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Special Feature Article

Tellenbach Comprehensively Explained the Premorbid Personality, Pathogenic Situation, and Symptom Formation of Patients with Depression

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Abstract

With the spread of the Diagnostic and Statistical Manual of Mental Disorders (DSM) operational diagnostic criteria, depression has been diagnosed according to the number of symptoms and their duration in recent years, and a treatment algorithm based on those factors has been created. While this ensures the reliability of the symptom assessment, it is also necessary to consider the individual patient's personality, pathogenic situation, symptom formation, and course as a whole.

The *typus melancholicus* of Tellenbach has been trivialized as the premorbid personality of patients with unipolar depression in terms of seriousness, orderliness, and consideration for others; however, his findings deserve reconsideration. He actively stipulated endogenicity and placed the "endon" in a domain that exists prior to the dissociation of the physical and mental. Situations specific to the development of depression are configured at the point where the shared world and this endon intersect. It is the people with *typus melancholicus* themselves who induce these situations.

These people are diligent, conscientious, and aware of duty. In work, they are accurate and have high expectations of themselves such that they desire their own work to be better than average. For them, situations with significance in pathological development are the pre-melancholic situations of inclusion (*Inkludenz*) and remanence (*Remanenz*). Inclusion means engaging with a premorbid affinity for order and

confining oneself within limitations. Remanence is being left behind by one's own high expectations of one's performance. When these two situations come to a head and the individual with *typus melancholicus* caught in this self-contradiction has no way out, melancholy occurs with changes in the endon.

Behind the acceptance in Japan of Tellenbach's theory of pathogenic situation, which is clearly distinguished from conventional temperament theory, is the "immodithymia (*shuuchaku-seikaku*)" theory of Shimoda. Tellenbach himself pointed out the commonality between fixation on order and tenacity (*shuuchaku*). In as far as the pre-melancholic constellation mentioned above is detected in other personalities, including immodithymia, Tellenbach's theory is not outdated but makes a significant contribution to the understanding of patients with depression today.

Keywords : depression, premorbid personality, pathogenic situation, *typus melancholicus*, immodithymia

Introduction.

In recent years, as the Diagnostic and Statistical Manual of Mental Disorders, third edition (DSM-III) (6) and later operational diagnostic criteria have become more widespread, depression has been diagnosed based on the number of symptoms and their duration, and treatment algorithms have been developed based on these criteria. Thus, the reliability of symptom assessment is ensured, and standard pharmacotherapy and psychotherapy are recommended. However, this alone does not allow us to understand the personality, onset, symptom formation, and course of depression of each patient, nor does it allow us to tailor treatment.

Tellenbach's book "Melancholy" (21)(22) is useful in understanding the whole picture of mood disorders. The book was published in 1961 and continued to be published until 1983. The melancholic type (*typus melancholicus*), which he proposed, is only occasionally mentioned as a type of pre-depressive personality. Moreover, it is trivialized as the premorbid characteristics of some monopolar depressed people such as seriousness, meticulousness, and consideration for others. Nevertheless, his findings deserve reconsideration. In the following, I would like to discuss the present-day significance of "melancholy" by comparing it with conventional theories of premorbid

personality.

I. The Life of Tellenbach

Tellenbach was born in 1914 in Köln, Germany, and studied medicine and philosophy in parallel in Freiburg, Königsberg, Kiel, and Munich from 1933 to 1938. His dissertation in philosophy was entitled "Mission and Development in Young Nietzsche's Image of Man" (1938). During the Second World War, he was called up as a military doctor and experienced life as a prisoner of war. After the war, he worked as a neurologist in Munich, where he received his professorship in 1952 with a thesis entitled "On the Problem of Allergic Etiology of Peripheral Nerves." In 1956, he moved to the University of Heidelberg, where he became a professor in 1958. After that, he served as Medical Director of the Department of Clinical Psychopathology, which was founded in 1971, until his retirement in 1979, and died in Munich in 1994. He came to Japan in 1967 and 1974, and had many acquaintances in Japan.

II. About "Melancholy"

It is undeniable that "Melancholy," which includes philosophical discussions based on the aforementioned background, is difficult to understand. Nevertheless, the book takes into account global trends in

research on mood disorders in each successive edition, from the first edition in 1961 to the fourth edition in 1983. The separation of unipolar depression and bipolar disorder, life event studies, and the publication of operational diagnostic criteria during that period are referenced. In the following, I would like to focus mainly on the contents of the 4th edition 22).

1. Endogeneity

In his article entitled "A Historical Perspective on the Location of the Problem," Tellenbach summarizes the melancholia that has appeared in books since ancient Greece, and then discusses endogeneity as the root of the problem. First, he positively re-defines endogeneity, which had previously been defined in a diagnostic and exclusionary manner. The German word Endogenität is derived from the ancient Greek word endogenous, which means "born within," and the first example of its use can be found in an inscription at Delphi. Endogenesis as a psychiatric term appeared at the end of the 19th and beginning of the 20th century, and it meant an unidentified physical cause; however, Tellenbach placed endon (endogenesis) in the realm that precedes the separation of body and mind. At the point of intersection between the common world and this endogenous cause, a situation specific to the onset of

illness is constituted, triggering an endogenous existential change called melancholy, that is, a change in the human condition. It is the melancholic type that invites this situational cause by itself.

2. About the melancholic type

Tellenbach begins by referring to a retrospective study of melancholia conducted in 1959. Of the cases admitted to the University Hospital Heidelberg with melancholia, 119 were available for the investigation. The subjects were mostly unipolar depressed, with a few cases of depressive phase followed by hypomanic phase. The occupational breakdown was as follows: 82 housewives, 14 seamstresses, and 13 clerks. The patients belonged to the lower middle class, and most of the subjects were housewives who were the wives of men belonging to this social class.

According to Tellenbach, an adherence to meticulousness (fixation on order) was found in all of these cases, and in the majority of patients with both depressive and manic phases. He named these traits the melancholic types, and found that people with these traits were industrious, conscientious, duty-conscious, precise in their work, and placed higher-than-average demands on their own work. When this order-directedness is directed toward

interpersonal relationships, it results in a way of being "there for others" in the form of "serving others." In the sense of being too faithful to the norm, it is also called pathological normality (pathologische Normalität).

3. Melancholia onset

The situation with pathogenic significance is formulated as a pre-melancholic arrangement. Its spatial aspect is named Inkludenz (inclusiveness), and it meshes with the order-binding nature of the patient. This means confinement to limits, and this type of person can no longer step over these limits based on the execution of their own order. A good example is the housewife who is integrated into the order of her home.

The temporal aspect of the pre-melancholic arrangement is called Remanenz (indebtedness), which is associated with a high demand for one's own work and refers to being left behind by one's own demands. This demand gradually becomes a debt that cannot be recovered. A good example of this is the office worker who is so obsessed with balancing the quality and quantity of his work that he is pressed for time.

When these two aspects become extremely acute and the melancholic type person is caught in self-contradiction and has no way out, there is a disconnection (hiatus) from the

previous psychosomatic state, and the endon changes (endokinesis is triggered), and melancholia develops. In any case, it is important that people with melancholic type construct their own pathogenic situation. In this respect, melancholia is different from a mere depressive reaction, in which depression is triggered by stress in the workplace, and the relationship between the trigger and the onset of melancholia is understood.

The relationship between the communal world and endon can be reconsidered as a problem of social rhythms, and the pre-melancholic configuration described above can be found in other personality types as well. Therefore, Tellenbach's ideas are not out-of-date and can contribute to the understanding of today's depressed patients.

III. The Expansion of the Concept of Depression and Melancholy

One of the reasons why "Melancholy" is no longer referred to is the expansion of the concept of depression. This is due to the widespread acceptance of the heterogeneous DSM diagnosis of major depression, and the fact that depression has come to be translated almost exclusively as *utsu-byou* (melancholia) in Japan. On the other hand, in the Anglo-American sphere, there is a long tradition of monism that does not

distinguish between endogenous and psychogenic depression 17), and this broad diagnostic name was accepted without resistance. In the Japanese psychiatric community, which has traditionally relied on German-speaking psychiatry, interest in melancholia, or endogenous depression, has waned with the spread of operational diagnosis beginning in the 1980s. In Germany, Tölle 23) investigated the personality characteristics of patients hospitalized for endogenous depression and found a wide range of personality types including sensitive, narcissistic, depressive, obsessive, hysterical, asthenic, dependent, and avoidant. He reported that the melancholic type of structure accounted for about one-third of the total.

In the DSM-5 7), the latest operational diagnostic criteria, the term endogenous is missing, but the specific term "with melancholic features" remains, and depression with these features almost overlaps with endogenous depression. However, clinical studies rarely treat this type of depression separately, and most studies focus on major depression. The clinical features of major depressive episodes vary widely, with melancholic features reported in 45% of adult patients presenting with this condition 15). In addition, depression with melancholic features, in which insomnia

and decreased appetite are the main symptoms, and depression with atypical features, in which hypersomnia and increased appetite are the main symptoms, are opposites of each other 2). The conventional theory of melancholy is not valid for such depressive episodes with heterogeneous contents.

IV. Premorbid personality theory of depressed people

I have previously discussed the premorbid personality theory of depressed people 1); however, I would like to briefly summarize it here.

1. Depression and personality

Several inferences can be made about the relationship between depression and a patient's premorbid personality. For example, (1) the predisposition model, in which certain personality traits work together with constitutional and environmental factors to cause depression; (2) the spectrum model, in which certain personality traits are quasi-clinical expressions of depression; (3) the common cause model, in which certain personality traits and depression are based on a common genetic constitution; and (4) the pathogenesis model, in which certain personality traits do not increase the incidence of depression but affect the clinical picture, course, and treatment response. Of these, temperament theory,

which is related to (1), (2), and (3), has the longest tradition and remains influential today.

The pioneer of temperament theory is the basic state (Grundzustände) included in the subclassification of the manic-depressive psychosis (manisch-depressives Irresein) concept of Kraepelin 12). It was further classified into four predispositions: depressive, manic, irritable, and cyclothymic. They correspond to depression, mania, mixed states, and manic-depressive states diluted to the level of temperament. People with depressive predisposition "always have negative emotions and are more concerned with the mistakes of what one has done than with the satisfaction of accomplishing tasks. In other words, they have a special sensitivity to life's worries, hardships, and disappointments, are timid and petty, lack initiative and self-confidence, shy away from any responsibility, and avoid risky behavior. They are also very meticulous, conscientious, and patient, but they withdraw themselves from other people and do not fight in interpersonal situations" (underlined by the author).

Kretschmer 14) considered manic-depressive illness to be an atypical intensification of normal personality and envisioned a transition sequence of cyclothymia, cycloid, manic-depressive illness. Cyclothymia is said to have the

basic characteristics of sociability, goodness, kindness, and mildness, and the type that leans toward gloominess has a high affinity with depression. In this case, the emphasis is on the dynamic characteristics such as "quiet, calm, gloomy, and heavy-hearted," in contrast to Tellenbach who emphasizes the structural aspects of personality such as meticulousness.

Recently, Akiskal 4)5) a self-confessed neo-Kraepelinist, has proposed depressive temperament as one of the affective temperaments, the mildest form of the bipolar spectrum. In addition to characteristics of depressed personality type proposed by Schneider, Akiskal mentioned sleep-wake patterns and diurnal rhythms such as habitual hypersomnia, morning sluggishness, tendency to think too much, no pleasure, and psychomotor inactivity. This is a symptom pattern of some bipolar depressions, in which temperament and some of the symptoms are combined and is different from the melancholic type.

2. Immodithymic (shuuchaku) personality and melancholic type

The above temperament theory emphasized the transition from depressive temperament to depression and did not take the onset situation into consideration. In Japan, Shimoda had already conceived a similar theory in the 1920s 3). It is because of this

background that "Melancholy" was most widely accepted in Japan. In this section, I would like to make a comparison between the immodithymic personality and the melancholic type.

First of all, Shimoda 19) emphasizes that "once an emotion arises, it does not cool down with time as in normal people but tends to remain strong for a long time or even to intensify." The personality traits that are formed based on this temperament are "enthusiasm for work, fastidiousness, thoroughness, honesty, meticulousness, a strong sense of justice and responsibility, and an inability to cheat or be lazy."

The process of the onset of manic-depressive psychosis from an immodithymic personality is described as "a tendency toward mental weakness such as sleep disturbance and increased fatigue due to overwork for a certain period of time, but due to abnormalities in emotional excitability, the patient is unable to enter into a rest period and continues to be active, resisting exhaustion, and at the peak of exhaustion, a manic or depressive syndrome develops. In this way, they are able to resist exhaustion." The emphasis on the psycho-physiological characteristic of persistent emotional excitability differs from Tellenbach's anthropological theory of pathogenesis, but it can be said that it is the same pathogenic process viewed from

different aspects.

Tellenbach himself, referring to the immodithymic personality later introduced abroad by Shinfuku and Ihda 20), understood immodithymia in terms of anchoring to order, saying that "enthusiasm for work, honesty, meticulousness, and a strong sense of justice and responsibility overlap with the orderliness of the melancholic type." Kraus, 13) also reported that this meticulousness can be reduced to a general tendency to cling to thoughts and feelings, such as long-lasting emotional tension, and emphasizes the similarities between the two.

On the other hand, the difference between them is also clear. In terms of epidemiology, the study of depression in early old age published in 1932 by Shimoda's disciple Naka 16) is interesting. Reflecting the medical situation at the time, 61% of the subjects were males. He also found that the reason for the small number of females was their lower social status, less opportunity to encounter triggers, and neglect of minor cases. Most of the patients belonged to the upper class, and 20% of them were doctors. The triggers were reported in 57 of 70 cases: business failure, work overload, and election campaigning in males, and death of a close relative or family heartache in females. As for the personalities of the patients (the

clinging (henshuu) personality, which was used before the name was changed to immodithymic personality, is replaced with the latter by the author), twenty-five patients had a cycloid immodithymic personality, seven had an immodithymic personality, two had a cycloid temperament, twenty-seven had an immodithymic or cycloid tone mixed with other factors, and eight had no immodithymic or cycloid tone. The results of the melancholic type survey and those of the immodithymic personality survey differed in terms of sex ratio and social class, although there were some differences over time.

This immodithymic personality was reevaluated in the 1960s by Hirasawa's series of studies 8)9), which were inspired by Tellenbach's "Melancholy." First, he found that the premorbid personality of mild unipolar depression was characterized by meticulousness, work ethic, and interpersonal sensitivity. The balance between the two main characteristics of Shimoda's immodithymic personality, enthusiasm and meticulousness, shifted significantly toward the latter. In addition, his interpersonal demeanor became more amicable and friendly, and the characteristics of his cyclothymic temperament were added. Furthermore, in a study of outpatients with mild unipolar depression, he found that none of the patients were conflicted, and that

they were more punctual than enthusiastic, thus confirming the validity of Tellenbach's melancholic type. In this way, the emphasis on meticulousness is due to the shift of the subject of observation from bipolar disorder or severe unipolar depression to mild unipolar depression. An equating of the immodithymic personality to the melancholic type occurred as Shimizu 18) reported. Kraepelin's depressive predisposition also shows some of the characteristics of the melancholic type; thus, this may be a product of personality defense in people with low energy level. The depressive predisposition is assumed to have a continuity with depressive symptoms in that it is predicated on low energy, while the immodithymic personality contrasts with depressive symptoms in terms of energy. In the case of the immodithymic personality, the narcissistic tendency is also strong, and the object of the obsession may have been the value norms of the time. In this case, the difference in the clinical picture appears depending on the degree of identification with those social norms and the high or low energy level of the individual in terms of infatuation.

Referring to the report of von Zerssen 24), who conducted a psychometric study based on Tellenbach's research, the immodithymic personality combines the characteristics of the melancholic

type in terms of triviality, authority subordination, and one-sided interest, and the manic type in terms of enthusiasm and energy. The immodithymic personality is structurally a melancholic type and dynamically a manic type, which makes sense in terms of the premorbid personality of bipolar disorder. If the clinging to the object becomes stronger, the affinity to depression increases, and if the infatuation becomes dominant, the affinity to mania increases. In addition to the high energy of persistent emotional excitability, the immodithymic personality is directed toward a certain object and stays there. Thus, Shimoda brilliantly pointed out a relationship between dynamics and structure before the onset of manic-depressive illness 10).

Conclusion.

Tellenbach's "Melancholy" had a great influence on the premorbid personality theory and the onset situation theory. The problem is that traits of melancholic type can appear both as a personality defense of a person with low energy and as a personality after the onset of depression, so that emphasizing only the personality trait blurs the original purpose. The melancholic type person himself or herself is not low in energy. In addition, because it excludes an understanding of the relationship

between personality and onset of depression, it does not answer the question of why people present with depression.

Nevertheless, the merit of the melancholic type concept is that it emphasizes the necessity of examining the relationship between premorbid personality and disease onset individually, rather than merely in terms of life events. Kato 11) reported that today, the workplace itself is becoming more melancholic type friendly, as workplaces that demand accuracy and strict adherence to deadlines cause inclusion and remanence. In the case of women who develop depression due to lonely child rearing, the lack of escape may be interpreted as an inclusion, and their feelings of being pressed for time as a remanence. The concept of melancholic type may still be useful for understanding such situations.

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