



MENTAL HEALTH IN HISTORICAL PERSPECTIVE

From Melancholia to Depression

Disordered Mood in Nineteenth-Century Psychiatry

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damp climate of the British Isles, as well as to the sedentary lifestyle of the landed gentry.³³ This nervous affliction, overlapping with the 'vapours' and 'spleen', should be distinguished from the late nineteenth-century affliction 'nervous exhaustion' (or 'neurasthenia'), a condition brought on by a combination of the ills of modern urban life and too much 'brain work'.³⁴

The Changing Face of Melancholia

As these historical vignettes indicate, melancholia is not, and never has been, one thing. The meaning of the word has changed over time, sometimes significantly, and other words have equally been used to describe emotional states that we might today associate with melancholia. For over two thousand years, doctors, philosophers, scientists, theologians, historians, artists, and writers have tried to make sense of low mood, in particular the shifting and often opaque boundary between health and illness. Anyone attempting to write a history of melancholia, whether as a form of madness, an emotion, a temperament, an artistic trope, or as depression previously called by a different name

will, intentionally or not, add their story to a vast catalogue of scholarship spanning all of these perspectives, sometimes brought together in a single narrative.³⁵ As the existing body of work on the history of melancholia attests, scholars continue to be drawn to the topic, attempting to understand where contemporary experiences of low mood fit in the wider context of human history. Our ability to experience profound and at times debilitating emotional depression appears to be a feature that unites the human species across temporal and cultural boundaries. At the same time, the range of experiences associated with melancholy, melancholia, and depression suggest that these psychological states come in an endless number of different shades and nuances.

To capture in a single narrative the multitude of imagery that is conjured up by the melancholia term is no easy feat, and it is harder yet to create order among this chaos of emotionality. One writer who has managed this with considerable skill and success is intellectual historian Karin Johannisson, whose history of melancholy is an apt illustration of its multifaceted nature. She maps some of the different ways in which low mood has been con-

ceptualised and experienced in different societies in the West, showing how emotional expressions associated with melancholy have changed over time. In doing so she asks whether 'each epoch generates its own emotional repertoire'.³⁶ While Johannisson suggests that hers is a history of the emotions rather than of medicine, she nonetheless draws heavily on medical sources in order to contextualise the 'experience' of melancholy, testifying to the difficulty in making any definitive distinction between medical condition and emotion. Her history of melancholy is, then, also a history of melancholia and of depression, which attempts to organise and differentiate types of melancholic qualities associated with different historical periods. Johannisson does this by separating low mood into three, temporally anchored, shades of melancholy: black (early modern), grey (modern), and white (late modern). All three are presented in fragments, medical and popular notions intermingled and boundaries obscured. This mosaic presentation of what is at one moment a feeling and at the next a medical condition is poignant and aptly illustrative of how meanings attached to the terms melancholy, melancholia, and depression have not

only changed over time, but how different and even conflicting notions of these concepts have often coexisted.

Broadly speaking, existing histories of melancholia can be divided into two camps: one emphasising continuity, the other historical specificity and change.³⁷ Johannisson's study exemplifies the latter, while Stanley Jackson's comprehensive work on melancholia and depression through the ages takes a continuity perspective. *Melancholia and Depression: From Hippocratic Times to Modern Times*, first published in 1986, remains the most ambitious attempt to date to piece together a coherent history of low mood spanning more than two millennia. Jackson frames his narrative as the history of depressive illness, suggesting that this condition, traditionally known as melancholia, has shown 'both a remarkable consistency and a remarkable coherence in the basic cluster of symptoms' across time.³⁸ More recently, Clark Lawlor has attempted a similarly expansive history that traces melancholia from ancient Greece to the twenty-first century. Lawlor laments the end of a centuries-old continuity with the 'paradigm-changing arrival' of the third edition of the Ameri-

can Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders (DSM-III)* in 1980, which produced a new depression based solely on descriptive psychopathology and which expanded into the realm of normal sadness.³⁹ Edward Shorter is similarly critical of the *DSM* approach to mood disorders. He argues for the existence of two distinct forms of depression, one that is endogenous (melancholia), and a socially and culturally produced category, what is today the main form of depressive illness diagnosed in primary care.⁴⁰

Contrasting these narratives with a focus weighted towards historical change, Judith Misbach and Henderikus Stam have traced a conceptual shift in the nineteenth century whereby melancholia was 'gradually reconceptualized as depression' through a process of 'medicalization'.⁴¹ While their study is limited and places particular focus on the relationship between melancholia and neurasthenia, it forms an important contribution to the history of depressed mood. Their narrative follows on from German Berrios, who emphasises the role of French alienist Esquirol's idiosyncratic term *lymemanie* ('sadness mania') in the reconfiguration from intellectual to emotional

insanity, arguing that, while the term was only ever used by French and Spanish physicians, it nonetheless helped bring about a change in meaning of the term melancholia, before the latter became gradually replaced by depression. For Berrios, there is little conceptual difference between late nineteenth-century melancholia and early twentieth-century depression. It is primarily a terminological change in large part driven by a preference for the latter term as it 'evoked a "physiological" explanation'.⁴² As these narratives imply, there was no straightforward transition from melancholia to depression—the former was not simply replaced by the latter. However, within existing histories tracing the reconfiguration of the melancholia concept in the nineteenth century, two events that were fundamental for this development have been almost completely overlooked. As I demonstrate in the chapters that follow, the shift in psychiatric knowledge relating to depressed mood was underpinned and driven by on the one hand the appropriation of language and concepts from experimental physiology to talk about emotion as a physiological event, and on the other by the role of

asylum statistics in the development of diagnostic categories and criteria.

Existing histories of melancholia and depression such as those briefly outlined above testify to the historical instability of these medical concepts, which is foregrounded in Matthew Bell's cultural history of melancholia prior to the nineteenth century. Bell brings attention to the question of whether psychiatric disorders are natural kinds, which in turn speaks to problem of retrospective diagnosis. These issues are at the heart of debates about the relationship between pre-twentieth-century melancholia and today's depressive disorders.⁴³ Since the nineteenth century, psychiatry's proponents and practitioners have not been averse to reading pre-modern accounts of various afflictions through the spectacles of modern medicine. For instance, Victorian physicians diagnosed Shakespeare's Hamlet with melancholia,⁴⁴ twentieth-century psychiatrists have given World War I soldiers PTSD,⁴⁵ and medieval saints have been described as schizophrenic.⁴⁶ Historians, too, have jumped on this bandwagon, to a lesser degree.⁴⁷ The basic premise of this perspective is that categories of classification have changed, but the

illnesses to which they refer have remained largely the same across time.

The interlinked questions of retrospective diagnosis and natural kinds in psychiatry illustrate the perpetual tensions that characterise the historical study of illness, particularly of the psychiatric kind, between the universalist and the context-specific, and between the real and the constructed. Following Dominic Murphy, Bell rejects the 'false dichotomy' between 'mental disorders as natural kinds and mental disorders as socially constructed', arguing that psychiatric conditions 'with an organic component can very well have social causes too'.⁴⁸ One might argue that there is also a more profound epistemological concern at the core of this debate, as the conceptual distinction between 'organic' and 'social' is historically specific to the modern period. Bracketing this question, however, I agree with Bell that there is no meaningful knowledge to be gained by asking whether or not melancholia is a real or constructed condition. All psychiatric conditions are constructed in the sense that the labels and the clusters of symptoms they refer to are not inevitable or discovered, they are the product of significant intellectual work (which

in this book is taken to include a host of clinical and administrative practices and concerns, as well as the theoretical development of diagnostic categories). At the same time, psychiatric conditions are also very much real, insofar as people are diagnosed with them and experience themselves as suffering from such illnesses (this, I would argue, is what makes a psychiatric condition real, irrespective of any perceived organic cause). It follows that in the period with which this book is concerned, melancholia was very much a real condition. But while melancholia has existed as a medical term for over two millennia, the biomedical illness which that term came to denote in the nineteenth century was historically new. The aim of this book is to show how this condition was produced, that is, how melancholia was made into a modern biomedical mood disorder in the nineteenth century—how it was created, shaped, modified, and reified. In other words, it maps the events whereby this particular conception of melancholia was made real.⁴⁹

Melancholia and the History of Psychiatry

Melancholia and Depression

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<https://doi.org/10.1093/acrefore/9780190236557.013.623>

Summary

Depression is defined in diagnostic literature as a mood disorder characterized by depressed mood, loss of interest or pleasure in activities, significant changes in weight, insomnia or hypersomnia, psychomotor agitation or retardation, fatigue or loss of energy, feelings of worthlessness or excessive guilt, difficulty concentrating, and suicidal ideation and/or attempts. Research suggests a link between depressed mood and monoamine depletion, elevated cortisol, and inflammation, but existing laboratory evidence is inconclusive. Current treatments for depression include selective serotonin reuptake inhibitors (SSRIs), cognitive behavioral therapy (CBT), and lifestyle changes; however, more severe forms of the disorder can require other medication, sometimes in combination with electroconvulsive therapy (ECT).

Disagreement persists over how to define and classify depression, in part due to its ambivalent relationship to melancholia, which has existed as a medical concept in different forms since antiquity. Melancholia was reconfigured in 19th-century medicine from traditional melancholy madness into a modern mood disorder. In the early 20th century, melancholia gradually fell out of use as a diagnostic term with the introduction of manic-depressive insanity and unipolar depression. Following the publication of *DSM-III* in 1980 and the introduction of SSRIs a few years later, major depressive disorder became ubiquitous. Consumption of antidepressants have continued to rise year after year, and the World Health Organization notes depression as the leading cause of disability worldwide.

At present, internationally recognized systems of classification favor a single category for depressive illness (alongside a circular mood disorder, bipolar I and II), but this view is challenged by clinicians and researchers who argue for the reinstatement of melancholia as a separate and distinct mood disorder with marked somatic and psychotic features.