

# Melancholia as a Desynchronization: Towards a Psychopathology of Interpersonal Time

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## Key Words

Melancholia · Guilt feelings · Synchronization ·  
Desynchronization · Interpersonal time

## Abstract

Starting from psychopathological analyses of lived time in melancholia, the paper first examines the continuous processes of synchronization effective in biological as well as social life. These processes enable the individual to compensate for states of shortage, to adapt to changed circumstances, finish with past events and re-connect with the present. Examples of such resynchronizing processes are regeneration, sleep, dreaming, forgetting, remorse or grief. Melancholia is then interpreted as the result of a desynchronization, i.e. an uncoupling in the temporal relation of organism and environment, or of individual and society. With the processes of resynchronization failing, the person falls out of common environmental time. This conception allows a parallel to be drawn between chronobiological and psychosocial results of research. Moreover, it offers the possibility to understand not only the psychopathology, but also the triggering of melancholic episodes on the basis of a disturbance of time. Consequences for a 'resynchronizing therapy' are outlined.

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## Introduction

Piet Kuiper, a renowned Dutch psychiatrist, fell ill from severe melancholic depression at the age of 60. In his account of it he wrote:

'What has happened can never be undone again. Not only the things go by, but also possibilities pass by unused. If one does not accomplish something in time, it is never done any more ... The real essence of time is indelible guilt.' – 'The deepest abyss I fall into is the thought that even God cannot help me, for He cannot undo anything.' [1, p. 58, 162]

Guilt feelings as a prominent sign of melancholic depression have been interpreted by psychopathology in different ways. Kaestner [2] and Janzarik [3] stressed the inability of the depressed person to feel and realize values, while at the same time being tormented by these values' claim to be fulfilled. Tellenbach [4] coined the term 'remanence', i.e. falling short of rigid demands on oneself of duty and orderliness, which he regarded as the risk inherent in the 'melancholic type'.

Finally, the guilt feelings may also be derived from the melancholic disturbance of *Zeitigung* or lived time which has been described, mainly by Straus [5] and von Gebattel [6], as an 'inhibition of vital becoming'. Following Straus, in melancholia the 'immanent' or 'ego-time' of the

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movement of life gets stuck, whereas the 'transient' or 'world-time' goes on and passes by. The depressed person, so to speak, 'lives time' no longer as his own; instead, it comes upon him from in front and overrides him. The inhibition of inner time does not allow him to progress toward the future, nor is he able to close and leave behind his past experiences. 'The more the inhibition increases and the speed of inner time slows down, the more the determining power of the past is experienced' [5]. What has happened remains conscious as a fault or failure, as ever-growing guilt. In melancholia, time is continuously transformed, as it were, into guilt which cannot be discharged.

Such analyses are still fundamental for a psychopathology of time, and of melancholia especially. From today's perspective, however, they suffer from the drawbacks of a psychopathology based on life philosophy, postulating the basically metaphysical principle of the *élan vital*, a vital 'principle of becoming' inherent in the individual. As a result, lived time is considered as primarily monadic, without reference to intersubjective or social time. Thus, the depressive pathology of time seems to be comprehensible as an individual disturbance or inhibition of 'becoming', which only afterwards lags behind the transient or world-time.

Modifying this approach, it is proposed to consider the primary melancholic pathology of time not as an individual inhibition but as a disturbance of a synchronized relation, or a desynchronization. My thesis is that melancholia is the result of a desynchronization, i.e. an uncoupling in the temporal relation of organism and environment, or of individual and society. I will attempt to demonstrate that this concept (1) allows a parallel to be drawn between chronobiological and psychosocial results of research; (2) offers the possibility to comprehend not only the psychopathology, but also the triggering of melancholic episodes on the basis of a disturbance of time; (3) extends and shifts the focus from the individual to the relation of individual and social time. This is particularly important considering the increasing acceleration and permanent revolution of the life world in western society. After all, this development raises the question of whether the pathology lies in the individual who is not equal to this speed any more, or rather in a sort of collective mania. In any case, epidemiological research points to an increase in depressive conditions – reactive or endogenous – in western societies due to social changes accompanying industrialization [7–9].

Of course, the concept of synchronization/desynchronization is derived from chronobiology, referring to the

order or disturbance of rhythms such as the sleep-wake cycle or the diurnal period of hormone levels. In order to introduce these terms into phenomenological psychiatry and stimulate an interdisciplinary approach to depression, it will be necessary to extend the meaning of those terms over different levels (e.g. biology, sociology). The reader may examine to what extent this semantic restructuring is successful and fruitful.

The first part of my paper outlines the processes of synchronization which characterize our life on a biological as well as psychosocial level. These processes imply mechanisms of elimination and regeneration which help to work up residues and to make up for temporary desynchronizations. The second part describes melancholic depression as a failure of synchronization resulting in a complete uncoupling of internal and external time.

### **Life as a Process of Synchronization**

#### *Physiological Level*

Biological systems change over time, not in a linear manner, however, but cyclically. There is a continuous attunement between endogenous and exogenous rhythms or timekeepers, a synchronization of organismic with cosmic rhythms, such as daily, lunar and solar periods. Thus, for example, the sleep-wake rhythm of 24 h is known to be the result of a synchronization between endogenous and exogenous time-keepers or oscillators.

Rhythm is the way the organism maintains its inner order against the decaying processes of anorganic nature. Homeostasis is not a 'static' state, but is marked by a periodical alternation of intake and excretion, exhaustion and regeneration, wake and sleep, ergotropic and trophotropic phases; marked also by disturbances, shortages and corresponding counterregulations. These periodical discrepancies or imbalances become apparent in subjective experiences of urge or unpleasant feelings; as drive needs in hunger or sexuality; as sleepiness, exhaustion, pain or illness – states which all press for their own abolition by a suitable behaviour towards the environment. Shortage and need, labour and pain are the price life pays for its inner order to be maintained against the physical world.

This is connected with the primordial experience of time which is always directed towards the future. Plants live in immediate exchange with their environment, without temporal discrepancies. Animals, however, experience time lags, i.e. feel shortages as 'not yet'. Animals suffer the separation of drive needs and satisfaction. With this discrepancy arises an appetitive tension, a 'being after

something' (e.g. the prey not yet grasped, the sexual partner not yet met). The drive tension establishes a primordial time differential or 'time span'. Janzarik [10] has coined the term of 'protensivity' for this primary temporal orientation. Lived time thus results from periodical asynchronies or discrepancies. It is characterized by the cyclical repetition of drive needs or interests and their orientation toward a compensation in the future. Time experience arises with want and suffering.

### *Psychosocial Level*

If we now turn to the relation of man to his social environment, we find many forms of synchronization here as well. The everyday contact with others already implies a continuous fine tuning of emotional and bodily communication, an exchange of 'vibrations', or a 'resonance'. In English, this is also pointed out by the expression 'to be in synch'. Process research in psychotherapy has contributed to the elucidation of the subtle mechanisms effective in this synchronization [11]. Moreover, infant research has shown how the sympathetic contact essentially determines our primary experience: The communication between mother and baby is characterized by rhythmic and melodic interaction, mutual resonance, or by what Stern [12] has called 'affect attunement'. Thus, from the beginning, the microdynamics of everyday contact imply a habitual synchronization. They bring about a basic feeling of being in accord with the time of the others, and to live with them in the same, intersubjective time.

Usually, we are not consciously aware of this basic synchrony. However, the processes of social synchronization become more noticeable in the manifold ways of timing, of day- and week-time regulation, date scheduling, punctuality, etc. In a wider sense, synchronization manifests itself in all mutual commitments, agreements and arrangements which are kept up by individual self-constraint and standardization. This coupling of individual times has been increasingly institutionalized and internalized in the modern age, leading to the nearly perfect synchronization of all members and sequences in industrial society, without which it would, for all its complexity, fall into a functional chaos. The social synchronization has an impact on the organism and its daily periods as well: Since birth, the rhythms of the organism (eating, sleeping, excretion times, etc.) are shaped by socialization. Bunker experiments have shown that in spite of the loss of external time-keepers, a new, common day rhythm gradually developed among test subjects [13]. Biological and social time may therefore not be separated.

Finally, our biographical development is strongly influenced by synchronizations as well. The age of major transitions and role changes such as starting school or work, marrying, steps of career, retirement etc. is more or less standardized. Fixed minimum or maximum ages mark the entering in, or leaving from, a social 'space of time'. In his decisions on the course of life, the individual gets his bearings from his contemporaries ('what is my position compared to my age-group?'). Even here, the social time-keepers have an impact on the biological level, as is shown by the phenomenon of acceleration, i.e. the earlier onset of sexual maturation in western societies. Finally, we may think of the cultural synchronization that connects people of the same age-group by common attitudes, fashions, styles, values and memories, leading thus to a basic 'contemporariness'. Its importance is painfully felt by people in old age when they gradually lose the fellows from their generation and, with them, their 'reminiscing community'.

In the life world, then, simultaneity and contemporariness are continuously produced. As on the biological level, however, these synchronizations are not at all constant. Periodically, we experience asynchronies, i.e. situations that require us to adapt to external changes, to compensate for disturbances and backlogs, or to advance in our development along the biographical steps preset by life and society. Uncompleted tasks, unresolved conflicts, strain and distress accumulate, thus inhibiting or precluding our progress toward the future. Traumatic events and serious experiences of guilt, loss or separation persistently affect the experience of time. They entangle the person in his/her past, and he/she temporarily loses the lived synchrony with others.

Hence, in loss or guilt, a new time experience arises: It is not the time of 'not yet', the time of desires and wishes directed toward the future, but the time of 'no more', the time of the irrevocable past. It corresponds to a falling-out of the common time which runs on, while the individual cannot get rid of something experienced or done. It is mainly by separations from others to whom our lived time is primarily related, that we experience the irreversibility and the rule of time. Such discrepancies and deviations from the present, or the periodical accumulation of the missed, the lost, or the unfinished, require specific processes of coping and resynchronization. With these, the individual regains connection to the common, intersubjective time. I will name only a few of such processes:

*Forgetting and Repression.* Remembering binds us to the past. Field psychology discovered the 'Zeigarnik effect', which means that uncompleted and unfinished tasks

are more easily remembered than completed ones [14]. The faults, the guilt, the missed goals are inscribed into memory for good, as static engrams; a glance into the past is enough to revive them again. Nietzsche stressed the strong connection of conscience and memory, and wrote pointedly: 'Only what does not stop hurting remains in memory' [15, p. 311]. He was one of the first to look upon forgetting not as a loss, but as a positive capability of inhibition, and remarked that 'there could be no present without forgetfulness' [15, p. 292].

*Sleep and Dreaming.* Sleep is not only a physiological regeneration but an essential instrument of resynchronization, of forgetting and finishing. Therefore, we speak of the 'sleep of the just', i.e. of the person who has balanced her social debits and credits. On the other hand, a sleepless night may call all worries and problems of the day back into consciousness. Freud, in *The Interpretation of Dreams* [16], also stated that dream contents relate to uncompleted issues which by dreaming shall be brought to a solution and conclusion. Patients with posttraumatic stress disorder illustrate the failure of these processes of resynchronization: They cannot find oblivion by sleeping, their dreams only repeat the experienced horrors again and again.

*Remorse and Grief.* Remorse is not only directed towards a social compensation or atonement, it is also an inner process of coming to terms with one's guilt. When it is successful, the culprit is reconnected to common time and to the progress of life. In a similar way, the process of grief helps to untie emotional bonds that do not correspond to the present any more. The person, however, who cannot bear and live through periods of grief remains in constant asynchrony.

*Crises.* Crises arise as serious reactions to a desynchronization: Former orientations, roles and attachments have become anachronistic. The necessary development, however, is dammed back. A new homeostasis is not to be attained without a break or 'time-out', a phase of disorientation and dying of the past. Different, mainly painful processes, such as grief, renunciation, re-evaluation and re-interpretation may help a person to reconnect to the present and leave the past behind. We can see here that desynchronization may well be a necessary stimulus for personal development.

### Summary

Let us summarize the argument at this point: The relation of the individual and the environment is characterized by a temporal coupling. On the biological level, endogenous and exogenous rhythms are attuned to each

other. On the emotional and social level, we are connected to the others by processes of resonance and synchronization. These couplings are not static, but pass through periodical phases of balance and imbalance, of disturbance and reconciliation, of desynchronization and resynchronization. Different biological and psychic processes serve to re-establish the present, or to bring the individual up to date. Among them are the periodicity of the vital functions, the compensation for shortage by satisfaction of needs, and the recurring processes of coping with the unfinished by forgetting, sleep, dream, remorse, grief or crisis.

Mere coherence or lived synchronicity does not yet bring about time experience. This rather results from a desynchronization or discrepancy of coupled internal and external processes on the biological or on the psychosocial level. The time of a living being is primarily directed toward the future, as the 'not yet' of 'being after something' or of protensivity. In social associations, however, the human being also experiences separations and losses which throw him out of common time. Time as passing by, the time of 'no more', comes to our consciousness in interruptions of the stream of life, mainly in separations from the others with whom our life is in synchrony. While normally the movements and alterations of things or men are included in our own progressing, their direction is now reversed. They advance towards us and pass on by, while we cannot take part in their sequence any more. Transient or fleeting time only appears for us when we lag behind the changes of our environment.

### Melancholia as a Complete Desynchronization

A complete desynchronization between individual and environment is characteristic of melancholic depression. It ensues when coping with major change fails, i.e. individual resynchronization mechanisms do not succeed, but break down. Moreover, depressive psychopathology itself expresses the uncoupling of the resonance and synchrony of individual and environment.

#### Triggering Situation

The typical constellation triggering melancholia has been characterized by Tellenbach as a situation of remanence. The melancholic does not feel equal to the speed of external changes or to necessary developments. He gives up in the face of painful processes of detachment or elimination, he refrains from necessary role changes, and he shrinks back from confrontation with the basic facts of

existence: isolation, finiteness, decision, guilt. The inability to enter a real grief process probably plays the main triggering role. The required untying of bonds seems too threatening and painful; the loss is not acknowledged, the primary affect suppressed. Hence essential resynchronization processes are missed.

This corresponds to the premorbid striving of the melancholic type to avoid discrepancies in relation to his environment at any rate. The 'hypernomia' which Kraus [17] has worked out as the hallmark of the melancholic's social identity, is a 'hypersynchrony' as well. Down to the microdynamics of everyday behaviour, the melancholic seeks continuous resonance by compliance and friendliness, social attunement, punctuality and timely completion of his tasks. He must not be indebted to somebody just because he feels he is not capable of achieving the inner processes of release: the forgetting of the unfinished, the freeing of debts, the development towards emancipation and autonomy. This inability to cope with desynchronizations inhibits his personal maturation and renders him all the more vulnerable toward inevitable biographical breaks or role changes.

#### *Physiological Desynchronization*

The capitulation before an inescapable task of coping or development now leads exactly to what the melancholic fears most of all: to the break-down of coherence and resonance with his environment in depressive illness. Once the resynchronizing mechanisms fail, apparently a phylogenetically older defense mechanism is released: It consists of a passive and submissive behaviour of humility, and when intensified, in a blockade, paralysis or 'freeze', thus reminiscent of a 'playing dead reflex'. This corresponds to a conversion from social to biological desynchronization, leading to a reaction of the organism as a whole, namely a psychophysical slackening or stasis. The triggering of depression by overall exhaustion or serious somatic illness shows that a vital desynchronization may play a primary causal role as well.

The physiological desynchronizations are well-known as far as their manifestations are concerned, though their underlying mechanisms have not yet been explained. Let us think of the disturbances of neuro-endocrine and temperature periods, of the sleep-wake rhythm, of the female cycle, then the loss of drive, appetite or sexuality, and finally the seasonal depressions as desynchronizations in relation to the annual period. The psychophysiological regeneration in sleep is also seriously disturbed. Depressed persons awake early in the morning after a disrupted and shortened sleep and then start brooding over

their faults and fears. The dream phases as well as dream memories are reduced, the contents mainly negative, which means that the 'psychohygienic' effect of sleep is lost [18, 19]. On the other hand, therapeutic sleep deprivation effects a temporary resynchronization with immediate impact on mood.

The uncoupling from the environment is also manifested in an unpleasant insistence of the body. A leaden heaviness, constant exhaustion, and a sense of restriction and tightening make the patient feel the bare materiality of his body that is otherwise hidden in the movement and performance of life. In addition, a loss of vitality in many systems of the organism comes about. In serious cases, a literal freezing and 'reification' of the body ensues which is no longer capable of resonance with its environment [20].

#### *Psychosocial Desynchronization*

Let us now consider the desynchronization concerning intersubjective time. First, it becomes manifest in a retreat from social obligations. Depressed patients avoid the environment with its social or physical timekeepers. They do not get up on time, their tasks are taken over by others, important family decisions are made without them. Futile attempts to keep pace with events and to catch up on tasks increase the feeling of remanence.

Moreover, the depressive suffers the loss of sympathetic resonance; he gets 'out of synch'. While dialogues are normally accompanied by a continuous synchronization of bodily gestures and gazes [11], his expression sets and loses its modulation. The affect attunement with others fails. This is connected to the inability to participate emotionally in other persons or things, to be attracted or affected by them. Painfully, the patient experiences his rigidity in contrast to the movements of life going on in his environment.

The desynchronization also becomes manifest in a failure to achieve forgetting and elimination. 'Everything goes through my head again and again, and I always have to wonder if I did things right. I can't sleep at night because my thoughts stay with the past day, and in the morning everything comes back to me in terror'. It is the torture of not being able to forget, of being constantly forced to remember and therefore not arriving at the present any more. The dominance of the past is only the other side of the slackening protensivity, of the lack of drive, needs and interests that otherwise direct us to the future.

With increasing inhibition, the basic movement of life finally comes to a standstill, as anthropological psycho-

pathology has described it. The depressive has fallen out of common time and has become, as it were, a living anachronism. He literally lives in another, sluggish time. Nevertheless, the external, intersubjective time runs on for him, i.e. it passes him by. Because of this uncoupling, it appears as an empty, only transient time that he cannot fill or shape any more, like a continuous call: 'Gone! Over!'. These phenomenological analyses of time disturbance can be experimentally verified, as Mundt et al. [21] have shown again recently. Depressive persons experience a time dilation, i.e. they estimate given time intervals to be longer than the actual objectively measured time. Even so, it seems important that this external or world-time is socially constituted, and not a mere physical time.

With the uncoupling of intersubjective time and the loss of protensivity the future is blocked, which means that the patient cannot transcend or leave behind the past. With this, however, the past is fixed once and for all; it may no more be changed, evened out or abolished by future living. Now all guilt and all omissions are actualized at once. In a similar manner, the death of a close person may unexpectedly cause guilt feelings for which there seems to be no comprehensible reason at first. But as long as that person lives, we implicitly count on the possibility to make good in the future what we failed to do for him in the past. This window of opportunity, however, vanishes with his death. Our common time totally curdles into past, unalterable through a common future.

The depressed person experiences just this situation, not with one person, however, but with everybody. He himself has already become past while still living. His life is fixed in all details irrevocably. Now, all the countless faults and omissions that we all become inevitably guilty of push into his awareness. 'One has said things that cannot be taken out of the world any more', a patient complained. Or as Kuiper [1, p. 158] writes: 'The deepest abyss I fall into is the thought that even God cannot help me, for He cannot undo anything'. Not the intensity, but the principal irrevocability is the characteristic sign of melancholic guilt. The confessions of the patient are not at all directed toward resynchronization with others through remorse or compensation, for the premise, the common dimension of time, does not exist any more. His guilt is irreparable as such.

Complete desynchronization is marked by the transition to melancholic delusion. Now the return to a common intersubjective time has become unimaginable, the determination by the past total. In nihilistic delusion, the asynchrony reaches the extreme of a loss of reality, of a

juxtaposition of two worlds. A patient of mine was convinced that all her relatives had died; she was alone in the world and had to live on for ever. A similar self-description has been given by Kuiper:

'Someone who resembled my wife, was walking beside me, and my friends visited me ... Everything was as it would be normally. The figure representing my wife constantly reminded me of what I had failed to do for her ... What looks like normal life is not. I found myself on the other side. And now I realized what the cause of death had been ... I had died, but God had removed this event from my consciousness ... A harsher punishment could hardly be imagined. Without being aware of having died, you are in a hell that resembles in all details the world you had lived in, and thus God lets you see and feel that you have made nothing of your life.' [1, p. 136]

Apparently, the total uncoupling from intersubjective time may be described only by the expression of having died.

## Conclusion

*Zeitlichkeit* or time-relatedness of man is not a solipsistic 'existential' as Heidegger puts it, nor a mere vital 'time of becoming' that runs in the individual, but primarily a lived synchronicity with the environment and with others. It is only from periodical desynchronizations, i.e. states of shortage, need, incoherence, insufficiency, guilt or separation, that the experienced time of the 'not yet' or 'no more' results. This time experience stimulates, for its part, processes of resynchronization, enabling the individual to finish with past events, to adapt to changed circumstances and to reconnect with the present. Examples of such processes are sleeping, dreaming, forgetting, remorse, grief or crisis.

Persons with a predisposition to melancholia have a limited capacity for such resynchronizations. They feel a necessity not to allow discrepancies to grow, not to deviate from the standardized course of life, nor to fall back from it. If this happens all the same, the complete desynchronization or temporal uncoupling of melancholic depression may ensue. With such depression, the intersubjective desynchronization is transformed to a biological desynchronization and vice versa. Melancholic delusion is the utter manifestation of this uncoupling from common time.

From this point of view, the treatment of depression should have the aim to restore and support the missing processes of synchronization. On the biological level, the instruments for this available at present are pharmacological and electroconvulsive therapy, sleep deprivation or

light exposure. A psychotherapeutic 'resynchronization therapy' should take into account the following guidelines:

(1) The first requirement would be a spatial and temporal frame creating a definite and legitimate recovery period for the patient, a 'time-out' so to speak, during which he can gradually readapt to the common social course of time with as few pressures as possible.

(2) Secondly, it is important to give rhythm to everyday life, i.e. to emphasize repetition and regularity in the course of the day and week, since it helps the patient to gain a stand against fleeting time.

(3) The third principle should be the furthering of protensivity, i.e. the orientation of the patient toward future goals, however modest, to be achieved within a short time. This may be stressful at first, since the patient's actual, appetitive motivation is still missing and each action is in immediate danger of not satisfying his high demands on quality. It is therefore most important to explain to the patient that the intentional arc alone, that he draws in plan and execution, is enough to create his own 'time arrow' against passing time and to re-establish his protensivity.

(4) From this follows the principle of 'optimal resynchronization': The patient should experience a degree of activation and stimulation appropriate to his present state, so that the idle time is filled again, without, however, causing a relapse into uncoupled time by forced rehabilitation. The image of a gear change suggests itself here, where different levels of synchronization are chosen according to the present speed.

(5) Finally, after the remission of acute depression, it becomes important to further the psychological and social resynchronizations whose failure has contributed to the onset of illness, above all, processes of grief and role change.

At the beginning, I mentioned the social processes of acceleration to which we all are subjected. It can easily be foreseen that the permanent revolution of the life world will increasingly result in desynchronizations that demand too much adaptability of the individual. As psychiatrists, we are close to this development, for more and more people are coming to our wards who cannot tolerate the accelerated modernizations and fall into the uncoupling of depression. Their suffering shows that man's capability of biological and social resynchronization cannot be increased at will, however variable his nature may be.

The German philosopher Theunissen [22] has spoken of a 'negative theology', or a 'dominion' of time as an objective process to which we are all exposed, but which the melancholic person has to suffer helplessly and defencelessly. I think that in this point Theunissen is subject to a mystification. We ourselves are the ones who have created the dominion of time to which we are then exposed as a seemingly independent process. The 'social construction of reality' [23] essentially implies the construction of time, and with the ever growing socialization of individuals, this construct appears as an autonomous, godlike force that demands its sacrifices. It is this alienated and reified time that in melancholia falls back on the subject from the outside. The depressive shows us vicariously that as individuals and as society, we are equally confronted with the task to reappropriate the time that we have made our enemy, and to make it our friend again.

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