Melancholia and Depression
PETER TOOHEY


In recent years there have been a number of successful studies tracing the later history of figures, tropes or even aspects of classical culture. Stanford's The Ulysses Theme, Galinski's The Herakles Theme or Jenkyns' The Victorians and Ancient Greece are typical examples. The genre continues to fascinate. It represents, I suppose, a validation of the unceasing importance of Greco-Roman culture. Jackson's Melancholia and Depression approaches the genre from an unusual and unexpected angle. The book takes an important aspect of ancient medicine, the atrabilious state of melancholia (described in the Hippocratic writings, by Aristotle, by Celsus, by Galen, by Rufus of Ephesus and many others), and traces its history in Western science and experience. Stanley W. Jackson, professor of psychiatry and history of medicine at the Yale University School of Medicine, director of the Division of Outpatient Services at the Connecticut Mental Health Center, combines a practical concern for the problems of depression with the historian's concern for origins. The result may, at times, lack the trappings of philological scholarship. Yet it provides a bracing, though sometimes painful, demonstration of the persistence of conditions and treatments for a very common (and very literary) illness. It was Aristotle, I believe, who first noted that melancholy and depression are rife amongst scholars.

The theme is of immense importance, not just for the history of medical (and in particular psychiatric) practice, but also for cultural history. One thinks immediately of the deadly sin of acedia, the noontide demon of the Christian anchorite. Depictions and discussions of this condition occur as early as Evagrius (fourth century A.D.) and as late as Chaucer's The Monk's Tale. It seems probable that acedia was a type of melancholy or depression. The problem of melancholy reappeared in the literatures of post-classical periods. It emerges again as the 'Elizabethan Malady' or as 'spleen' in the literature of the sixteenth and seventeenth centuries, as the sickness of the age described by poets such as Baudelaire or Theophile Gautier, and in this century as the existentialist angst suffered by Sartre's fictional character Roquentin or Camus' Mersault.

Melancholy, in the full psychological sense, does not play a prominent role in the literature (whence I am excluding medical writing) of high antiquity. Its presence, however, may occasionally be felt. In the pseudo-Aristotelian Problemata (written perhaps by Theophrastus or another of Aristotle's followers) the following question is raised: 'Why is it that all those who have become eminent in philosophy or politics or poetry or the arts are clearly
of an atrabilious temperament, and some of them to such an extent as to be affected by diseases caused by black bile? If mention is not frequently made of this condition, that is not to say Greco-Roman culture was oblivious of its effects. Indeed, the author of the Aristotelian Problemata cites as melancholic the following individuals: Heracles (whose illness led him to murder his children), the mythical hero Bellerophon (whose story is narrated in Iliad 6), the Spartan commander Lysander, Ajax, especially as he is portrayed in Sophocles' play, Empedocles and even Plato himself. (1) It may well be that the irascible temperament of a poet such as Horace was the product of this very condition. Consider Epistles 1.8.7-12:

... less sound in mind than in all my body,
I will listen to nothing, will learn nothing
to relieve my sickness; quarrel with my faithful physicians, and angrily ask my friends why they are eager to rescue me from fatal lethargy; because I follow after what has hurt me, avoid what I believe will help me, and am fickle as the wind, at Rome loving Tibur, at Tibur Rome.

(Trans. Fairclough, L.C.L.)

This restless, querulous dissatisfaction has been identified by at least one recent critic as the product of an atrabilious temperament. (2) Melancholy, though not a common subject in ancient literature, is nonetheless there to be identified.

An history of what Jackson terms the 'clinical vicissitudes' of this illness is outlined in the first nine of the seventeen chapters of Melancholia and Depression. For the Hippocratic writers of the fifth and fourth centuries, Jackson instructs, the illness was associated with 'aversion to food, despondency, sleeplessness, irritability, restlessness'. The illness was termed 'melancholia' and was a product of an excess of black bile, melaina chole, one of the four humours. The pathogenesis of the condition was the result of the dry and cold nature of this autumnal humour. (There were, it deserves to be noted, two other forms of melancholy, at least in the Galenic order of things. The first was 'hypochondriacal melancholy' and in this 'a local excess of black bile in the primary site, the hypochondriacal region [immediately below the ribs], was thought to give off smoky vapors that rose to the brain, affecting it secondarily to give it melancholy'. The second form, 'adust melancholy', was caused 'by the corruption, overheating, or burning of yellow bile'.) Later additions to the Hippocratic description were fear—as well as sadness—and the prolongation of the disturbance. The latter is crucial: when the illness is prolonged, the victim can be said to have real melancholia.

It was during the second century A.D., Jackson continues, and with writers such as Rufus of Ephesus and Galen, that the main clinical description of the illness was laid down, a description which was to remain canonical for
the next fifteen hundred years. Jackson sums this up as follows:

The main features of this enlarged clinical description were the following: a chronic, non-febrile form of madness in which the afflicted were usually fearful, sad, misanthropic, and tired of life, usually accompanied by symptoms noted by the Hippocrates, often accompanied by a particular, circumscribed delusion, and sometimes accompanied by symptoms of gastrointestinal distress. Gradually, costiveness in particular became a gastrointestinal symptom mentioned in most cases. Suicidal thoughts and the danger of suicide were intermittently mentioned.

The treatments for this illness recommended by Galen and his contemporaries are perhaps worth mentioning. They all entail the notion of balancing the excess of black bile against the three other humours. This was done by blood-letting and through the use of purgatives, by frequent baths and by a moist, nourishing diet (to counter the dryness of black bile). Coitus, hemorrhoidal flow and menstrual discharge, as evacuative processes, were useful in counteracting melancholy, as were massages with moist ointments and pleasant company. (Solitude was to be avoided at all costs.) It deserves to be noted that many of these measures were seen as beneficial to the health of sufferers even in recent historical periods.

The first major modifications to this humoral vision of melancholy were made in the sixteenth and seventeenth centuries. Physicians began to turn away from the humoral scheme of things and to take up the iatrochemical notions of the chemists. The five chemical principles of spirit, sulphur, salt, water and earth were, through a process of fermentation, held to be responsible for the condition of melancholia. Things quickly changed in the seventeenth century. Mechanics held the key not only to the secrets of the body (this is the era of Harvey) but also of the mind. Mood malfunctions were the product of a disordered flow of blood, lymph or nerve fluid. For medical men like Pitcairn or Hoffmann melancholia was the product of a sluggish blood supply to the brain. New typologies of melancholia developed. The sadness and fear associated with the illness were divided into two types, a melancholia 'without apparent cause' and a melancholia brought on by 'the conscience oppressed with sence of sinne'. In the post-Reformation era, guilt came to play an important role in clinical description. The condition 'without apparent cause' may perhaps be explained as the result of the determinist iatrochemical and mechanical explanations of human behaviour. Another alteration was to remove one of the Galenic types of melancholy, hypochondriacal melancholy (as well as fear and sadness this type produced flatulence, digestive disturbances and various aches and pains) from the melancholy trio. Henceforth this illness was to be known as
hypochondriasis.

Further changes took place in the nineteenth century. Electricity replaced hydrodynamics. Nerve fluid was felt to be electrical in nature. Jackson states: 'From the middle of the [nineteenth] century onward there was increasingly a neurocentric emphasis with references to problematic states of the "nerve apparatus" and to irregularities or inadequate levels of "nerve-force". Mental disorders, including melancholia, resulted from interruptions or disturbances of the processes of proper nutrition, stimulation, and repose of the brain.' In the practical sphere the link between mania, an exalted form of depression, and melancholia was severed by men such as Esquirol. Further, the link between delusion and melancholy was weakened. Henceforth there was 'simple melancholy' and 'melancholy with delusion'.

Less needs to be said about the twentieth century. We are all more familiar with current theories and treatments than with those of previous centuries. Neuroscience or biologically based theories, as Jackson points out, still have an important place. However, great importance has been attached to psychological theories which place importance on a 'background of inadequate or disturbed psychological nurturance in infancy and early childhood, with resultant personality developments entailing predispositions, themes of loss and of inadequate or diminished self-esteem...'. In the twentieth century, furthermore, psychiatrists such as Kraepelin have brought mania and melancholy back into connection. The term he used for the related illnesses was 'manic-depressive insanity'. It is interesting to observe that most of the symptoms Kraepelin and modern workers associate with 'depression' mirror those of antiquity: 'sleeplessness, loss of appetite, loss of weight, constipation, loss of sexual interest, restlessness, irritability, anxiety, self-derogatory concerns, suicidal inclinations, delusions'. Plus ça change...

Utilising the historical framework established in the first nine chapters, the remainder of the book examines a variety of 'melancholic' themes. For the person interested primarily in matters related to the classical world the chapters on 'Religion, the Supernatural, and Melancholia'; 'Grief, Mourning, and Melancholia' (which may offer some sidelights on Hopkins' analyses of Roman death); 'Lycanthropy' (it was an Arcadian illness, after all);(3) and on 'Love Melancholy' (which could be used on an author like Propertius), are the most useful. But, in a sense, such utilitarianism represents a traducement. The strength of Melancholia and Depression lies in its demonstration of the persistent later history of an important theme of classical medicine.

Perhaps the main complaint which could be made against this admirable book concerns the chances it misses. The notion of melancholia has, as I have already mentioned, been given many names. It is as important a theme in psychological medicine as it has been in the history of
ideas, literature and culture. Jackson touches on these other themes in his fourth ('Acedia the Sin and its Relationship to Sorrow and Melancholia in Medieval Times') and fifth ('Melancholia in the Renaissance') chapters. Elsewhere he restricts his attention to strictly medical matters. Is this really possible? The nineteenth century physician, Heinroth, had one sub-class of melancholy which he termed 'melancholia taedium vitae seu anglica' ('the melancholy which is world-weariness or the English melancholy').(4) Heinroth's designation of the illness calls up not only Roman notions of world-weariness but also the 'Elizabethan Malady' or 'English Disease'. Anyone familiar with Seneca's work de tranquillitate vitae will know that the problem of world-weariness is addressed in this dialogue. But the condition is not seen as an illness so much as a state of mind brought on by a lack of philosophical gumption. The same point, mutatis mutandis, could be made of the victims of the 'English Disease'. Such 'literary' maladies may embody an author's, a group's, even a generation's judgement of life and its contemporary possibilities. Jackson's focus might have broadened somewhat if he had taken more into account some of the synoptic modern literary and historical studies of melancholy, ennui and boredom such as those by Kuhn, Bouchez, or by his fellow medical man Jean Starobinski.(5) Such attention might not only have made Melancholia and Depression an even more useful tool for students of what I suppose should be called cultural psychohistory.

There is one final, partly speculative point to be made concerning Jackson's book. This concerns the provenance of his selected theme. It is quite possible--and twice his book hints at the possibility--that melancholia, depression and the related illnesses are peculiarly Western disorders. Quoting another authority on depression he notes (p.243):

It is apparent that the child-rearing practices, religious training, cultural patterns of mourning, the presence of socially acceptable outlets for aggression and other drives, the extent to which a culture inculcates guilt or diffuses personal responsibility, and specific genetic traits in any group of people will influence the development and form of psychopathology [such as depression].

Later in the book (p.310) he has equally suggestive comments to make on the condition of hypochondriasis (which, as has been seen, is part of the matrix of ideas surrounding the notion of melancholia):

Terming somatization "a metaphor for personal distress", these authors demonstrate the extent to which turning away from the affective changes and focusing on the somatic and vegetative complaints is the favoured mode of expression for many of the sufferers in various non-Western cultures and in certain sub-groups within
Western cultures. This is not so much to say that melancholia is not experienced by other civilizations, rather that the descriptions of the 'manifestations' of melancholia in Western societies have a sameness (from the time of their earliest depictions by the Hippocratic writers until their depictions by recent workers such as Kraepelin) which is not offered by descriptions of the illness in other societies. In other words, the symptoms of melancholia as they are described in this book may represent an experience peculiar to Western cultures. Jackson's book as a whole, therefore, may offer reasons for the similarities between what Galen and Freud have to say on depression. There is, that is to say, a shared culture in Western history which helps standardise the illness. But the two quotations reproduced above may also go some way to explaining the paucity of reference to the condition in the literary remains of Greco-Roman culture. Greco-Roman and modern cultures may be related, yet they have obvious differences. Perhaps one of these differences was a tendency (but only that) to repress melancholia. But this, as I have said, is only speculation.

If it is the case, however, that melancholia as we know it is a peculiarly Western phenomenon, Jackson's exemplary exploration of the later history of ancient melancholia assumes a significance beyond what may have been intended by the author.

NOTES TO MELANCHOLIA AND DEPRESSION


(4) Heinroth describes it thus: '[the disease] differs from quiet fury insomuch as the destructive instinct, which is the surest sign of rage, persists, while the patient completely retains his senses and is perfectly calm.' See J.C. Heinroth, Textbook of Disturbances of Mental Life, trans. J. Schmorak, Baltimore, 1975, vol.1, p.208.