalgia (from *nostros*, return to one's native land, and *algos*, pain or distress. (Rosen, 1975, p. 341)

Citing two case studies, one a female, Swiss immigrant in France and the other, a male university student studying in a region alien to his own, Hofer concluded the following:

The persons most susceptible to the disease are young people living in foreign lands, and among them especially those who at home lead a very secluded life and have almost no social intercourse. When such individuals, even well-bred children, come among other peoples, they are unable to accustom themselves to any foreign manners and way of life, nor to forget the maternal care that they received. They are apprehensive and find pleasure only in sweet thoughts of the fatherland until the foreign country becomes repugnant to them, or suffering various inconveniences they think night and day of returning to their native land and when preventing from doing, they fall ill. (Rosen, 1975, p. 342)

In combining the Greek roots *nostos*-meaning a return home and *algia*- meaning longing and pining, Hofer created a neologism that became expressive of, supposedly, a universal human phenomenon (Boym, 2011; Martin, 1954; Rosen, 1975; Sohn, 1983; Starobinski, 1966). What Hofer objectively accomplished, however, was “To convert this emotional phenomenon [of *heimweh*, regret, *desiderium patriae*] into a medical phenomenon exposing it, in so doing, to rational inquiry” (Starobinski, 1966, p.84). As such, Hofer's address of nostalgia may be interpreted as a clinical inquiry into previously existing, culturally syntonetic, affective states of: *heimweh*, longing for home, regret, and *Schweizer Krankheit*, translated to mean ‘Swiss illness,’

marked by *desiderium patriae*, melancholic-love for one's own socio-cultural and geopolitical milieu (Martin, 1954; Starobinski, 1966). In the creation of the disease, *nostalgia*, Hofer became the first to give a specific account of the physiological features and physical symptoms of an emotional phenomenon, tying pathology to displacement of a socio-cultural milieu. In the above quoted passage, Hofer equates nostalgia with social isolation, difficulty acculturating to new surroundings, fixation on maternal care, anxiety and physical illness. "What is significant for us in psychiatry," Martin (1954) states, "Is that in 1688 the effects of emotions and sentiment upon body health was being considered. This thesis of Hofer's is an important milestone in the history of psychological and psychosomatic medicine" (p.93).

As such, from its inception, woven within medical constructions of nostalgia were ideas of socio-cultural loss and geophysical displacement. It was through the creation of the disease, nostalgia, that the neologism quickly became used to describe the pathological longing of culturally displaced individuals. Intense longing for one's ethnic and cultural home environs resulted in psychological and physical ailments alike. Nostalgia "confuse[d] past and present, real and imaginary events" due to "persistent images of the native land," which distorted an individual's psyche (Nikelly, 2004, p. 183). Those who expressed such yearning suffered an "erroneous representation" of their previous home state, often idealizing their previous way of life (Boym, 2001, p. 3). Characterizing nostalgia were moribund features, including shortness of breath, continuous fever, immobility, decreased appetite and loss of consciousness (Rosen, 1975). Those who, according to Hofer, were primarily afflicted were Swiss emissaries abroad, Swiss servants working in France and Germany, as well as students from the Republic of Berne, who were studying in Basel; all ethnic and cultural minorities in their settings (Boym, 2001).

In terms of immunobiology, Hofer's conceptualization of the etiology and pathogenesis of the disease reflects a common 17th century idea that the human body was composed of a fixed economy of vital spirits, in which psychic disturbances resulted in physical illness (Rosen, 1975; Starobinski, 1966). Within this framework, "Two hypotheses were simultaneously accepted: a psychological influence on the physical and an influence of the body on the soul" (Starobinski, 1966, p.88). A similar theory of the mind-body dialectic re-emerges in Freud's economic theory of mind and, by extension, this structural relationship also informs his theory of "Mourning and Melancholia" (Freud, 1917).¹ The perspective informing this medical explanation is Solidist philosophy (Starobinski, 1966). A branch of the psychosomatic medicine of the Greco-Roman tradition, this school of thought continued to exert influence on the 17th century Western European medical establishment and humoral theories emerging during that time (Martin, 1954).

Solidist thought perpetuated a belief that the nervous system was the primary function of all anatomical vitality. This implied a complex and erroneous perception that the central nervous system was composed of a limited set of energies that influenced all other bodily functions. Disease and, by extension, the expression of symptoms, resulted from a complex interplay of a fixed amount of "energies" forming a tenuous balance between mind, body and spirit. During the 17th century, a Solidist framework was used by the medical establishment in an attempt to explain the complex interaction between one's nervous system, blood circulation and environmental conditions, such as atmospheric pressures, socio-environmental changes (displacement and immigration) as well explaining preexisting psychological fragility predisposing one to illness. It was accepted clinical knowledge that a depressed mind could become metastasized within the body resulting in internal, organic pathology. Melancholia and

¹ Elaboration of the relationship between an economic theory of mourning that frames psychoanalytic discourse of healthy and pathological mourning will be further discussed in the final chapter of this study.

nostalgia were clinical examples in which doctors “proved” how depressed mental states often correlated with internal, physiological complications like Tuberculosis and gastritis (Rosen, 1975; Starobinski, 1966). “I have opened cadavers of those who died of this disease,” one physician wrote in his study of nostalgia in 1761, “And have always found the lungs firmly adherent to the pleura, the lobes on the side where the sound was dull are callous, indurated and more or less purulent,” symptoms attributed to tuberculosis (Rosen, 1975, p.346).

Within the framework of Solidist thought, nostalgia was the result of “exited nervous sap” (Starobinski, 1966, p.87) that originated “in the inner parts of the brain, where the animal spirits were suppose to dwell” (Martin, 1954, p.94). The animal spirits, overly excited by the thought of home, metastasized in an *idée fixe*, manifesting in the cognitive preoccupation on the longing to return (Starobinski, 1966). The *idée fixe* was particularly insidious when occurring in conjunction with periods of loss, adjustment, changes in “atmospheric pressures,” such as increases or decreased in elevation. Hofer suggested that nostalgia was more frequent during the fall and winter seasons as melancholic thoughts were, according to the internist, particularly roused by dead leaves and faint sunlight (Martin, 1954).

Hofer similarly framed the symptoms of the disease within a fixed energy economy. According to the internist, because the nostalgic was engaged in incessant melancholic rumination of one’s home, the nerve pathways associated with these activities were overused and diverted energy from other vital functions, such as sleep, appetite and ability to self-soothe (Rosen, 1975). Hofer accounted for the physiological implications of an *idée fixe* when he discussed nostalgia as a cerebral illness of “*imaginatio laesa*” (Starobinski, 1966, p. 87). For Hofer, the *imaginatio laesa*, translated to mean “disordered imagination,” which germinated in the brain thus making nostalgia, a neurological illness that diverted energies from other areas of

the body (Martin, 1954; Rosen, 1975). The *idée fixe* was thought to thicken the blood and decrease circulation to the heart which, “On receiving less blood becomes depressed and consequently saddened” (Martin, 1954; Starobinski, 1966, p.87). Once vital spirits had been, exhausted death ensued.

Symptoms of nostalgia were:

Persistent thinking of home, wanders about sadly, scorns foreign manners, seized by a distaste of strange conversation, inclined by nature to melancholy, bears jokes, slight injuries and petty inconveniences in the most unhealthy frame of mind, makes a show of delight of the fatherland, meditation only on the fatherland, disturbed sleep, insomnia, decreased strength, hunger, thirst, senses diminished, weakness, anxiety, palpitations of the heart, frequent sighs, stupidity of the mind, smothering sensations, stupor and fever.

(Martin, 1954, p.94)

Hofer averred, “The ailment is curable if the yearning (*Sehnsucht*) can be satisfied; incurable, mortal or at the least very grave when the circumstances prevent its satisfaction” (Rosen, 1975, p. 343). Hofer’s treatment of nostalgia was aimed at correcting disturbed imagination and amelioration of symptoms. The patient was prescribed a diet of simple, purgative foods and, at times, given a narcotic. The most effective cure, however, was to return home. “Experience shows that this action” Hofer states, “Practically always produces a cure. On the other hand, most of those who cannot return finally die, or are driven mad” (cited in Rosen, 1975, p.343). Of note, Hofer stated, “They [the nostalgic] do not know how to forget their mother’s milk” (Martin, 1954, p.94).²

² Maternal attachment and pathological nostalgia is a consistent theme in the history of nostalgia. This relationship is further addressed in the section that provides psychoanalytic descriptions of nostalgia.

Following Hofer's clinical depiction of the etiology, symptoms, prognosis and treatment of the disease, nostalgia was accepted as a clinical entity and included within 18th century Swiss medical nosology. Further studies done in 1702, 1703 and 1704, all by Swiss internists, elaborated Hofer's findings. Each emphasized the role of atmospheric pressures in the affliction of nostalgia (Rosen, 1975). By 1755, the psychogenesis of the disease had expanded to include further consideration of emotional, psychological and socio-cultural features. Reflected in nostalgia's increased codification was special attention to the nature of an individual's displacement— such as the hypothesis that those from rural areas were more susceptible because they were not as developmentally mature as those from urban centers (Martin, 1954; McCann, 1943; Rosen, 1975). Climate changes, transportation developments and continuity of previous cultural traditions were additional psychosocial factors considered. Evidence of the growing medical interest in the interplay of socio-cultural dynamics and individual psychology is seen in the inclusion of nostalgia within the medical Dictionary, *Onomatologia Medica* in 1755. Within its classification, nostalgia is described as:

A very specific disease which according to all previous experience is preeminently common among the Swiss, an arises chiefly from a passionate longing for their native land which develops slowly without being perceived. It not only leads the mind into foolish, odd and even bizarre eccentricities, but also impairs the individual's physical health. (Rosen, 1975, p. 344)

Botanist and physician, Carl Linnaeus, focused on the emotional and mental components of the condition when he included nostalgia within his medical classification, *Genera Mordorum* (1763), as part of the order *pathetic* in the class *morbid mentales* (Rosen, 1975). Key features of the emotional and psychological disturbances associated with nostalgia were melancholy,

paranoia and mental aberrations. Physician, Thomas Arnold (1806), elaborated upon Linnaeus' classification of nostalgia as a psychological disturbance by listing 'nostalgic insanity' as a variety of 'pathetic insanity' in which "One's passion is in full and complete possession of the mind" noting, additionally, that it was a disease that was particularly prevalent among foreigners (Rosen, 1975, p.347). By the end of the 18th century, doctors across Europe agreed that nostalgia afflicted people of various races, ethnicities, classes and sexes (Starobinski, 1966). Yet, it was ninety-six years after Hofer's initial clinical description, in 1784, that nostalgia was first diagnosed and reported in people other than the Swiss (Martin, 1954).

Towards the latter half of the 18th century, following nostalgia's greater acceptance within Western European medical nosology, increased scrutiny was given to the psychological and demographic factors that predisposed one to illness. A common feature in the medical community's description of nostalgia was that the disease followed displacement. Because of this, across continental Europe, doctors increasingly addressed how nostalgia might affect military populations. By the late-18th century, epidemics of nostalgia were being accounted for within the Swiss, German, Italian, French and British armies. Military physician, Gerard van Swieten, cited it as one of the diseases most often to occur in military camps during this time (Rosen, 1975). Rosen (1975) accounts for environmental factors in attributing to the rise of nostalgia among military populations of continental Europe. Citing the horrific circumstances of military conditions, such as hunger, forced conscription and prolonged displacement, Rosen (1975) states that these elements induced feelings of nostalgia. "Men fall into profound despair... suffering depression, anxiety and all the other symptoms of nostalgia (Rosen, 1975, p. 357). Rosen (1975) continues to address the interplay between environmental conditions, displacement and nostalgia stating, "What these soldiers and seamen experienced was a forced

removal from an accustomed milieu associated with a sudden rupture of emotional attachments giving rise to an acute feeling of isolation and powerlessness, a sense of having been overwhelmed by a catastrophe (Rosen, 1975, p.347).

Although the medical community continued to speculate on the psychogenetic conditions precipitating cases of nostalgia, by the end of the 18th century interest shifted to focus on the psychological features of the disease. Starobinski (1966) states that the shift from the physiological to the psychological was due to, in part, better military conditions and thus, fewer reported cases of nostalgia within these populations. Because nostalgia was no longer being directly tied to the environmental conditions of the military, more attention was given to the psychological implications of the disease. In 1795, nostalgia was used to explain criminal behavior and mental illness. “When nostalgia came at puberty, it would take one of two forms—melancholia or pyromania” (Martin, 1954, p. 94-5). French military surgeon, Dominique Jean Larrey, was one person who spearheaded clinical efforts to describe nostalgia primarily within psychological terms.

In 1821, Larrey sought to explain why military disasters and disappointments correlated with increased reported rates of nostalgia among army populations. In his hypothesis, Larrey introduced two important shifts away from how nostalgia had previously been conceptualized. First he argued that nostalgics did not die as a result of complications stemming from the disease, such as tuberculosis or gastritis, but that they died due to aberrant changes taking hold in the brain. Second, Larrey combined what had been previously considered two separate and distinct illnesses, nostalgia and melancholia, into one

For Larrey, nostalgia’s conditions and behavior were associated within a distinctly psychopathological framework. Rosen (1975) states, “Larrey considered nostalgia to be a mental

disorder, a form of melancholic madness, resulting from the action of various forces” (p.349). Among these forces that Larrey considered were constitutional elements, such as lymphatic disturbances, blood type, demeanor but also environmental conditions, like movement away from familiar milieus, imprisonment, forced conscription and morally imprudent activities such as venery, masturbation and idleness (Rosen, 1975). Larrey called nostalgia a “Disease as dangerous as it is insidious...a cerebral affliction,” that could be cured through “Some mode of useful instruction that will elevate the spirits of the soldier” (Rosen, 1975, p.349). Larrey divide the course of the disease of nostalgia into three stages. His following descriptions, taken from Rosen (1975) p. 348-349 illustrate the way that the disease was clinically conceptualized by the mid-19th century. In this description, nostalgia is seen as both a psychological and physical impairment progressing in stage-like development.

Larrey (1821), as described by Rosen (1975), states:

The mental faculties are the first to undergo a change as shown by an exaggeration of the imaginative faculty. Persons affected by nostalgia think of their homes as delightful and enchanting, no matter how rude and poverty stricken they may be... This condition of cerebral excitement is accompanied by certain physical symptoms,” mainly fever, heart palpitations, red-eyes, somatic disturbances as well as incomprehensible speech patterns. (p.348-349)

Larrey suggested that the mood and affect of the patient was “oppressed and weary” (Rosen, 1975, p.349). As the disease transitions to the second stage, fever increased and the stomach atrophied, contributing to symptoms of gastritis. In the third and final state, the patient suffers increased depression, crying spells, complete lethargy, and displays an extreme aversion to food and water. Ultimately, the patient succumbs to death or suicide. Larrey’s propositions of

the psychological stage-like development of nostalgia as a “pathological process” informed later clinical attitudes (Rosen, 1975, p.351). Subsequent physicians and doctors continued to structure nostalgia within a developmental framework, conceptualizing the etiology of the illness as a psychopathological condition rather than a physiological disease.

1873 signals the height of medical interest in nostalgia as a distinct, psychological entity. Following this time, nostalgia becomes increasingly subsumed within literature on depression and conflated with melancholia. In 1873, however, French military doctor, August Haspel, received an award from the Academy of Medicine for his dissertation on the psychosomatic and psychological underpinnings of nostalgia. In his thesis, Haspel states:

Nostalgia is a vicious manifestation of a disturbed existence, which is under the influence of an attack by the emotional and ethical part of the individual, that is, of his character... These disturbances, these organic changes have not come about all alone... they have had a beginning; there is, therefore, something which is preceded them, which has introduced them, and this something is definitely the sad thought, the unhappy state of the soul which has determined these organic modifications—which do not, of themselves, make up the cause of the disease, by only one of its anatomical expressions (Starobinski, 1966, p.99 as cited in Haspel (1871) *Mémoires de l'Académie de Médecine*, XXX).

In this work Haspel, echoes Larrey when he urges one to move away from physiological explanations of nostalgia to interpreting its etiology as more wholly intra-psychic. The “anatomical expressions,” as Haspel notes, do not cause of nostalgia but rather, are the physiological symptoms of “organic modifications” that accompany an “an unhappy soul.” For Haspel, nostalgia is described as de-stabilizing by attacking an individual’s character. Later

work on nostalgia follows Haspel's trend by examining the preceding "sad thoughts" that lead to an "unhappy state of the soul."

By the late-19th century, nostalgia was systemically disappearing as a separate and distinct clinical entity within the medical canon. Increasingly, nostalgia was being classified as a type of melancholy. Melancholy, moreover, was juxtaposed to depression, with the former seen as a pathological subtype of a depressive state (Bucknill & Tuke, 1858; Morel, 1860; Rosen, 1975). "By 1899," Rosen (1975) reports, "nostalgia begins to be considered a stage in other mental and emotional disorders, chiefly melancholia. The view that certain social groups were predisposed continues to prevail" (p.351). The groups that continued to be seen as predisposed to nostalgia were displaced persons and cultural minorities. Early to mid- 20th century medical literature continued to sparsely address the mood, affect and somatic complaints of nostalgia (Iyer & Jetten, 2011; McCann, 1943). By 1945, Starobinski (1966) notes, the use of the word within the psychiatric canon became exceedingly rare.

In one of the few early-20th century psychological texts analyzing the effects of nostalgia McCann (1943), focusing on college students, outlines psychological and somatic symptoms of nostalgia. This study is important as it correlates homesickness with nostalgia. Second, nostalgia/home-sickness is construed as a problem of adaptation and development. McCann attributes the following psychological symptoms to nostalgia:

Unpleasant physiological sensations, such as strange hollow feeling in the pit of the stomach, feelings of depression and despair, such as feeling 'blue' and lonely, feeling that everything has gone wrong... unsatisfied longings and desires, such as longing to be home, to see someone from home. Inadequate substitute reactions for return home, such

as a constant communication with home, thinking and talking about home, and dreaming and daydreaming about home. (McCann, 1943, p.98)

Physiological symptoms included, “Palpitation, circulatory disturbances, high blood pressure, cessation of menstrual flow, night sweats, vague erratic pains, glandular disturbances and, in more severe cases, delirium, convulsions, and stupor” (Martin, 1954, p. 94). The ubiquitous and imprecise clinical presentation of nostalgia, joked McCann (1943), left it such that “every symptom known to man has been interpreted one way or another as nostalgia” (p.101). Testing for interacting variables McCann, used the Bernreuter Personality Inventory as well as Conklin’s Introversion-Extroversion Questionnaire, a standard measuring tool used in psychological studies at the time. Each measure found that nostalgic individuals tested significantly higher in emotional instability, decreased sense of self-sufficiency, increased introversion, self-consciousness and low self-esteem. In a comparative analysis among males and females, McCann concludes that issues of psychological adjustment are different based on sex.

For women, McCann states that nostalgia resulted from “Extreme fondness for home, for people and social functions, and for the home community...the habit of confiding in one’s family and depending upon their advice and guidance” (p.102). For men, nostalgia stems from, “Extreme fondness for the companionship, help, and love received at home, for the family and for the home community... seldom being alone at home... feeling that there is an interdependence among the members of one’s family; difficulty getting acquainted with girls at college” (p.102). McCann offered various treatment suggestions, such as activities that promote and develop areas in which the individual was experiencing defective functioning. These were, “Emotional stability, self-sufficiency, self-reliance, friendliness, a wholesome interest in others, a sense of responsibility, a sense of humor, good manners... (McCann, 1943, p. 103-4).

Nostalgia was included in medical texts for North American doctors serving in World War II. It was described as a “Contagious psycho-physiological disorder, capable of spreading havoc among the armed forces” (Lears, 1998 as cited in Nikelly, 2004, p.184). By 1954, the U.S. Surgeon General’s office continued to issue nostalgia/ homesickness, within it’s list of standard diagnosis. This, according to Martin (1954) “Reflects a specificity and understanding of the condition which is completely unsubstantiated by the literature” (p.94). By the mid-20th century, however, psychiatric practitioners acknowledged that nostalgia was being overlooked by psychiatry and, what had been written, was inconsistent, unclear and obscure (Flicker & Weiss, 1943; Martin, 1954). Currently, nostalgia is not indexed in the DSM-IV-TR (2000).

Addressing the absence of nostalgia in contemporary psychiatric classification, Psychiatrist Arthur Nikelly (2004) states this is, “Because the symptoms of distress from dislocations, migrations and social upheavals are usually classified as a subtype of depression” (p. 186-7). Nikelly notes that components of the psychological, somatic and physiological features that were previously associated with nostalgia are descriptors apparent within somatization disorders and dysthymia. Hypothesizing what diagnosis would most accurately reflect the “Abandoned illness” (p. 182) of nostalgia, Nikelly (2004) points to separation anxiety disorder and Adjustment Disorder with Depressed Mood as the two contemporary afflictions that are most similar to what would have once constituted as nostalgia (Nikelly, 2004).

CHAPTER IV

PSYCHODYNAMIC DESCRIPTIONS OF NOSTALGIA

Starobinski (1966), addressing the psychoanalytic method to interpret affective states and conditions, states “Nowadays, the language of psychoanalysis presents us with a *model* permitting us to understand the significance of our emotions; its proposes a form for them. Although simply applied to inner experience, this form does not remain dissociated from it for long” (p.82). What Starobinski (1966) calls the psychoanalytic ‘model’ is a framework that has been imposed on the phenomenon of nostalgia. In an attempt to understand the meaning of nostalgia, clinicians have used psychodynamic frameworks to better comprehend the cognitive-affective dynamics and functions of this phenomenon. This chapter will examine how nostalgia has been historically described within psychoanalytic literature.

A literature search of ‘nostalgia’ within a major psychoanalytic database reveals a paucity of sources. Hiatuses between analytical studies signify a gap in the field of psychoanalysis to consistently engage with the phenomenon of nostalgia. In the present study, sources were limited to English language articles containing clinical descriptions of nostalgia, approach the subject with a titular focus and describe the phenomena as a clinical entity distinct from homesickness. Among thirteen different psychoanalytic journals, *The Psychoanalytic Review*, *Psychoanalytic Psychology*, *The Journal of Applied Psychoanalytic Studies*, *The American Journal of Psychoanalysis*, *The Journal of American Psychoanalytic Association*, *The Journal of Analytical Psychology*, *The Journal of the American Academy of Psychoanalysis and Dynamic Psychiatry*, *American Imago*, *The International Journal of Psychoanalysis*, *The Journal of*

Individual Psychology, Contemporary Psychoanalysis and Psychoanalytic Dialogues, sixteen articles published between 1950 and 2011 fit the criteria for this study. A similar dearth of information is also apparent in books. Akhtar (2011), Boym (2001), Davis (1979) and Phillips (1985) are the few scholars focusing on nexus of nostalgia and psychoanalytic theory. This appears to confirm what Starobinski (1966) and Rosen (1975) state when they suggest that the study of nostalgia suffers from disciplinary obsolescence.

Psychoanalytic interest in the phenomenon of nostalgia has oscillated. Although the reasons for this are not entirely addressed in this study, they may be the focus of future inquiry. Possible explanations as to increased psychoanalytic interest may correspond to periods of major intra and inter-continental displacement, such as post-World War II (Fodor, 1950), immigration patterns (Akhtar, 1999) and interest in ideas of assimilation and acculturation following times of upheaval (Akhtar, 2011; Volkan, 1999). In this study psychoanalytic addresses of nostalgia will be divided into three historical periods: 1) Mid-20th century (1950-1977), 2) Late- 20th century (1983-1999) and 3) Contemporary (2000-2011). The following sections present analysis of psychoanalytic texts in chronological order.

Mid-20th Century Descriptions

1950-1977. The first psychoanalytic article to address the phenomenon of nostalgia is Nandor Fodor's, "The Varieties of Nostalgia" (1950). Within Fodor's analysis, he states that nostalgia "Manifests itself in an intense desire to return to the country or town from where we came, or—on more acute analysis—to return to the home which we had left behind. Motives of frustration and a desire to escape from reality are clearly discernable behind it but do not exhaust its syndrome" (p.25). Fodor states that nostalgia is not a distinctly psychogenetic state but that it can lead to psychopathology. "Nostalgia is not a mental disease but it may develop into a

monomaniacal obsessive mental state causing intense unhappiness and leading to a complete uprooting of a settled existence” (p.25). The psychological and affective disturbances are accompanied by lack of rationality, erroneous memory and idealization. The nostalgic also displayed regressive, infantile tendencies that, regardless of what the expressed sentiment, were ultimately tied to the maternal womb. “The simplest answer is that behind the love of the old country or home, the yearning for our childhood is hidden and that the victim of nostalgia is a mentally regressive compulsive neurotic” (p.25-6).

Fodor imposes a traditional Freudian psychoanalytic framework to interpret the ontology of nostalgia. Within this theoretical camp, the role of the mother is the central figure in the child’s development. For Freudians, a particularly joyful period of mother-child symbiosis is experienced when the child is developing in the womb. According to Fodor, the nostalgic person seeks to return to the pre-natal utopia of the uterine setting, desirous of “the attainment of happiness in the only perfect form we have known it” (p.35). Nostalgia signifies a desire to return to the time before the individual was separated from their mother. “It,” a reference to the nostalgic experience, “Makes us feel safe and secure as if we were back in the womb” (p.36). For Fodor, this makes nostalgic sentiments, and expressions of such, inherently regressive, composed of illusory safety and escape from the reality and responsibilities of the surrounding world. Although nostalgia may take a variety of forms, for example wistfulness of a particularly time, place or object, Fodor claims that at its underpinnings is an expressions of prenatal fixation. According to Fodor (1950), this sentiment is also prevalent within the cultural sphere. Citing examples such as Never Never Land, the Garden of Eden and the Germanic, Die Lorelei, Fodor provides an analysis concluding that the prevalence of sublimated prenatal emotions within cultural myths provides an ongoing recapitulation of regressive nostalgic sensations. “She, too,

had known a fairy land,” he states of a certain nostalgic patient, “A faraway country, the mother land, the womb” (p. 29). In each of these instances, whether referencing cultural symbols or individual expression, Fodor argues that nostalgia’s primary function is to pull “The child’s mind away from reality” (p.32).

In terms of social demographics, Fodor suggests that neurotics are particularly prone to nostalgia. For Fodor, under normal circumstances, memories of maternal attunement may be a motivating factor for individuals to cultivate similar sensations within their later relationships and, ultimately, onus to start their own families. For those whom perpetually express nostalgia for their old homes, however, it may function as a type of dissociation an, “Escape fantasy... for those who cannot face reality” serving “no integrating effect” (p.36). In terms of integration, Fodor suggests that nostalgia and nostalgic fantasies are inherently isolating, leaving an individual sequestered and cocooned within the memories of what was versus what is now.

Martin (1954) adheres to a similar framework in which obsessive and pathological forms of nostalgia are interpreted as an expression of infantile wishes located in a “Childish level of development” (p.97). Like Fodor (1950), Martin imposes a traditional Freudian psychoanalytic framework, explaining that the phenomenon of nostalgia stems from an unresolved Oedipus complex. Stating “An excessive libidinous attachment for the mother” results in an unresolved Oedipal complex, such developmental hiccups produce an “underlying weak, insecure personality” (p.98). Though similar, Martin differentiates nostalgia from homesickness by the presence of morbid anxiety in the former, absence in the latter. “Nostalgia is an apprehension that temporary separation [from the home] will prove fatal...” (p.96) which Martin states is indicative, again, of “An excessive libidinous attachment for the mother”(p.98).

Although citing separation from home as a key precipitating factor in nostalgia and homesickness, Martin distinguishes ‘normal’ homesickness as a desire to return home from pathological nostalgia, nostomania. Martin equates ‘normal’ homesickness as tied to a biological and rhythmic homing tendency that “Involves a healthy surrender to the rhythmic biological inclination to return to the past; to our beginnings, to childhood, to sleep and to the unconscious” (p. 102). The sensations felt in conjunction with this pull to return home are a natural phase of growth in man’s development and exhibited by a variety of species within nature.

“Homesickness” Martin (1954) states, “Is a mild reaction depression with insight, whereas cryptic nostalgia [nostomania] is a home fixation without insight or overt signs of emotion” (p.96).

Martin suggests that in excessive amounts, nostalgia can prove pathological. In these instances, nostalgia is used as a fantasy in which recalling a previous ways of life signals a symbolic attempt to resolve feelings of uncertainty, anxiety and fear that come in separating from one’s mother. Employing such means to cope with anxiety, however, implies developmental delays, is ineffective and signals over reliance on the mother. Coining the term, ‘nostomania,’ Martin classifies this type of pathological nostalgia as a reactive, compulsively fixated desire to return to one’s home. In this form, nostalgia is dominated by anxiety. Such anxiety has its roots in “internal conflicts acquired in childhood,” namely the Oedipus complex, and in which “there is a narrowing of consciousness and detachment from reality” as well as “compulsive movement toward and against home and whatever home means literally and figuratively” (p.100-3). In this passage, Martin frames nostalgia as a type of dissociative fantasy; a “narrowing of consciousness” and “detachment from reality” that is centered on a literal or figurative “home.”

In terms of demographics, Martin suggests that lack of socialization and under-education may play a role in identifying what persons may succumb to nostalgia. For him, therapeutic interventions should focus on supporting new identifications and instilling independence from one's mother. Martin's work is important as it addresses nostalgia indexing by adding the term 'nostomania,' a subtype of pathological nostalgia. His is the first clinical literature that suggests that nostalgia becomes pathological based on quantity— but, like Fodor (1950), in small doses it may produce healthy and beneficial results, like fostering connections to one past and instilling a sense of continuity.

In 1965, Nawas & Platt suggest that the paucity of psychoanalytic sources analyzing nostalgia was due to, in part, inadequate theoretical frameworks used to interpret the phenomenon. Pointing to the limited explanations provided by psychoanalytic theorists and practitioners to account for the etiology and occurrence of both normal and pathological forms of nostalgia, Nawas & Platt suggest that this points to a need for nostalgia to be re-conceptualized within psychodynamic literature. Their definition indicates an attempt at understanding the phenomenon in a new light:

By definition, nostalgia implies a separation or distance from an object to which one is attached. This hints at a possible affinity—generic, etiological or otherwise— between nostalgia on the one hand and separation anxiety and the physical symptoms associated with it on the other hand... Zwingmann redefines nostalgia as the 'individual's response to change and/or an abstraction thereof (anticipated change) by a symbolic return to, or reinstate of, those features of his past. (Nawas & Platt, 1965, p. 53-4)

Stating that this component, anticipated change, provides a more dynamic interpretation of nostalgia, Nawas & Platt critique the use of past-oriented conceptualizations and present

maladjustment that have dominated the discourse on the topic. Instead, the author's shift their focus to one's dread of the future. "Nostalgia can best be understood if seen as an expression of concern over, or dread of, the future, and that it is a lack of 'being-in-becoming' rather than a 'homing instinct' or a reaction to unsuccessful adaptation to one's present surroundings" (p. 55). According to the two authors, the past-oriented approach is represented by "orthodox psychoanalysts" (p.57) centering on the concept of the "homing instinct" (Fodor, 1950) and inability to adjust to present environs (Martin, 1954).

For Nawas and Platt, both Fodor and Martin reflect an orthodox view of psychoanalysis in their interpretation of nostalgia as a "Yearning for the surroundings in which one was bred," (p.51), a "disturbed Oedipal situation" and developmental regression (p.52). In juxtaposition to the past-oriented approach, Nawas & Platt propose looking at present maladjustment as signifying an individual's dread of the future. Within this perspective, however, nostalgia continues to be viewed as an unsuccessful adaptation to one's surroundings, conflated with dependence on one's parents, immaturity, feelings of insecurity, as well as "A manifestation of loss of being or loss of something central to one's life" (p.52). Central in Nawas and Platt's analysis is the absence or removal of an individual from their homeland as a precipitating factor in the development of nostalgia and somatic complaints. This points to an introduction of greater consideration of socio-cultural variables and the interplay with nostalgic presentation in the psychoanalytic discourse.

Citing psychological studies that show that nostalgia is more frequent among women than men, Nawas & Platt also suggest that it occurs with more regularity in people with

psychastehnia.³ In terms of treatment, the authors suggest re-orienting patient/clients' time perspective. The authors argue that those who are "optimistic, goal-oriented and planful are not likely to fall victim to nostalgia," nor are "middle-class individuals, whose training emphasizes futurity," in contrast to, "lower-class individuals, whose training and life circumstances focus on the present or tradition-bound" but is more prevalent among the "essentially past-oriented upper-class individuals" (p.55). The lack of clinical understanding of the phenomena, with which Nawas and Platt begin their analysis, is a critique echoed by Werman (1977).

"Contemporary psychiatric literature that deals with nostalgia is limited," states Werman, "Psychoanalytic studies can be numbered on one hand" (p.387). Demonstrating an acute understanding of the dialectical, yet distinct relationship between nostalgia and homesickness, Werman illustrates that the two are often, erroneously, conflated. Whereas homesickness follows a person's separation from their home, homeland, or loved ones, resulting in feelings of sadness and various somatic complaints nostalgia, suggests the author, is an experience with particular cognitive-affective components diverging from those entailed in homesickness (p.388).

With regards to the cognitive components associated with nostalgia, Werman states that these "Consist of memories of a given place— rather than objects— at a given time, and the affect associated with these memories is characteristically described as bittersweet" (p. 388). Elaborating on the cognitive dimensions, Werman suggests, "The places usually have existed in reality, but they may also be derived from myths or literature or may be totally imaginary, such as a yearning for a Paradise Lost. Whatever their actuality, these scenes are uniformly idealized" (p.392). The author defines the affective features of nostalgia:

³ *Psychasthenia* is a term no longer employed within contemporary clinical literature. As used by Nawas & Platt (1965) it means a personality feature that signals a higher likelihood of one being disposed to obsessions, phobias, compulsions or extremely high levels of anxiety.

Nostalgia, then, is an ambivalently felt, affective-cognitive experience. Its cognitive aspects typically consist of a memory of a particular place at a given time... The affects associated with these memories are characteristically described as bittersweet, indicating a wistful pleasure, a joy tinged with sadness. Whatever else the sadness indicates, it always acknowledges that the past is in fact irretrievable. It is the subtlety, iridescence, and ambivalence of these feelings that gives nostalgia its inimitable coloration. (p. 392)

The reasons why, according to Werman, that contemporary psychiatry has failed to sufficiently understand the phenomena of nostalgia is due to a falsely reductionist attitude in combining nostalgia with homesickness. In doing so, psychiatric inquiries have curtailed the breadth and scope of nostalgia's clinical expression.

Reviewing existing clinical literature written on nostalgia, Werman cites Fodor (1950), Martin (1954), Nawas and Platt (1965) and Geahchan (1968)⁴ as major studies that elucidate the dynamics of phenomenon. Though noting their contributions, Werman takes issue with the authors' psychological interpretations and explanations. Critiquing Fodor's analysis, Werman states that the author fails to consider a full range of psychodynamic considerations in the affective dynamics and intra-psychoic origins of nostalgia (p. 389). Martin (1954) conflates homesickness and nostalgia as a single phenomenon when arguing that 'true nostalgia' is a result of instinctual homing— biological and rhythmic tendency (p. 389). Nawas and Platt (1965) make nostalgia synonymous with homesickness, focusing too much on an individual's particular relationship to time and a failure to adapt to their surrounding environment. Werman suggests that Nawas & Platt's analysis shares some features with Freud's writing on fantasy (1908) explaining, "The past, present and future are strung together, as it were, on the thread of the wish

⁴ Geahchan (1968) is not included in this study because his research was not translated to English. A brief review of his work is provided through Werman's translation and interpretation.

that runs through them” (p.148). In this statement, Werman illustrates that reverie, of which nostalgia and fantasy are close cousins, is a unique phenomenon such that it conflates various temporalities in a single experience. In terms of the relationship between mourning, normal and pathological nostalgia Werman draws heavily upon Geahchan’s work (1968).

Geahchan (1968), as described by Werman, is a French psychoanalyst who regarded nostalgia as a desire return to a specific past time or place, with the memory of that place often cued by sensory stimuli, like smell, place or an familiar object. Like Fodor (1950) and Martin (1954), Geahchan normalized nostalgia within small quantitative amounts. A common experience, it was not pathological unless it consumed all psychic activity. Although drawing parallels between nostalgia and fantasy, Geahchan distinguished the two. “Nostalgia is not a substitute for a wish [like a fantasy] but it an experience of the past that is recalled, normally or pathologically, for itself...All nostalgic thoughts do not necessarily indicate that the subject, in yearning for the past, wishes to return to it” (Werman, 1977, p.393-4). In this quote Geahchan, as presented by Werman, implies that the experience of nostalgia connotes a relationship, normal or pathological, with loss. Geahchan (1968) states that in pathological nostalgia, the person does not want to address mourning the lost object and thus, the lost object becomes protected within a nostalgic sheath. From this place, according to the author (1977) the loss is protected and never fully given up.

Werman appropriates Geahchan’s analysis of the relationship between nostalgia and mourning. Drawing upon Geahchan’s work, Werman is the first psychoanalysts to explicitly state that pathological nostalgia shares a similar presentation to pathological mourning.

Suggesting that nostalgia impedes healthy mourning, Werman states the following:

This [nostalgia] impedes an effective renunciation, which would permit a new object to be libidinally invested. The failure of mourning leads to a continuing search for the idealized lost object, an inability to love new objects, a depreciation of objects in one's current life, and an endless pursuit of nostalgic memories for themselves at the expense of an inhibition of many areas of existence. (p. 396)

Basing his framework of what constitutes healthy and pathologic mourning on Freud's "Mourning and Melancholia" (1917), Werman suggests that nostalgia functions to avoid acknowledgment of loss. Failure to acknowledge loss, moreover, precludes investment in a new, gratifying object. Again, in this sense, a 'lost object' is an abstraction that signifies a prior person, place and time. For Werman, nostalgia serves to falsely gratify. Addressing the satisfaction that accompanies reverie and nostalgic recall, Werman states that the 'lost object' becomes idealized and, therefore, retained. As the lost object remains habitually present and idealized in the intra-psychic mind of the individual, it is neither mourned nor cathected, meaning relinquished. This prohibits the person from investing in and deriving gratification from other objects present in their life. An important assumption made by Werman is evident in his framework of healthy mourning, based on Freud's economic theory of cathexis (1917). Nostalgia, according to Werman, inhibits the process of de-cathexis, which is a central tenet in Freud's theory of healthy mourning.

Late 20th Century Descriptions

1983-1999. British psychoanalysts, Leslie Sohn (1983) elaborates upon ideas of homecoming and return in her following description of the phenomenon of nostalgia.

"Psychoanalysts seem to me to have always held the view that nostalgia is a sentimental wish to return to that which has never existed, or which exists in the patient's mind, as having been true

for a particular time and place” (p.205). Sohn suggests that nostalgia may be conjured at times to “alleviate the underlying melancholy or yearning” (p.203) of being separated from one’s ‘home.’ Though pointing to the relationship between nostalgia and melancholia, Sohn focuses her analysis on expanding ideas of home, loss and return, as well as proposing a distinction between true and false nostalgia. The analyst states the following:

The OED definition of nostalgia is that it is a form of melancholy caused by prolonged absence from one’s country and home... We find ourselves therefore in a position where we have to consider two forms of nostalgia, true and false, the latter being a defence [sic] against the true which has according to the definition almost a clinical quality akin to a depressive state, possibly to be seen in the case of a true exile, even accompanied by feelings of unworthiness and badness (p.203).

In this statement, Sohn (1983) suggests that though nostalgia is inherently melancholic, it can be divided into a binary framework distinguishing “true” nostalgia from “false” nostalgia. Within this framework the latter, false nostalgia, functions as a defense against acknowledging the magnitude of loss, particularly with regards to geographic displacement or exile. “False nostalgia” states Sohn, is a “defensive patterning of ensuring safety from feelings of loss and depression” (p.206). The features of false nostalgia are a chronic state of “nostalgic recall” in which patients appear, “cocooned off,” such that the analysts may feel “alienated” and “excluded” from knowing about a particular place and time (p. 205). Each of these dynamics are indicative of the nostalgic’s hate of the “here and now,” and avoidance of acknowledging “actual” loss (p. 210). It is through nostalgic recall that the past object, such as a childhood homeland or a juvenile pleasure, may be constantly retrievable. Citing two case examples, one of a gay male and the other, of a college-age female student, Sohn demonstrates how nostalgia

allows one to constantly possess the lost object. False nostalgia indicates an aberrated and aborted “period of mourning,” in which nostalgia functions as a substitute for the loss (p. 210). Finally, he states, both true nostalgia and false nostalgia are composed of regressive features. While true nostalgia allows one to engage in temporarily regressive behavior, false nostalgia is a chronic regressive act by continuing to deny loss.

Studying nostalgia from an archetypal perspective, British Jungian psychoanalyst Roderick Peters (1985) discusses the features and origin of nostalgia as reflecting universal archetypes (Daniels, 1985). Drawing upon his experience as a doctor within Africa, the Middle East, Europe and the Far East, Peters states that he encountered nostalgia within each region. “In all cultures and places people experience nostalgia, and so did I. Intuition and general reading also makes me feel sure that it is a universally known experience, specific characteristics of which are unchanging” (p.135). The ubiquity of nostalgia, according to the author, is testament to the universality of the experience, in which certain features remain consistent. Peters describes the features as the following:

The intensity varies greatly from a feeling sadness and yearning to an overwhelming craving that persists and profoundly interferes with the individual’s attempts to cope within his present circumstance. The presentation of nostalgia as a symptom rather than as part of the normal fabric of existence is brought about more by variation in quantity than of quality. Physical sensations, mood, affect, thoughts and memory are all involved— but more than the sum of these parts is a feeling that the core of one’s existence is touched. There is sadness mingled with yearning, which has a boundaryless [sic] quality in depth and extent. The sadness and yearning are for what seems an indefinitely lost past and lost state of being. (Peters, 1985, p. 135-6)

For Peters (1985), like Fodor (1950), Martin (1954), and Werman (1977), nostalgia becomes symptomatic based on quantity. Too much nostalgia becomes pathological, inhibiting normal functioning and engagement in the present. In this statement, Peters echoes previous analysts in suggesting that nostalgia becomes pathological due to the extent with which one engages in the experience, versus something inherently pathological about the nostalgic experience itself. This differs from Sohn (1983), however, who suggests that there is something inherently melancholic about the nostalgia. Additionally, unlike Sohn, who views nostalgia within a psychoanalytic melancholic framework— and therefore a psychopathological response to loss— Peters views nostalgia as sadness, a normal fabric of existence, pathological only in excessive quantities.

Nostalgia, according to Peters, is cued by symbols that refer to ideas of home. Peters, like Fodor (1950) and Martin (1954), suggests that nostalgia reflects a desire to be unified with the mother in a regressive, pre-uterine state symbolic of the “ultimate home.” Peters states nostalgia, “Exert[s], as it were, a backward, or downwards, [sic] or inward pull” (p.136). Throughout his analysis of nostalgia, Peters (1985) describes nostalgia as “Uroboric incest,” (p.136) an allusion to the circular image of the dragon eternally eating his tail. The use of this image by the author conveys the destructiveness of remaining in an umbilical, albeit symbolic, connection to the mother. Peters concludes his analysis stating that extensive nostalgia is reflective of “Problems in the area of oneness/separateness and omnipotence/helplessness” (p. 144). In this sense, Peters argues that nostalgia is a problem rooted in separation-individuation from one’s mother, as well as feelings of helplessness and decreased agency. The experience of nostalgia, suggests Peters, coincides with environmental conditions that may prompt these

emotions, such as displacement, migration or immigration or other periods of major separation and loss.

Eugene Daniels (1985) pulls from a variety of interdisciplinary sources to address what he calls the elusive and transmuting potential of nostalgias. Describing the experience of nostalgia, Daniels states:

Nostalgia conjures itself up as an evanescent moment where time past and time present appear to cross and commingle. It resonates, as Natanson has noted (1980), between the immanent and the transcendent, the familiar hidden in ambiguity and mystery. I return unwilling to the reality of my present world, yearning for its reconstitution in the past; I am reminded of the impossibility of this through the instability of that fleeting moment, its constant tendency to metamorphose into a present moment of sentimentality, or the eerie, the uncanny, the melancholic, the banal. (p.376-7)

Daniel's analysis, opaque and difficult to comprehend, focuses on the a-temporal and uncanny components of nostalgia. The former paradoxical of the nostalgic person's attempt to reconstitute the past while, simultaneously, acknowledging this impossibility. The latter is the idea that that which is both familiar and strange color many nostalgic recollections. Pointing that certain objects and locations can cue nostalgic experiences, the author suggests that what is recaptured through the experience of nostalgia signifies what has been lost to the person— such as a sense of community, a past epoch, or childhood security. He suggests that the feeling of yearning and of being momentarily aligned with a figurative and literal “lost home” is a central tenet of the nostalgic experience (p.381). In Daniel's view, nostalgia is distinguished from other processes of recall due to its illusory components, melancholic sentiments, and sense of tolerable suffering that accompanies this process. For him, nostalgia is a unique psychological experience

as it functions, “Always in the process of constitution... A searching for what cannot be found” (p.378). When this searching for illusory objects becomes habitual and all consuming, the result is clinical pathology. “Indeed, sometimes nostalgia does become a pathological condition, a melancholia, a clinical phenomenon” (Daniels, 1985, p.381).

Psychoanalyst Harvey Kaplan (1987) provides a comprehensive and engaging analysis on the phenomenon of nostalgia. Like Peters (1985), Kaplan states that nostalgia is universal and that in moderation, “Nostalgic phenomenon are normal and give rise to an expansive state of mind” (p.465). Additionally, the analyst provides a brief history of the appearance of nostalgia within the psychoanalytic idiom, stating that when nostalgia was first introduced “The attempt was to make it continuous with the theoretical variants of depression, a painful affect” (p.466). Kaplan draws parallels with the way that nostalgia was conceptualized within psychoanalytic circles during the early 20th century, and how these depressive conceptualizations reflect Freud’s (1917) theories of melancholia in terms of “grief and self-reproach as longing for something that is lost” (p. 467). Yet, he also urges for a broader explanation for the dynamics constituting the phenomenon of nostalgia stating that it has been too solely conceptualized within a depressive framework.

Kaplan (1987) states:

In a psychoanalytic context, the meaning of nostalgia changes to become a variant of depression, an acute yearning for a union with the preoedipal mother, a saddening farewell to childhood, a defense against mourning, or a longing for a past forever lost.

The mournful, grieving, despairing quality is stressed quite unlike the emotions that are portrayed in common usage. One reason for this is that the psychoanalytic literature on

the subject is rather exclusively clinical and quite sparse, so that until now, nostalgia has been considered a variant of depression. (p. 466)

By stating that the psychodynamic interpretation of nostalgia, particularly ones that emphasize the depressive component, stand in juxtaposition to the “common usage” of nostalgia, the analyst suggests that the depressive framework used within psychodynamic camps to conceptualize the phenomena renders understanding of it as incomplete. Rather:

In nostalgia, there is not the self-accusing melancholy of depression. While depressed persons feel a sense of emptiness because of lost libidinal objects, nostalgic persons’ hopelessness is enriched with particular fantasies about the past. Depression tends toward a feeling of passivity, isolation and solitariness, while nostalgia produces an air of extravagance and expansiveness and tends toward a sharing of this feeling with objects... Object relatedness is reduced by depression, while nostalgia tends to produce and maintain object relationships. (p.470)

In the above quoted paragraph, Kaplan asserts that nostalgia, unlike depression, enriches a person’s intra-psychic life as a means of maintaining relationships. By showing how nostalgia both incorporates and stands distinct from psychodynamic theories of depression and mourning, Kaplan provides an expanded framework in which to conceptualize nostalgia. Though asserting that early psychoanalytic descriptions of the phenomenon of nostalgia as a “variant of depression” may provide accurate description of certain components of the phenomena, Kaplan suggests that “The feeling of being joined to something wonderful and captivating” (p.466), the feelings of extravagance and expansiveness that he cites, are also included: their presence distinguishing normal from pathological nostalgia.

For Kaplan (1987), normal nostalgia is a glowing type of feeling, defined as “A term that refers to feelings about the past, a past that is imbued with happy memories, pleasures and joys” (p.465). Furthermore, he asserts that nostalgia, in its healthy form, corresponds to a happy mood and heightened mental state. Importantly, what distinguishes normal nostalgia from its pathological form is that the former “Entails the recognition and acceptance that this past can never return” (p. 465). “In pathological nostalgia,” however, “there is a longing for the past without the acceptance that it is over” (p.465). As a result, pathological nostalgia does not reflect a depressive mood but rather, functions as a type of denial.

In Kaplan’s analysis, pathological nostalgia serves to deny loss by idealizing the past in a manner that reflects “Compulsive absorption” with early childhood attachments (p. 466). Kaplan argues that the preoccupation for early childhood attachments, specifically “family romances” (p. 477), a nod to Oedipal dynamics, results in maturation arrests and reality breaks via idealization. According to Kaplan, the nostalgic individual’s relationship to idealization may result in difficulty delineating between fantasy and reality. Often resorting to idealization as a means to surmount the “frustrations of the environment,” Kaplan suggests that these “wishful fantasies remain over-cathected,” meaning over-attached (p. 471). As a result, “Nostalgia can be a substitute for mourning, a clinging to a lost love object and inability to detach the libido,” which resists healthy mourning, with the latter characterized by a process of renewed identification in which the libido can be invest in another person or activity (p. 468). Kaplan concludes his analysis, stating that pathologically nostalgic individuals appear “Orient[ed] more toward the past than the future” (p. 472).

In his 1992 article addressing nostalgia, Doctor Stanley Olinick, quoting author Don DeLillo, states, “Nostalgia is a product of dissatisfaction and rage. It is a settling of grievances

between the present and the past. The more powerful the nostalgia, the closer you are to violence” (Olinick, 1992 p. 195 as cited in DeLillo, 1985, p.258). According to Olinick, in using this passage, nostalgia is sublimated anger, with the rage manifesting in the transference between patient and psychotherapist.

Olinick (1992) elaborates upon this transference phenomenon in the following passage:

Transference is often driven by nostalgia, not omitting the pressures of conflictual and developmental anxieties. It contains the distorted, symbolized and metaphorized strivings of the individual to live through a past that has been unsatisfying and anxiety-provoking and to nullify a subjective present that does not measure up to the real or imagined past. (p.195)

In this passage, Olinick expresses a view shared by his psychodynamic contemporaries (Kaplan, 1987; Peters, 1985; Sohn, 1983) that nostalgia is a form of cognitive distortion. Additionally, Olinick ties nostalgia to anxiety involving past events. Nostalgia is an attempt to rectify and ameliorate this anxiety but in doing so, removes the individual from subjective engagement in the present. Through this lens, Olinick conceptualizes nostalgia as a defense. According to the author, nostalgia may at one point have served adaptive purposes during periods of turmoil, sustaining the individual during states of “loss, absence, and deprivation” (p.197), but the compulsory use of such a coping mechanism renders nostalgia as a defense against acknowledging loss or deprivation and engage in appropriate mourning. Unable to express the “Sadness, anger and anguish” that are “recognizable aspects of the mourning process,” particularly during periods of deprivation, Olinick (1992) states that these affects are sublimated and re-emerge in the transference. Citing a case example of a young woman, Olinick

(1992) states that, retroactively, nostalgia results in increased anger and repeated, futile attempts to remold the past within the present, “somasochistically” (p.197).

Donna Bassin (1993) first comes to the subject of nostalgia in 1993 and then returns to the topic again in a response to Impert and Rubin’s paper (2011). In her first analysis of the phenomenon (1993), Bassin addresses the relationship between nostalgia, memory, maternal subjectivity and mourning. Bassin’s analysis is a nod to the process of mourning following mother-child separation and individuation. A theory put forth by Margaret Mahler (1971), the process of the child separating and individuating from its mother is interpreted as developmental marker within psychoanalytic theory. Frequently, to ameliorate the anxiety associated with this process—specifically the dichotic yet simultaneous feelings of powerlessness and dependency that the child feels in relation to the mother—the child will adopt a “transitional object” to assist with this transition from dependence upon the mother to a greater sense of comfort when separated from her (Winnicott, 1953). Bassin, drawing upon the work of object-relations theorist, D.W. Winnicott (1953) suggests that this transition is also a form of “mourning play,” (p.427) in which the child mourns having to be separation from his/her mother:

I am defining mourning play in this context as an activity of the ego that both mourns the loss of difference of self and other and celebrates, playfully the possibility of oneness regained. The attempt to re-find the mother and to rehabilitate a maternal sensibility in a new register requires the passage through this difficult and most resisted process of mourning. (p. 427)

According to Bassin (1993), the transitional object involved in “mourning play” serves to soothe the child during separation from its mother. Concomitantly, the ability to mourn corresponds with the ability to comprehend history, spurs individual development, promotes a sense of

agency and fosters creativity. “An identification with the transformational activity of the lost mother becomes part of the self, and this allows one to be creative and generative,” Bassin states, “Memory and history thus become possible. However, when the process of mourning and subsequent identification is forestalled, objects are amassed indiscriminately and nostalgia takes the place of agency and dynamic memory” (p.434-5).

For Bassin, as such, nostalgia reflects a developmental inhibition in the formation of healthy mourning, which is integral and inevitable within child development. The emergence of nostalgia is a thwarted attempt to deny loss by amassing objects, namely recollections, “indiscriminately,” to reconnect with the lost mother through any and all supplements. Bassin also describes nostalgia as a “denial of loss” (p.474) resulting in “incomplete mourning” (p.428). Using Freud’s theory of Mourning and Melancholia (1917) as a basis of her analysis to frame healthy conceptions of mourning, Bassin suggests that because an object is not acknowledged as lost and/or gone, it cannot be adequately mourned and internalized through the process of cathexis. “The urge to hold on to the object that cannot be mourned precludes investment in or libidization of a new object” (p. 428). Averting that a person’s continued investment in the lost object inhibits emotional investment in other objects is the definitive pathological feature of nostalgia but also melancholia, in which cathexis and re-investment facilitates mourning. “As long as they were longing and existing in this nostalgic state,” Bassin states of her two case studies, both middle-aged females, “They would continue to delay confronting the necessary mourning and loss” (p.431). In her analysis, Bassin juxtaposes nostalgia to “mature memorial activity” (Leowald, 1980 as cited in Bassin, 1993, p.425) which “represents the acceptance of loss and the potential for an animated and dynamic use of memory in the creation of a generative

self.” Nostalgia, unlike ‘mature memorial activity,’ is characterized as stagnant, depriving an individual of full libidinal engagement due to a preoccupation with the past.

Like Bassin (1993), Vanuk Volkan (1999) addresses nostalgia’s relationship to mourning. In analyzing the phenomenon, Volkan argues that nostalgia is an affect corresponding to a “linking phenomena” (p.169). For Volkan, a linking object is used by a person to connect with the past but also protect against feelings of loss that may be felt in connection with the past. When utilized, the object serves to buoy an individual from feelings of loss that surrounding the prior object, which, again, can be a prior place, time or person. The phenomenon of this experience, according to Volkan is called a “linking phenomenon” (p.169). According to him, the affect of nostalgia is frequently present in this process. Volkan states that nostalgia may be misused as a linking phenomenon, when it takes the form of quixotic reminiscences, chronic preoccupation with past objects, places and people, as well as the denial of loss. This type of nostalgia signifies aberrated mourning and “poisons” objective memories of the past (Volkan, 1999, p. 176).

According to him, a stagnant process of mourning, preoccupation with the past and a sense of atemporality characterize pathological features of nostalgia. Similarly, Volkan asserts that these features are particularly apparent in members of displaced populations. “[Nostalgia] Prohibits the gradual process of working through loss and changes, and the individual cannot adapt to his or her status as a refugee or exile, cannot achieve an internal distinction and continuity of past, present and future” (p. 176-7). Affects that accompany pathological nostalgia are a sense of “persecutory guilt... resentment, pain, despair, fear, self-reproach” (p.176) as well as a “depressive guilt” in which the paramount feelings are “sadness, nostalgia and

responsibility” (p. 176). Though elaborating how nostalgia can be misused Volkan (1999) also argues that nostalgia may provide an adaptive function.

According to Volkan, nostalgia is adaptive and used creatively when it facilitates productive mourning. In this process, the “Immigrant, refugee or displaced person... connects to lost persons, things, locations, or culture with efforts to give them up, bury them and move on” (p.176). Similarly, unlike the toxicity associated with pathological nostalgia, healthy nostalgia implies that one is able to distinguish and integrate past, present and future temporalities. Healthy nostalgia is “The creative use of linking object or a phenomenon,” in which the “person [is given] time to work on his or her denial of what is lost, to accept changes, and to realize what may be gained” following the loss (Volkan, 1999, p.176).

Another authority on the subject of nostalgia, immigration, mourning and psychodynamic theory, Dr. Salman Akhtar first writes on the phenomenon in 1996 and then presents a more condensed version of this analysis in 1999. Like Volkan (1999), Akhtar focuses on the function of nostalgia as it accompanies migration, immigration, refugee status, exile and acculturation. In his 1996 analysis, the doctor addresses the ‘Someday’ and ‘If Only...’ fantasies that constitute a major narrative that, according to him, immigrants address in psychotherapy. Akhtar states that such fantasies, in their tenacious form, serve a defensive function, “Idealiz[ing] the past and lay[ing] the groundwork for nostalgia,” (p. 723). Akhtar argues that nostalgia serves a defensive function by removing the onus of individual agency from the present to protect the fragmented sense of self that follows the trauma of immigration. By 1999, Akhtar expands upon this earlier analysis and states that nostalgia is a central emotion in the immigrant’s intra-psychic life. In this analysis, Akhtar’s definition of nostalgia is strikingly similar to Kaplan’s (1987). Akhtar states:

[Nostalgia] is a characteristically bittersweet pleasure. It evokes a poignant mixture of psychic pain and joy. Pain results from the awareness of separation from the now idealized, lost objects and joy from a fantasized reunion with them through reminiscences. Anchored in mournful longing for the early mother-child relationship on the one hand, and serving defensive functions vis-à-vis aggression in the current life on the other hand, the immigrants nostalgia capitalizes upon his libidinal experiences in the land of origin as well as his guilt in voluntarily leaving that land (p.129).

In this passage, Akhtar (1999) continues the psychodynamic tendency to associate the origins of nostalgia with incomplete mourning stemming from mother-child separation. The bittersweet pain and joy one feels while experiencing nostalgia stems from both the awareness of separation from once idealized objects (the mother or objects affiliated with her) as well as the joy of a, albeit mnemonic, reunion. Expanding upon the psychodynamic literature on the topic, Akhtar follows in Daniels (1985) and Olinick's footsteps (1992), stating that nostalgia is colored by a hue of aggression. Akhtar addresses this component in the above passage, stating nostalgia frequently takes the form of a defense. By doing so, Akhtar also attributes nostalgia as a type of resistance of the immigrant to their current socio-cultural climate.

Touching upon a previously under-addressed component, Akhtar (1999) explores the relationship between nostalgia and displaced persons. He avers that the way in which a person left their country of origin, whether voluntarily or involuntarily, influences the type of nostalgic and mourning responses that follow. While "All migration is inherently traumatic," (p.124) the author ascertains that whether migration is more or less traumatic is based on how prepared one was, physically and intra-psychically, prior to departure. Quoting Freud (1926), Akhtar states, "Facing the mental pain of separation" (p.169), "The immigrant readily resorts to a

hypercathexis of the objects he has lost” (Akhtar, 1999, p.125). Implied by this passage is that, given forewarning of displacement, the immigrant can engage in anticipatory mourning and, once in the host country, continue the process of mourning by focusing on—and relinquishing—past objects, people and experiences. For Akhtar, this type of engagement, if accompanied by acknowledgement of “the pleasures of belonging in the here and now of the analyst’s office,” host country and surrounding cultural milieu (p.127), signals a healthy mourning process. Defensive, consuming and preoccupied nostalgia, as well as the complete absence of nostalgic sentiment, argues Akhtar, indicate intra-psycho pathology and aborted mourning.

21st Century Literature

2000-2011. The past eleven years have demonstrated that psychoanalytic literature has continued to associate the phenomena of nostalgia with intra-psycho turmoil that follows displacement, socio-cultural adaptation, cultural relocation and what American psychoanalyst Ruth Lijtmaer (2001) states, “perpetual, conflicting mourning” (p. 427). Addressing these components, Lijtmaer (2001) provides an analysis of the role of nostalgia in the immigrant experience using a young Argentinean woman as the basis of her case study. Drawing upon the work of Akhtar (1999), Lijtmaer states that nostalgia emerges as a means to mitigate the frustrations that follow immigration as well as can be used as a psychological defense against acknowledging loss of place, changes in civilian status, socio-economic status and the lack of familiarity that colors periods of adjustment. Nostalgia is described as a “Retrospective idealization of the lost object,” (p.428) meaning that which is associated with the past becomes idealized.

Like Akhtar (1999), Lijtmaer suggests that different types of nostalgia will manifest based on the individual’s experience of immigration. Stating:

The feeling of nostalgia can also be used to protect the ego from inadequacy. Other times, nostalgia cannot evolve, particularly in forced migration. In this case, the individual enters a depressed state with accompanying feelings of self-pity, resentment, envy, and guilt, which prevents the mourning process from developing. (p. 428)

Elaborating on the dynamic in which nostalgia contributes to feelings of depression and impairs a healthy mourning process, Lijtmaer categorizes this type of nostalgic response as a variation of “ethnocentric withdrawal,” in which the immigrant clings, “to an idealized view of the other, earlier culture” (p.433 citing Akhtar, 1999). Lijtmaer argues that nostalgia manifests as a type of defense against acculturation. Within the immigration process, nostalgia may inhibit a healthy, developmental mourning process, in which “These vicissitudes” notably the frustrations that the immigrant encounters in the new country, “[are] worked through and overcome, provide the possibility of true growth and development of the personality” (p. 427). Rather, nostalgia is affiliated with an “unsuccessful outcome of the immigrant process,” resulting in “a prolonged depression” centered on longing for the past (p.434). For Lijtmaer, nostalgia represents a break with reality both in its representations as a “false hope of returning to something that has never been a reality,” as well as in its idealization (p. 434). A healthy process of immigrant adaptation requires, “progressive de-idealization of lost objects,” meaning previous cultural milieu or country of origin, resulting in “meaningful living in the present” (p. 434). Healthy mourning, as such, “does not imply total renunciation of the past; an ongoing dialogue with the past allows the mourning process to proceed,” (p.434) but Lijtmaer fails to outline what such a process might entail.

Psychiatrist and medical anthropologist, Arthur Nikelly (2004), provides an extensive historical analysis of nostalgia, tracing the etiology and evolution of the disease from a “physical

‘ailment’” to a contemporary view of it as a ‘benign and refined concept that consists of nostalgic thoughts devoid of medical/pathological connotation” (p. 188). Nikelly suggests that the “nosological construct” (p.182) of nostalgia differs depending on the “cultural values” and “prevailing medical and social attitudes” of historical periods (p.182). Focusing on this dynamic, Nikelly traces nostalgia’s pathology from the days of Johannes Hofer (1688) through contemporary interpretations, completing his analysis in 2004. The author demonstrates that, within each historical era, alienation and loneliness, as well as estrangement from one’s homeland, are the sole factors consistently attributed to the epigenesis of nostalgia (p. 183). Nikelly offers a distinctly socio-cultural perspective, stating that nostalgia “fades when environmental circumstances re-stabilize” (p.182), suggesting that the disease is a product of the social milieu and cultural upheaval rather than an intrinsic psychological condition. Among the social factors that the author cites as contributing to the development of nostalgia, Nikelly points to cultural and geographic relocation, discrimination, loss, hostility and prejudice in a host country, cultural unfamiliarity as well as broken social and familial ties. Through this lens, Nikelly posits that normal nostalgia is a component of acculturative stress, an affective expression and cognitive process that accompanies periods of adjustment, particularly in unfamiliar or unwelcoming environs (p.185).

Underlining Nikelly’s analysis is the concept of continuity. The idea serves to delineate between normal and pathological nostalgia. Like Werman (1977), Nikelly suggests that nostalgia may be considered a factor of normal development, which “involves reminiscences about past persons, places and events in the absence of mental impairment or physical dysfunction” (p. 187). Because of this, he urges for a broader psychodynamic conception of ‘normal nostalgia,’ as a “pleasant state of mind” (Sohn, 1983 as cited in Nikelly, 2004, p.191),

which promotes a sense of cohesion. In recalling the past, Nikelly explains, a sense of continuity and unity with regards to an individual's self-construct emerges (p. 190).

The same idea concerning continuity, nostalgia and self-construct informs Nikelly's interpretation of the role nostalgia assumes in healthy mourning. Offering a paradigmatic shift from prior conceptions of healthy mourning, Nikelly states that loss should "not be considered as suffering or as an undesirable symptom to be overcome. Neither severing nor suppressing ties with the past brings healing. Rather, closure occurs when bonds with what has been lost are "maintained and connected with what must lie ahead" (p.193). By maintaining a connection to the lost object, Nikelly suggests that nostalgia assists in the process of re-adaptation and regeneration to a social milieu. The aims of mourning are defined as, "To replace the loss with current, realistic, meaningful and self-satisfying endeavors and objectives" (Gaines, 1997 as cited by Nikelly, 2004, p. 194), in which nostalgia facilitates by providing a means to reconnect with the past, evaluate memories, fantasies and idealizations. In doing so, one may identify with what has been lost and internalizing past objects as part of the current self.

In juxtaposition to healthy nostalgia, pathological nostalgia is described as an all-consuming preoccupation with the past, resulting in psychological fixation and stunting intrapsychic growth. For the author, pathological nostalgic persons retain the illusion that the past can be recaptured, a denial that the past no longer exists, display emotional regression and mental impairments (Dobrof, 1984 as cited in Nikelly, 2004, p. 188). Affects accompanying pathological nostalgia are "Feelings of guilt, self-condemnation, and shame; with a sense of emptiness with a persistent sorrowful mood and pessimistic outlook" (p. 188). Nikelly states, "today, nostalgia is considered pathological when it becomes a substitute for mourning" (p.188). Addressing this dynamic, he artfully maps how the phenomenon of nostalgia has transitioned

from “geographic” location associated with displaced persons of the seventeenth century, to the “temporal and the historical space” of the twenty-first century (p.191). In the latter, Nikelly argues that one feels isolated from a sense of personal, historical continuity, making them prone to pathological nostalgia.

Avishai Margalit, an Israeli émigré, discusses the phenomena of nostalgia in the context of the ethics and politics of memory. Margalit suggests that individuals and political institutions alike are engaged in the politics of forgetting. “The politics of memory,” Margalit (2011) states, “is also the politics of forgetting; creating and maintaining social [or individual] amnesia by political agencies. Memory, like any other form of knowledge, is power. Whoever controls memory and forgetting gains in power” (p.275). Margalit argues that nostalgia is a mode in which individuals and institutions engage in the politics of forgetting and a re-writing a historical narrative. “I believe that nostalgia is a good meeting point,” the author states, “Between your concern with memory, concern with the effects of pathologies of memory on dysfunctional behavior” (p.273). Stating that nostalgia distorts memory via idealization, Margalit argues that this process places past objects within the “Realm of pure innocence” (p. 271). Nostalgia is dangerous not only for the way that it distorts memory, but excuses objects from critical examination. “Nostalgia distorts the reality of time past. Nostalgia idealizes its object—say, The Village— and locates it in a time of great purity and innocence, thus the object, say The Village, is enshrined with purity and innocence” (p. 273).

Though “nostalgia is not a disease, unless it turns into clinical depression” (Margalit, 2011, p. 273), it is worthy to note that Margalit reaffirms the relationship between nostalgia and depression. Like others before him, Margalit differentiates between good and bad nostalgia, urging clinicians to treat bad nostalgia as a manifestation of pathological memory and a form of

dissociation. The therapist is urged to critique that which has been idealized and challenge the reification of the nostalgic object. “The point” Margalit concludes, “Is that curing a suffering psyche goes through healing the memory” (p.275).

Laura Impert and Margaret Rubin (2011) provide the first analysis in the history of psychoanalytic discourse to directly addressing the co-facilitating relationship between nostalgia and mourning. Critiquing the disparaging descriptions of nostalgia in the psychoanalytic canon that have described the phenomena as “pathological or defensive maneuvers that serve to disavow mourning,” (p. 691) the authors suggest that though nostalgia may impede mourning, it also may facilitate the process by evoking previously dormant somatosensory memories. “Embodied nostalgia,” the authors state, “is a sensory and somatosensory experience of the past in the present that evokes cherished and/or painful bittersweet memories that are accessed in mourning and access mourning” (p.692). In this statement, the analysts transition from prior psychoanalytic discourse by focusing on the sensory component of the phenomena, what they call “embodied nostalgia,” defined as the “sense memories embodied in nostalgia” (p. 692). In focusing on bodily based senses which are tied to emotional experiences and activated during nostalgic recall, the authors suggest that this process of recollection accesses aspects of unresolved mourning that are located in the sensory experience and therefore constitutes an integral aspect *of* the mourning process.

The authors’ focus on the sensory experience of nostalgia is to curtail the reconstruction of memory that may occur in the process of verbal recall. Addressing “time embodied,” memories bound and felt, via bodily sensations, Impert and Rubin (2011) argue that this type of affective experience “Do[es] not lie, trick or deceive the self” (p. 694) in a way that verbal recall may lend itself to miscommunication. Drawing upon the work of Bucci (2007, 2008) the authors call this

“subsymbolic process” tapping into “the wisdom of the body” (as cited in Impert & Rubin, 2011, p. 693). Because the nostalgic experience is tied with a sensory component, whether it be touch, sight, smell, taste or sound, the object which evokes this nostalgic sense memory becomes an “evocative object that contain our grief,” (p.701), much like a sited memorial or commemorative ritual. Embodied nostalgia facilitates mourning by calling upon the sensory, body based experiences to mourn as well as access elements of unresolved mourning. In doing so, one is able to identify as associative object that cues sensory experiences, serving to locate previously dormant grief, integrating it within the present such that it is generative and transformative.

Impert and Rubin differentiate “time embodied,” of embodied nostalgia, by comparing it to “time regained,” of manic nostalgia. The latter is seen as an attempt to re-order time through voluntary recall (p. 694). Whereas embodied nostalgia is inter-subjective and intra-psychic, manic nostalgia⁵ is a defensive process, described as an isolated, schizoid self-state. Manic nostalgia evades the pain of loss by sentimentalizing and romanticizing the past, thereby protecting the self from feelings of overwhelming grief (p. 693). These patients are possessed by “the illusion of timelessness” and “live in the past” (p. 692). Manic nostalgia, “regains time” which according to the authors, forestalls the future, as if placing a bell jar over the lost object in order to romanticize the past rather than grieve what has been lost. When embodied nostalgia is experienced, however, a “mature sense of self with other” emerges and, within the analytic relationship, “unresolved losses and old selves are mourned” (p.693).

Impert and Rubin (2011) focus on the “bidirectional relationship” (p.695) between nostalgia and mourning. Urging for a view of embodied nostalgia as an ongoing process, the authors suggest that loss is revisited and re-mourned based on different developmental periods,

⁵ Impert & Rubin (2011) state the following in their use of the term ‘manic’: “Object relations theorists conceptualize mania as a defensive maneuver that protects the patient from feelings of unbearable loss” (p.692).

sensory experiences, as well as conjured at different moments as a means to maintain continuity with the past. Similarly, the authors provide a re-conceptualization of the mourning process from a finite engagement progressing towards a terminable end, to one which is re-visited at different times based on intra-psychic development and changes. “We retain our connections to our pass our memories become organic living memorials that change with our shifting self-states, as we move in and out of mourning” (p. 704).

CHAPTER IV

DISCUSSION

The following section addresses the strength and limitations of this study. It revisits the themes derived from a historical analysis of the phenomena of nostalgia as described within psychoanalytic literature, and reviews Freud's pinnacle work "Mourning and Melancholia" (1917). Freud's theory of normative and pathological responses to loss continues to be privileged and employed within contemporary psychoanalytic discourse. The chapter addresses psychoanalytic descriptions of nostalgia, in which nostalgia has been described within a melancholic framework, suggesting that this points to a teleological conception of mourning, embedded within Freud's classic theory. The chapter concludes with a discussion of the importance and relevance of this study for social work practice.

There are certain strengths and limitations to this study. First, though an examination of any intellectual history strives to be expansive in terms of breath and scope, this study is limited in its analysis to a small cache of literature, research and descriptive texts. The sources, from which this study derives, are based entirely on Western-European texts. As such, this study of nostalgia is not only located to a small cache of literature, but one reflective of a specific cultural milieu. An empirical study utilizing a quantitative analysis or tool assessing characteristics of nostalgia within various mourning frameworks, specifically with attention to how such paradigms are applied within clinical social work practice, may yield more substantial and quantifiable results. Yet, because this study is focusing on clinical descriptions of nostalgia within psychoanalytic texts, a historical account produces a more concrete conceptualization of

how the phenomenon has been historically understood and theoretically conceptualized within the field of psychodynamic practice.

In the mid-20th century, psychoanalytic literature described nostalgia utilized a Freudian framework (Fodor, 1950; Martin, 1954). Within this camp, nostalgia was seen primarily in pathological terms, indicative of excessive attachment to one's mother that stemmed from an unresolved Oedipal complex. It was interpreted both as a form of dissociation as well as a defense, vis-à-vis idealization, in which one could escape the reality of the present for the comforts of an illusory past. Nostalgia was seen as a lack of autonomy and associated with an immature level of development (Fodor, 1950; Martin, 1954; Nawas & Platt, 1965). In small doses, nostalgia was linked to a neurotic level of functioning, but it could easily morph into an obsessive pathological attachment and fixation with the past that lacked insight and rationality. By 1977, psychoanalytic descriptions gave greater consideration to the cognitive-affective components of nostalgia (Werman, 1977), as well as the underlying anxiety schemas hypothesized to be affiliated with the phenomenon (Martin, 1954; Nawas & Platt, 1965). Notable in psychoanalytic descriptions of nostalgia from this period are the clinical accounts explaining the cognitive distortions associated with the phenomenon. Nostalgia was interpreted as an erroneous relationship to time, too past-focused (Fodor, 1950; Martin, 1954) or dread of the future (Nawas and Platt, 1965) and which, in both cases, signaled an escape from the present. As nostalgia became affiliated with erroneous conceptions of time, there was a greater tendency to interpret it within a framework of mourning.

Late-20th century literature expanded upon the notion that nostalgia related to erroneous conception of time and developed theories to its function as substitutive mourning. Indicative of this shift, psychoanalytic language used to frame the phenomenon increasingly equates nostalgia

with pathological mourning, melancholia. Sohn (1983) called nostalgia inherently melancholic, positing that nostalgic experiences signaled aberrated mourning in which the lost object was never cathected but rather, constantly recalled through reverie. Daniels (1985) addresses the issue of melancholia in its relation to a-temporal notions, calling nostalgia the quixotic paradoxical experience, in which the past and present co-mingle in the form of impossible restitution. Peters (1985) similarly notes the a-temporal component of the phenomena. In his commentary on the backward pull of nostalgia, the author suggests that this is how one seeks to be removed from engagement in the present. Using the symbol of the Uroboros, Peters contends that regression as a means to escape reality is self-destructive.

Olinick (1992) touches upon the defensive function of nostalgia as a means to avoid feelings of loss associated with the present. Bassin echoes this idea (1993). Kaplan (1987) contributes to the psychoanalytic trend in which pathological nostalgia is synonymous with pathological mourning. He states that pathological nostalgia is the refusal to accept that the past is over but suggests that, in non-pathological forms, nostalgia can also cue a happy mood and foster object-relations. Akhtar (1999) and Volkan (1999) also suggest pathological nostalgia is a form of substitutive mourning. Drawing upon the experience of immigrants, Akhtar and Volkan state that in its pathological form, nostalgia is stagnant, incomplete mourning associated with persecutory guilt, resentment and self-reproach. Volkan adds that in its generative uses, nostalgia can assist in burying the past and help in moving on.

Within the last twelve years, nostalgia as a form of conflicted mourning has been increasingly attributed to immigrants and cultural minorities (Akhtar, 2011; Lijtmaer, 2001; Margalit, 2011; Nikelly, 2004). With regards to immigration and displacement, nostalgia has been described as a defense against acculturation (Lijtmaer, 2001), ethnocentric withdrawal

(Lijtmaer, 2001) and associated with the politics of forgetting following political displacement and socio-cultural upheaval (Margalit, 2011). During this period, nostalgia has been interpreted as a defense used by immigrants upon encountering frustrations, like socio-cultural adjustment difficulties, environmental challenges and hostilities within their host country (Lijtmaer, 2001; Nikelly, 2004). Nostalgia has continued to be interpreted within the psychoanalytic literature as a defense against acknowledging loss (Impert and Rubin, 2011; Lijtmaer, 2001; Nikelly, 2004), described as “manic” (Impert and Rubin, 2011) and a form of substitute mourning (Impert and Rubin, 2011; Lijtmaer, 2001). Only one article has addressed the “bidirectional relationship” (Impert and Rubin, 2011, p.691) of nostalgia, examining how it facilitates the somatosensory aspect of mourning. Apart from this article, the work on nostalgia that has emerged during this time has largely viewed the phenomenon as a substitute of healthy mourning and increasingly associates pathological nostalgia with minority groups.

From 1950-2011, although a variety of paradigms, theoretical lenses and interpretations have been used to describe the phenomenon, certain themes culled from psychoanalytic work on nostalgia have consistently re-emerged. Repeatedly, nostalgia has been presented in a dichotic framework, distinguishing normal and pathological expressions (Fodor, 1950; Kaplan, 1987; Impert and Rubin, 2011; Margalit, 2011; Martin, 1954; Nawas and Platt, 1965; Werman, 1977). In the literature, where case studies have been utilized to illustrate the dynamics of the phenomenon, psychoanalytic authors have linked nostalgia to minority groups (Akhtar, 1996; Akhtar, 1999; Bassin, 2011; Fodor, 1950; Lijtmaer, 2001; McCann, 1943; Nawas & Platt, 1965; Sohn, 1983; Volkan, 1999). Since Hofer’s dissertation in 1688, those portrayed as afflicted with pathological nostalgia have largely been members of a minority group in an unfamiliar setting. Psychoanalytic literature adheres to this legacy by continuing to associate the phenomenon with

minority membership based on immigrant status, class, gender and sexual orientation (Akhtar, 1996; Akhtar, 1999; Nawas & Platt, 1965; Olinick, 1992; Sohn, 1993; Volkan, 1999). In addition to being framed within a dichotic framework, the psychoanalytic literature that positions nostalgia in relation to expressions of loss premises Freud's notions of healthy and pathological mourning, as outlined in his theory "Mourning and Melancholia" (1917). Demonstrative of this is the continued privileging of the concept of cathexis as a marker of healthy mourning (see: Akhtar, 1996; Akhtar, 1999; Bassin, 1993; Impert and Rubin, 2011; Kaplan, 1987; Lijtmaer, 2001; Nikelly, 2004; Sohn, 1983; Werman, 1977; Volkan, 1999). Within this framework, nostalgia assumes descriptive features associated with melancholia and, therefore, is interpreted as a form of pathological mourning.

Mourning and Melancholia

Freud's "Mourning and Melancholia" (1917) continues to be privileged within psychoanalytic discourse and provides the basis of contemporary psychodynamic interpretations of normative responses to loss (Eng and Han, 2000). In 1917, when Freud set out to describe the "pathological disposition" (p.243) of melancholia, he juxtaposed it "by comparing it with the normal affect of mourning" (p.243). Arguing that the two conditions share an "exciting cause due to environmental influences" (p.243), meaning loss, Freud describes mourning as an expected, normative reaction to loss.

Though mourning was a departure from the vicissitudes of everyday life, Freud did not regard it as a pathological condition nor view people in mourning as needing psychological treatment. Both mourning and melancholia were comprised of a similar mood, which was a "painful one," characterized by "dejection, cessation of interest in the outside world, temporary loss for the capacity to love," a resistance to replacing the lost object and "inhibition of all

activity” (p.244). For Freud, mourning was a temporarily normal, all-consuming, psychological activity. Though mourning took a dramatic toll on the cognitive-affective and ego functioning of the individual, it was not seen as a prolonged pathological state. Rather, mourning was a period of focused engagement and hyper-cathexis, meaning letting go, with that which had been lost and the memories associated with it. If one engages in this process, Freud suggested, mourning was restorative. Describing this, he states:

Reality testing has shown that the loved object no longer exists, and it proceeds to demand that all libido shall be withdrawn from its attachments to that object. They are carried out bit by bit, at great expense of time and cathectic energy, and in the meantime the existence of the lost object is psychically prolonged. Each single one of the memories and expectations in which the libido is bound to the object is brought up and hyper – cathected, and detachment of the libido is accomplished in respect of it... The fact is, however, that when the work of mourning is completed the ego becomes free and uninhibited again. (p. 244)

In this description outlining normative responses to loss, it is evident that Freud’s theory is founded upon a developmental progression of mourning, based on an economic conception of attachment and libidinal energy. Freud describes mourning in active terms, comprised of cathexis. Cathexis is a process in which one de-invests from the lost object and re-invested in an alternatively gratifying substitute, located in the present surroundings of the individual. Through the process of decathexis, mourning is completed and resolved: the ego-is “free and uninhibited,” meaning released of libidinal attachments to the lost object.

Melancholia, however, is the pathological expression of mourning. In Freud’s framework, melancholia is an aberrated mourning process. A primary feature distinguishing

mourning from melancholia was that in the latter, there was a profound disturbance of self-regard, which was absent in the former. Unlike mourning, melancholia includes a “lowering of the self-regarding feelings to a degree that finds utterance in self-reproaches and self-reviling, and culminates in a delusional expectation of punishment” (p.243). Though both melancholia and mourning share similar affective reactions to a lost object melancholia, notes Freud, frequently proceeds following the “loss of a more ideal kind” (p.245).

The object has not perhaps actually died, but has been lost as an object of love... This, indeed, might be so even if the patient is aware of the loss which has given rise to his melancholia, but only in the sense that he knows *whom* he has lost but not *what* he has lost in him. This would suggest that melancholia is in some way related to an object-loss which is withdrawn from consciousness, in contradistinction to mourning, in which there is nothing about the loss that is unconscious. In mourning, we found that the inhibition and loss of interest are fully accounted for by the work of mourning in which the ego is absorbed. In melancholia, the unknown loss will result in a similar internal work and will therefore be responsible for melancholic inhibition... In mourning, it is the world which has become poor and empty; in melancholia, it is the ego itself.” (p.245-6)

A key feature distinguishing melancholia from mourning is that in melancholia, it is the loss of something loved and idealized that is mourned, not necessarily a person. Because of this, in melancholia, the loss becomes abstracted, idealized and symbolic. Though one cannot necessarily tell what is lost, one feels the absence. The symbolic process of denying acknowledgment of loss allows the object to be reified in the “unconscious,” a puzzling process to the mournful and onlookers alike. Though, as in mourning, the melancholic person is preoccupied, psychically absorbed with what has been lost, rendering them un-invested in the

present, neither the melancholic nor observers can pinpoint what have been lost. In this position, the loss is protected and the ego-turns against itself—becoming evident in the “self-reproaches” and melancholic inhibition. Reaction against acknowledging loss can result in opposition and “turning away from reality takes place and the clinging to the object through the medium of hallucinatory, wishful psychosis” (p.244) in lieu of reality testing and cathexis. As such, determining melancholia’s pathology are characteristics of being past-focus, self-rapprochement, denial of loss and a static relationship to what has been lost (taking the form of not engaging in cathexis).

Structurally and affectively, nostalgia shares many similarities to melancholia. Like psychodynamic frameworks used to explain mourning, nostalgia has similarly been conceptualized within a binary structure of normative and pathological expressions. In each of these frameworks, like melancholia, it is one’s attachment with the past that dictates current psychopathology. Greater nostalgic engrossment, distortion of time (past-focus versus present or future oriented), correlates with more acute nostalgic psychopathology. Additionally, like melancholia, what has been lost is not necessarily a person but rather, “a more idealized loss,” of a place and time. The primary pathology attributed to melancholia and nostalgia is the cessation of libidinal investment in the present.

Both pathological nostalgia and melancholia have been described as stagnant and escapist—a refusal to acknowledge loss and a means to remove the self from engaging with the present. Where psychodynamic literature has drawn explicit parallels between nostalgia and mourning, pathological nostalgia has been called a substitute for mourning (Kaplan, 1987; Nikelly, 2004; Olinick, 1992), a means to evade mourning (Impert and Rubin, 2011), conflicted mourning (Lijtmaer, 2001) and an avoidance of mourning (Sohn, 1983). More subtly, coinciding

with descriptions of pathological nostalgia are affects that are equally attributed to melancholia. Clinical descriptions of both melancholia and nostalgia include feelings of unworthiness, badness and self-reproach (Sohn, 1983), guilt, sorrow, and feelings of emptiness (Nikelly, 2004), the fixation on an illusory lost object (Fodor, 1950; Nikelly, 2004; Olinick, 1992) avoidance of the present (Daniels, 1985; Kaplan, 1987; Peters, 1985), persecutory guilt (Volkan, 1999) and distorted reality testing (Kaplan, 1987; Lijtmaer, 2001; Sohn, 1983).

In contrast, healthy nostalgia is construed as a universal, bittersweet experience: fleeting and temporary. Nostalgia is normative when it does not impair reality testing or, importantly, one's libidinal engagement with the present. In descriptions where nostalgia has facilitated mourning, it has been viewed as healthy and, therefore, normal. In such descriptions, what constitutes nostalgia as normative is that it is interpreted as facilitating the process of cathexis, thereby re-affirming the privilege and centering of this concept within the psychoanalytic discourse on mourning. Lijtmaer (2001) describes healthy nostalgia as beneficial when it assists in working *through* loss. Werman (1977) states that nostalgia becomes a substitute for mourning when it impedes the process of cathexis. This is an idea echoed by Kaplan (1987) and Akhtar (1999), both of whom suggest that nostalgic fantasies of reunion prohibit adequate mourning by impeding de-cathexis of the lost object. In each of the analysis provided by Volkan (1999) and Bassin (1993), the authors describe pathological nostalgia as stagnant, a way to prohibit mourning by denying loss. Even when contesting the linear narrative of mourning, Impert and Rubin (2011) privilege the idea of cathexis, stating manic nostalgia, prohibits the transformative and re-generative power by allowing the patient to "stand still in an unchanging past" (p.694-5).

Clinical descriptions of nostalgia have increasingly been interpreted using a psychodynamic framework of mourning. Within these parameters, the idea of cathexis correlates

with healthy mourning and, therefore, normative nostalgia. Where nostalgia is described as pathological, it impedes the process of cathexis and, as such, is interpreted using melancholic descriptors. Linking the idea cathexis with health and normativity, however, is inherently problematic as it is based upon teleological conceptions of intentional transformation and immanent completion.

Teleology and Mourning

Teleology was a prevailing worldview up to the mid to late 19th century. It was an ontological perspective and philosophy of science that attempted to give intention and purpose to the phenomena of the world; exerting an influence on economic, social, biological, evolutionary, psychological and medical science (Bogman, 2005; Mayr, 1992; Sulloway, 1992). Within philosophical discourse, the legitimacy of this perspective has historically been scrutinized and debunked as a form of vitalism. “Francis Bacon, Galileo and Newton” with regards to teleological arguments, “eschewed such explanations on the ground that they were entirely speculative and otiose... the hypothesis was un-testable” (Woodfield, 1998, p.295). Others critiqued teleology as a philosophical mode that singled out a class of increasingly complex behavior as predictive and systematized. This critique took the view that teleology lent a determinist and biologically reductionist view of the complexity of biological organisms (Rosenbleuth, A., Weiner, N. & Bigelow, J, 1943, p.22).

Rosenbleuth, Weiner and Bigelow (1943) state, “Teleology has been discredited chiefly because it was defined to imply a cause subsequent in time given to a given effect—.” In this passage, the authors question teleology as a form of scientific reason for its presupposition of an ultimate goal, cause or, as Bogman (2005) purports, an “intelligent design” within nature (p.911). Although teleology has largely been refuted as a scientific argument, it has imparted a lasting

system of beliefs embedded within the language with which we use to explain biological, evolutionary and psychological sciences. Within contemporary discourses, the legacy of teleology within the biological and psychological sciences continues to be a matter of critique and analysis (Sulloway, 1992; Woodfield, 1998).

Contemporary psychoanalytic theories are an offshoot of 19th century biological and psychological sciences. When Freud, a trained neurologist, began outlining his psychoanalytic methodology, his aim was to establish his science of the mind as a biological science (Mitchell & Black, 1995; Sulloway, 1992). It has been well documented that, in this process of legitimizing psychoanalysis as a science, Freud drew heavily on Darwinian, psychological, biological, evolutionary and anthropological concepts of his day. The legacy of this can be seen in the pseudo-scientific language, structure and developmental maturation that frame many of his theories of the human psyche (Brickman, 2003; Mitchell & Black, 1995; Sulloway, 1992). To a lesser extent, critical engagement examining the role of teleological arguments embedded within psychoanalytic frameworks has been under-considered.

Taken from the “Greek word for goal, task and completion” (Bogman, J., 2005, p.911), teleology has been described as a “finalistic world view” based on the belief of intentional “transformation evolutionism” (Mayr, 1992, p.117), a “tendency toward improvement or perfection” as well as the “intrinsic tendency of Nature toward progress or an ultimate goal” (Mayr, 1992, p.118). Woodfield (1998) divides teleology into two camps. There is “intrinsic or immanent teleology,” in which teleology is “concerned with cases of aiming or striving towards goals” and extrinsic teleology, concerned with functions (p.295).⁶ Bogman (2005) avers that the utilization of teleological explanations is an “attempt to account for things and features by appeal

⁶ For the purpose of this paper, teleology as it relates to striving and completion of goals will be utilized. As such, Woodfield’s concept of immanent teleology provides the basis of this analysis. The idea of extrinsic teleology is outside the scope of this study.

to optimal states, or the normal functioning, or the attainment of goals, of wholes or systems they belong to” (p.911). In this statement, Bogman posits that a teleological framework promotes the belief that natural phenomena belong to an organized, intention system, progressing in a development towards a fixated and attainable goal. In immanent teleology, the goal is a desirable outcome, signaled by completion and a return to normal functioning. Activities made in progressing toward the goal are ascribed value with regards to their purposefulness. As in immanent teleology, a similar structure of development, return to normal/optimal state of functioning via attainment of a goal structure Freud’s concept of mourning.

In his theory of “Mourning and Melancholia” (1917), mourning is a system in which the goal: completion as measured by de-cathexis, signals a return to normal functioning. Using Woodfield’s framework of immanent teleology, the expressions of mourning are similarly founded on a systematized, predictable concept of intentional transformation and evolutionism (Mayr, 1992). One “works through” grief, “lets go” and “moves on.” De-cathexis (both the goal and activity) is ascribed positive value inasmuch as it works in progression towards completion. In mourning, however, the goal is defined by the process: de-cathexis is both a mode of engagement as well as an aim. Once attachment has been cathected, it signals both the attainment of a goal, the completion of mourning, and the return to an optimal state.

This idea of intentional transformation based on increasing improvement towards an expected goal (the goal of the de-cathected self) similarly echoes the directives explicit within immanent teleology. “The fact is,” Freud states, “that when the work of mourning is completed the ego becomes free and uninhibited again” (p.245). Within this statement, there is an underlining assumption of the psychological superiority of these stages— as the ego progresses through healthy mourning, it becomes increasingly more and more “uninhibited,” meaning

unburdened by mourning. As such, the optimal self is defined as the ‘not mourning’ self. The ‘not-mourning’ self, however, implies a presumed conception of self, following loss. The aim of mourning, to de-cathect oneself and re-invest libidinal energies within the present, assumes the de-cathected self as the expected, desirable and predicted outcome. This conception of self, however, is inherently paradoxical. As the de-cathected self is defined by that which it is no longer attached, the lost object defines the new self, in absence. This, arguably, constitutes a new attachment with the lost object: identification of self in terms of object loss and object absence. It is worth considering, though outside the scope of this current study, if this explains the intrapsychic underpinnings of nostalgia and aspects of mourning following symbolic loss, immigration and cultural displacement.

Although Freud did not see mourning as a pathological state, it was a type of progressive engagement— or lack of progression— with loss that was construed as pathological, defective, *not* normal and what characterized melancholia. Yet, his theory of normative and pathological expressions of loss promotes teleological ideas of intentional transformation, completion and an etiological conception of self that is inherently paradoxical. As a similar relationship determining normative and pathological responses to loss frame nostalgia one must question— does an ongoing identification and engagement with loss imply pathology or does psychoanalytic theory construe health and normalcy founded on teleological ideas of completion? The answer, as has been my aim to demonstrate, may be found in the latter.

Implications for Social Work

This study is relevant for the field of social work in multiple ways. First, the study elucidates that within psychoanalytic literature, descriptions of nostalgia have been conceptualized as pathological or substitutive mourning. This suggests a lacuna within the field

of psychodynamic practice in understanding the variety of forms healthy mourning may take and how nostalgia has been historically located in this process. Currently, there is only one psychoanalytic study, Impert and Rubin's, "The Mother at the Glen: The Relationship Between Nostalgia and Mourning"(2011), that directly addresses the dynamic mutuality between mourning and nostalgia. In examining the confluence of mourning, nostalgia and teleology, this current study contributes to the scarcity of literature on the topic of mourning and nostalgia. The study also urges for a greater understanding of the phenomena of nostalgia, as well as responses to loss, by examining theories of mourning and melancholia that have determined healthy and deviant responses to loss.

Citing Roland (2006), Tummala-Narra (2009) state, "The highly individualistic culture of psychoanalysis contributes to the likelihood that psychoanalytically oriented therapists will mistakenly conclude that a particular belief or behavior is seated in psychopathology instead of intercultural conflicts" (p.249). This statement rings particularly true with regards to nostalgia. If the field of psychodynamic practice continues to promote culturally hegemonic views determining normative and pathological responses to loss, specifically those based upon teleological underpinnings present in Freud's "Mourning and Melancholia" (1917), nostalgic themes that emerge with regards to individual experience with exile, immigration, acculturation, as well as geographic displacement will continue to be misunderstood. This is extremely problematic as one will pathologize an already vulnerable population. The inexhaustibility with which Freud's theory of "Mourning and Melancholia" continues to be utilized to interpret normative and pathological responses to loss, unnecessarily relegates nostalgia within the camp of pathological mourning, resistance, melancholic depression and/or indicative of social maladjustment. By employing this lens, clinicians focus more on individual's resistance or mal-

adjustment rather than considering a variety of adaptive responses to loss. By continuing to ubiquitously apply this classical theory, social work clinicians run the risk of needlessly pathologizing displaced minority groups as well as failing to interpret what, very well may be, adaptive responses to loss.

Re-aligning nostalgia's relationship to loss will improve grief interventions for service providers. A broadened perspective of nostalgia and responses to loss will lead social workers to more fully consider the socio-cultural, historical, geographical and psychosocial dimensions at play not only with the people they serve, but with the clinical theories they seek to utilize. As the DSM-IV-TR (2000) and the expected DSM-V (expected 2013) continue to medicalize grief and loss within Western psychiatric and psychological traditions, understanding the socio-cultural dimensions at play within these texts will be necessary. It will remain important to understand, examine and consider these dimensions, particularly when employing such frameworks for diagnosing minority groups, immigrants, displaced persons and those engaged in the process of acculturation.

Ultimately, nostalgia is more than just reminiscences about home, country, person, time or place. It is a process of negotiation between one's past and present, psychological and physical space. It is a relationship in which politics of memory relate to politics of belonging, and this engagement is mediated by those who determine normative and pathological responses to loss.

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